



Provider Relations
P.O. Box 45132
Jacksonville, FL 32232-9902
Fax 904-866-4846

Abbreviated Provider Application

The supporting documentation will serve as a request to make changes to your existing BlueDental contract or initiate a new contract. **Please note, participation in either BlueDental Choice PPO or the BlueDental Access Max is required to participate. You may request participation in additional Networks by selecting the applicable block(s) from the following list:**

- BlueDental Choice PPO
- BlueDental Co-Payment PPO
- Federal Employee Program-FEP (Includes Grid/Grid Plus and FEP BlueDental)
- BlueDental Access Max

Provider Signature: _____ Date: _____

Adding Location Adding Network Changing TIN Adding Associate

Provider Name _____

Provider NPI Type-1: _____ NPI Type-2: _____

Provider Specialty General Endo Perio Pedo Prostho Oral Surg Ortho

Office Name _____

Contact Name _____

Address _____

City _____ ZIP Code _____ County _____

Phone _____ Fax _____ Email _____

Languages Spoken _____ Website _____

Office Hrs: Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____ Sun: _____

TDD _____ Accessible by Public Transportation _____ Handicap Accessible _____

Technology Used _____

Tax Identification Number _____ (W-9 required for verification)

Comments _____

Florida Combined Life Insurance Company, Inc., and Blue Cross and Blue Shield of Florida, Inc., are Independent Licensees of the Blue Cross and Blue Shield Association..