



**SmileMax<sup>SM</sup>**  
**Provider Nomination Form**

If you wish to nominate a particular general dentist or specialist for the SmileMax<sup>SM</sup> dental network, please complete the following form and mail, fax or e-mail your nomination to:

Careington International  
 c/o Provider Relations  
 7400 Gaylord Parkway  
 Frisco, TX 75034

Fax: 800-247-4450  
 E-mail: provider@careington.com

**Group Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_

**Please circle one of the following:**    **General Dentist**        **Specialist**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

We will make every attempt to contact your nominated provider within three business days of receipt of this nomination.

Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve. Thank you for submitting this nomination.