

Guardian/First Commonwealth Dentist Nomination Form

I would like to nominate my dentist for inclusion in the Guardian/First Commonwealth Provider Network. I understand that Guardian/First Commonwealth retains final authority for approving membership in the network. I also understand that Guardian/First Commonwealth may use my name when contacting my dentist and inform them of my desire for them to join the network. You can also nominate online at www.guardiananytime.com/cookcounty.

NOTE: This form does not serve as an enrollment form for dental coverage or to register with the dental office as a patient.

DATE: _____ Group Plan #: 397485

MEMBER INFO:

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

DENTIST INFO:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Email: _____

Please submit completed form to: Guardian/First Commonwealth
Attn: Network Management
550 W. Jackson, Suite 750
Chicago, IL 60661



Fax: 312-279-5140



Nominate Online at www.guardiananytime.com/cookcounty