



Preferred Provider Nomination Form

Please complete this form if you wish to recommend a provider for possible contracting into the Cypress Preferred Provider family. You may either mail or fax your completed nomination form to:

Cypress Ancillary Benefits
Network Operations
7510 Shoreline Drive, Ste A-1
Stockton, CA 95219

Or FAX to: 209-478-5614

Your Name: _____

Date: _____

Company: _____

Name of Provider: _____

General Dentist

Specialists

Orthodontists

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Fax: _____

If you have any questions regarding a provider nomination, please call Customer Service at: 800-350-3989.

Please note that every effort will be made to consider your nomination. However, geographical network space, provider's response, or Cypress's qualifying guidelines may restrict provider participation.