

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