Provider Nomination Form

At Solstice, we are always looking for quality providers to add to our exceptional network of dentists and eye doctor. If you have a recommendation for someone add, please fill out the form below, and we'll be sure to contact them right away.

Date: _____

☐ Dental DHMO ☐ Dental PPO

Providers Name: _____ Type of Provider: _____

Office Name: _____ Office Phone Number: _____

Office Address: _____

Name of Member: _____

Members Phone Number: _____ Members Email: _____

We appreciate your input and will contact you in the future with any questions or updates. Thank you!
Please either fax this form to (954)370-1737 or email the information to Sales@SolsticeBenefits.com

Disclaimer: Although we will make every effort to add the provider to our network, we cannot guarantee that our plan will be accepted.