

Purdue University Provider Nomination Form

Today's Date _____

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(____) _____

My name may be used when contacting my dentist?

Yes No

Dentist Name _____

Dentist Address _____

City _____ State _____ Zip _____

Dentist Phone Number(____) _____

Email or Fax Nomination Form to:

providernomination@anthem.com

Attn: Network Development

Fax # 877-247-1334