

S Guardian[®]



DentalGuard Preferred®

Custom Provider Directory

NORTH COAST SCHOOLS'
MEDICAL INSURANCE GROUP

Go to www.GuardianAnytime.com for an additional listing of network providers

2024

The Guardian Life Insurance Company of America, New York, NY 10004

NETWORK OVERVIEW

Go Green! - To help reduce the consumption of paper, please access dentist information from the Find a Provider site via links on www.guardianlife.com and <a href="h

QUALITY CARE YOU CAN COUNT ON - DentalGuard Preferred PPO allows you and your family to visit any dentist or specialist you choose or a high-quality DentalGuard Preferred network dentist, any time you need care. DentalGuard PPO Dentists have agreed to fee discounts that are up to 30 % less than what dentists usually charge. Best of all, our DentalGuard Preferred PPO features one of the industry's most extensive nationwide dental networks with over 82,000 provider locations.

DENTALGUARD DENTISTS (In-Network Benefits) - With the DentalGuard Preferred (PPO) product, you can see any dentist you'd like. However you have more opportunities to save money when you see a dentist in the DentalGuard Preferred network. **Payment is made to the participating dentist**. You are responsible for: Any deductibles, Co-Payments, Services that are not routinely covered by Guardian and are not on the fee schedule, Cosmetic Upgrades and/or services denied due to frequency or contract limitations. (Example: if the contract allows only two cleanings per year, the third cleaning is the patients responsibility).

NON-DENTALGUARD DENTISTS (Out-of-Network Benefits)- Services performed by an out-of-network dentist are usually paid at a lower, out-of-network coinsurance. Typically, when a dental specialist is needed and one does not exist in the network, benefits are paid at the out-of-network benefit regardless of a referral from an in-network dentist. (unless State mandate requires otherwise).

FOR MORE INFORMATION ABOUT YOUR PLAN -Refer to your Guardian Group Insurance Plan Booklet or go to www.GuardianAnytime.com.



NORTH COAST SCHOOLS' MEDICAL INSURANCE GROUP

2024 DRAFT #6

NORTH COAST SCHOOLS' MEDICAL INSURANCE GROUP

GENERAL DENTISTRY

EUREK/	A	MOUNTSHAS	STA	WEED	
FANG, ANGELA		CARNEY, CHRISTOPHER		WEAVER,TODD	
604 Harris St		611 S A St		591 Main St	
	(707) 443-8064		(530) 926-2415		(530) 938-1410
		CENTENO, KIMBERLY		YREKA	
HOLLAND, JEFFREY		407 Pine St		KRANT, RANDY	
2332 Harrison Ave, Ste E			(530) 918-9055	310 Evergreen Ln	
	(707) 443-2348	FERRARI, ANGELA			(530) 842-2558
JOY, EUNA		301 E Alma St		MEYER, LARRY	
513 Russ St			(530) 918-9522		
				518 N Main St	
	(707) 443-3815	SHEARER, KEVIN			(530) 842-1689
KOSMAC, TERESA		701 Pine St		RAGAN,TREVOR	
3111 G St			(530) 926-6333	444 W Miner St	
	(707) 443-6234	REDDING			(530) 842-7323
RYU, KUK-HWA		COX, MARK		SCHALO, R SCOTT	
604 Harris St		2945 Northwoods Way		213 W Miner St	
	(707) 443-8064		(530) 221-6900		(530) 842-5320
FORTUN	Α	REDWAY		STARK, MICHELLE	
ORTOLA, JOSEPH		DI BARI, FRANK		544 N Main St	
569 S. Fortuna Blvd		76 Briceland Rd			(530) 842-3900
	(707) 725-4419		(707) 923-9060	WILLIS, TIMOTHY	
MCKINLEY	/ILLE	RIO DELL		310 Evergreen Ln	
JOHANSON, SHAUN		SHIN,MICHAEL			(530) 842-2558
1661 Pickett Rd		10 Belleview Ave		YOUNG, TODD	
	(707)839-3227		(707) 764-5164	444 W Miner St	
					(530) 842-7323
ROETTGER, TIMOTHY*					
1955 Central Ave					
	(707) 839-1100				
*Dr Roettger will be terminating his contract					
with Guardian July 1, 2024					

All providers currently accepting new patients. This information is intended for reference only and is subject to change. It is the member's responsibility to verify the provider's network participation prior to obtaining treatment.

2024 DRAFT #6

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that DentalGuard Preferred/Guardian retains final authority for approving membership in the network. I also understand that DentalGuard Preferred/ Guardian may use my name when contacting my dentist and inform them of my desire for them to join the network. You can also nominate online at **guardiananytime.com**

Note: This form does not serve as an enrollment form for dental coverage or to register with the dental office as a patient.

Date:	Group Plan #: 481333	_
MEMBER INFORMATION:		
Employer:		_
Patient:		_
Phone:		_
Email:		
DENTIST INFORMATION:		
Name:		
Address:		
City/State/Zip:		
Phone:		-
Specialty:		_
Email:		
	Please submit completed form to: Guardian	

Attn: Network Management

P.O. Box 981574 El Paso,TX 79998-1574

Fax: 509-468-6550

Email:

PPO_Nomination@glic.com

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