



Provider Nomination Form

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

Return Completed Form to: Dental Network of America Attn: Network Development Two TransAm Plaza Drive, Suite 500 Oakbrook Terrace, IL 60181

Fax Completed Form to: Fax # (630) 691-0290 Attn: Network Development

Asterisks (*) indicate required fields.

Member Information

Employee Full Name*

Employer Name*

Dentist 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*

E-mail

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