

Dentist Nomination Form

If your dentist does not appear in the EmblemHealth directory of participating dentists, and you would like to request that EmblemHealth consider adding him or her to our network, please complete this form and return it to:

EmblemHealth

P. O. Box 12365

Albany, NY 12214-5555

Dental Specialty: _____

Dentist's Name: _____

Street Address: _____

City, State, ZIP: _____

Telephone Number: _____

Your Name (OPTIONAL): _____

Your Employer's Name: _____



EmblemHealth[®]

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