



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

**\*CHECKLIST for ADDING A LOCATION, CHANGING A TAX IDENTIFICATION NUMBER OR ADDING AN ASSOCIATE**

**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.**

- \*\*Participating Provider Agreement:**  
Complete page 13. Participating Provider Agreements are not valid without the **Dentist's Signature, Name/Title, Date, Address, Tax ID Number and provider's Type 1 NPI.** Stamped signatures ***are not*** accepted.

The Network Selection on page 13 of the Participating Provider Agreement must be completed. Participation in either/or **the BlueDental Choice PPO or the BlueDental Access Max network is required to participate.** It is not a requirement to participate in both. You may also participate in any additional networks. **If networks vary by TIN or location, multiple originals of Page 13 must be submitted.**

- FCL's Value-Added Discount Programs:**  
FCL's Value-Added Discount Programs participation form is not valid without 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).

- \*\*IRS Form W-9:** Complete, sign and return, with the practice information.

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.***

***\*\*If changing a Tax Identification Number (TIN) number.***