



Florida Combined Life
Dental Division
P.O. Box 45132
Jacksonville, Florida 32232-9902

***CHECKLIST for ADDING A NEW NETWORK**

Please complete all sections of the Abbreviated Application. Applications submitted with incomplete and/or missing information will delay processing of your request. The **Dentist's Signature** is required. Faxed, scanned or emailed forms are acceptable. Stamped signatures ***are not*** accepted.

- Abbreviated Application**
Clearly print or type information in **each** section of the form.
Please include an explanation in the Comment Section describing the changes you are requesting.

- FCL's Value-Added Cosmetic or Orthodontic Discount Programs:**
FCL's Value-Added Discount Programs participation form must include the **Dentist's Signature, Name/Title, Providers Type 1 NPI Number, Date, Address and Tax ID Number** for each location.

Only specialty- trained orthodontists may participate in the Orthodontic Discount Program (ODP).

Any questions may be directed to your **Provider Network Manager**. You will receive a letter confirming your effective date.

You may submit completed forms using **any** of the following methods:

Mail To: Florida Combined Life
Dental Division
P.O. Box 45132
Jacksonville, Florida 32232-9902

Email To: DentalProviderRelations@FCLife.com
Fax To: (904)866-4846

****This checklist is for providers that are currently credentialed with Florida Combined Life.***