Blue Cross of Idaho

Refer your Dentist to Blue Cross of Idaho

If you would like your dentist to join the Blue Cross of Idaho network of providers, please fill out the information below. Blue Cross of Idaho will send application information to your dentist to review. Thank You.

Employer Group

Group / Plan Number

Patient Name

Date

Plan Member *(if different from patient)*

Dentist Name

Patient Address

Dentist Specialty

City, State, Zip

Dentist Address

Area Code / Telephone

City, State, Zip

My name may be used when contacting my dentist.
❑ Yes ❑ No

Area Code / Telephone

Fax nomination forms to:

208-286-3575

Mail nomination forms to:

Blue Cross of Idaho
Provider Relations
PO Box 7408
Boise, Idaho 83707