

Provider Nomination

If you would like your physician, vision, hearing, chiropractor, dentist, pharmacy or alternative medicine provider to be invited to join the **CAREINGTON** network, please complete this form and return (FAX) or mail to:

CAREINGTON / QBI
Provider Nomination
1203 Lake Street, Suite 210
Fort Worth, Texas 76102
FAX – 817-377-8826

Nomination submitted by _____ Date _____

- I am a **CAREINGTON** Member – Member ID# _____
- I am a **CAREINGTON** Agent – Agent Code _____
- I am a **CAREINGTON** Group – Group Code _____
- Other _____

Provider Data

- Dental Provider
- Vision Provider
- Hearing Provider
- Physician
- Chiropractor
- Pharmacy
- Alternative Medicine

Provider's Name _____

Office or Clinic Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____

*Please note: Incomplete requests will not be processed. We will gladly contact your provider in regards joining the network. The decision to participate is at the sole discretion of your provider.

Thank You!