



MASSACHUSETTS

# Join our Network

We look forward to you participating in our dental product(s). Please complete the following information. Contract(s) and associated documents will be sent to you. Your Dental Network Manager can be reached at **1-800-882-1178**, menu option 4 if you have any questions.

**Individual:**

| Name as it appears on W9 | Social Security Number | Tax ID | Type 1 NPI |
|--------------------------|------------------------|--------|------------|
|                          |                        |        |            |

**Sole Proprietors:**

| Name as it appears on W9 | Social Security Number | Tax ID | Type 1 NPI |
|--------------------------|------------------------|--------|------------|
|                          |                        |        |            |

**Group Practices:**

| Name as it appears on W9 | Social Security Number | Tax ID | Type 2 NPI |
|--------------------------|------------------------|--------|------------|
|                          |                        |        |            |

**Site Address:**

| Address | Phone Number | Fax | Email |
|---------|--------------|-----|-------|
|         |              |     |       |

**Mailing Address if different from Site Address:**

| Practice Name | Email | Address |
|---------------|-------|---------|
|               |       |         |

**Dentists Information:** Please provide the following information for each dentist that practices in your office.

| Name | Social Security Number | License Number | Type 1 NPI |
|------|------------------------|----------------|------------|
|      |                        |                |            |
|      |                        |                |            |
|      |                        |                |            |

**Product Selection:** *Check off appropriate boxes.*

- Dental Blue Indemnity
- Dental Blue PPO
- Medicare Advantage PPO

**Please e-mail completed document to the Dental Network Manager:**

[DentalNetworkRequests@bcbsma.com](mailto:DentalNetworkRequests@bcbsma.com). Or you may fax this form to Dental Network Management at **617-246-9397**.

**Questions?**

Call Dental Network Management at **1-800-882-1178, Option 4**.