



UTICA NY 13599-4078

PO BOX 3019

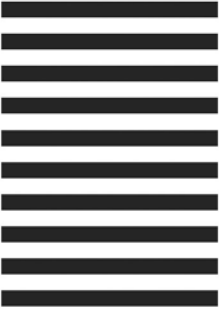
METLIFE

DENTAL PROGRAM MANAGEMENT

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**MetLife<sup>®</sup>**



**YOUR GRIN IS IN**

**is your dentist?**

If not, give him or her this card. It's the quickest way for him or her to become part of the growing MetLife Preferred Dentist Program Network.

# To My Dentist

I'm eligible for the MetLife Preferred Dentist Program (PDP). Through this program, I may save money on dental expenses if I receive services from a participating PDP dentist. Currently, you are not a participating PDP dentist, and I would like you to consider applying for membership.

If you're interested, please complete the attached postcard and drop it in the mail so MetLife can promptly forward you information on the PDP.

Thanks!

To be completed by Plan Participant

Employer/Group Name: \_\_\_\_\_

Plan Participant Name: \_\_\_\_\_

**YES**, I'd like to apply for membership in the MetLife Preferred Dentist Program as a Participating Dentist.

Please forward information and an application to:

\* Dentist Name: \_\_\_\_\_

\* State License #: \_\_\_\_\_

\* Practice Address: \_\_\_\_\_

Floor/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Practice Fax: \_\_\_\_\_

\* Practice Email: \_\_\_\_\_

\*Required Information

## MetLife®

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