



Dentist PPO 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.

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: _____

PROVIDER NOMINATIONS

Please fax the completed form to **877-572-3043, Attn: Network Recruitment** or e-mail it to us at 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.

Thank you for your nomination.