

Nominate your dentist for participation with Delta Dental

If you are unable to locate a Delta Dental network dentist, your dentist is not currently in the Delta Dental network, or your dentist currently participates in the Delta Dental Premier® Network but you would like him or her to participate in the Delta Dental PPO™ Network, please use the form below to nominate your dentist for participation with Delta Dental.

Please note: Completion of this form does not guarantee network participation. Dentist participation in the Delta Dental network is voluntary. Upon your nomination, Delta Dental will invite the dentist to participate. Prior to acceptance into Delta Dental's network, applicants must complete Delta Dental's credentialing process and accept Delta Dental's participation agreement.

Name of dental office: _____

Dentist's last name*: _____

Dentist's first name*: _____

Dentist's address*: _____

City*: _____

State*: _____

Zip code*: _____

Dentist's telephone: _____

Dentist's office email address: _____

Contact name at dental office: _____

Your name*: _____

Your email address: _____

Have you told the dentist you are making this referral?

Yes No

May we tell the dentist you are the source of this referral?

Yes No

My dentist currently:

Does not participate with Delta Dental.

Participates in the Delta Dental Premier® network, and I'm requesting participation in the Delta Dental PPO™ network.

Please email the completed form to: professionalrelationsteam@deltadentalsc.com