

Provider Nomination Form

At Solstice, we are always looking for quality providers to add to our exceptional network of dentists. If you have a recommendation to add, please complete the form below, then e-mail/fax it to us at the contact information listed.

Date:	
Name of Provider:	
Type of Provider:	
Name of Office:	
Office Phone Number:	
Name of Subscriber:	
Subscriber Contact Info:	Phone: _____ Email: _____
Subscriber Group Name:	
Plan type (select one):	HMO

We appreciate your input and will contact you in the future with any questions or further updates. Thank you!

Our Team is actively recruiting providers in your area and is committed to contacting your nominee. Please note this process may take up to 90 days, and despite our best efforts, there is no guarantee the proposed provider will agree to join our network.