



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