

# Provider Recruitment Form

If your current Dental Provider does not appear on the Participating Provider listing, please complete this form and return to your Human Resource Dept. (or fax it directly to ProBenefits Admin at 716-831-8080 or email it to [info@probenefitsadmin.com](mailto:info@probenefitsadmin.com)).

YOUR NAME: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Thank you for your suggestion. We will contact the provider immediately. Please feel free to contact our customer service department if you have any questions at 716-831-8171 or 1-888-683-3682.