



Dental Provider Nomination Form

To nominate a dentist, complete the fields below or call Customer Service using the toll-free number on the back of your ID Card.

Asterisks (*) indicate required fields.

MEMBER INFORMATION

Employee Full Name*

Employer Name*

DENTAL PROVIDER INFORMATION

Practice Name*

Dentist Name*

Select Dentist Type*

General Dentist
 Endodontist
 Oral Surgeon

Orthodontist
 Pediatric Dentist
 Periodontist

Prosthodontist

Address*

City*

State*

Zip Code*

County

Phone Number*

Provider E-mail

Return Completed Form to:

Dental Network of America
Attn: Network Development
1020 West 31st Street
Downers Grove, IL 60515-5591

Fax Completed Form to:

Fax # (630) 824-6864
Attn: Network Development