

# Dental Provider Nomination Form

## CRITERIA FOR SELECTION

Anyone can nominate a dental provider for the **Provider of the Month** feature on Horizon's New Jersey Dental Association (NJDA) webpage. Self-nominations are encouraged and welcome.

1. **Network Participation:** The provider must participate in both commercial and HNJH networks for a period of at least one year prior to the nomination.
2. **Utilization:** The provider must have adequate utilization in both networks. The number of Commercial members treated in last year must be greater than or equal to 100. The number of HNJH members treated in the last year must be greater than or equal to 100.

## NOMINATOR INFORMATION

Name:

Address:

Phone #:

Email:

Date of Nomination:

## NOMINEE INFORMATION

Name:

Address:

Phone #:

Email:

## PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE NOMINEE:

1. What unique characteristics or qualities distinguish this provider from others, making them noteworthy or recognizable?
2. What special services or care do they provide?
3. In what ways do they give back to the community they serve? (*example: volunteering efforts, etc.*)
4. What makes their office stand out?
5. How do they empower their patients to achieve their best health?

## IF YOU ARE THE NOMINEE, PLEASE ANSWER THE FOLLOWING: (*to be posted on the webpage*)

1. How does participating in Horizon fit with your practice's mission/vision?

**SUBMIT COMPLETED FORM TO:** [Horizon\\_Dental@horizonblue.com](mailto:Horizon_Dental@horizonblue.com)

Once selected, the nominee will be required to submit a photo and a brief bio to be published on the webpage.