

Dentist Nomination Form

Prior to completing this form, please contact Customer Service at the number on your Member ID card to verify that the Provider you want to nominate is not participating with your dental plan.

*This form is not to be used for DHMO Provider assignments, **only** to have our Network Recruitment Team contact non-participating Providers.*

If you would like to nominate a dentist and/or dental office to join our network, please complete the following information.

Dentist Name: _____

Practice Name: _____

Dentist Address: _____

City: _____ **State:** _____ **Zip:** _____

Dentist Phone Number: _____

Your Name: _____

Your Phone Number: _____

Your Plan Name: _____

Please check your plan type: **Dental HMO**

Dental PPO

Please fax the completed form to **877-572-3043, Attn: Network Recruitment** or send via email to networkrecruit@uhc.com

One of our Dental Recruiters will contact the dental office to see if they would like to join our network of participating providers. Please allow 4-6 weeks for recruitment efforts to be completed. Please contact the dental office regarding status of the nomination.

Thank you for your nomination.