HRI Dental & Vision – Dentist Nomination Form

If you do not locate your dentist on the Dental Health Options directory, please complete the following information and submit to **credentialing@insuringsmiles.com**. We will contact your dentist and provide information about our network.

Dentist Name: _____

Practice Name: _____

Dentist Address: _____

Dentist City, State, Zip: _____

Dentist/Practice Phone: _____

County: _____

Subscriber Name: _____

Patient Name (if different): _____

Employer Name: _____

Date: _____

Please note, completion of this form does not guarantee that your dentist will join the HRI Dental & Vision network, however, we will contact your dentist for recruitment purposes. Completion of this form does not entitle you to in network benefits should your dentist decide not to join the network.

If you have any questions, feel free to contact the HRI Dental & Vision credentialing team at 800- 727-1444.

Please utilize our online directory for the most current HRI Dental & Vision network list. You may view our provider network by visiting **insuringsmiles.com**, and clicking on the “Find a Dentist” link on the “For Members” dropdown menu on our home page.

HRI DENTAL &VISION

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