



**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  
701 East 22nd Street, Suite 300  
Lombard, IL 60148

**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