



Dentist Nomination Form

If the dentist of your choice is not listed in this directory, you may complete this form to nominate the dentist to participate in the DentalSource Dental Network. An application packet will be sent to eligible providers. The normal time frame for credentialing of dentists takes approximately 60 days after this application has been received.

Dentist Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Identification Number: _____

Employer Group Name: _____ Group Number: _____

Please mail the form to the following address:

DentalSource Dental Plan, Inc.
10800 Menaul Blvd. NE
Albuquerque, NM 87112
Attn: Member Services

Or fax to Member Services at 505/237-8344

Thank you for your interest in the DentalSource Dental Network.