

Non-Participating Dentist Nomination Form

If you would like to nominate a non-participating dentist* and/or dental office to join our network, please complete all fields below and email the form to one of the following email addresses that applies to the dentist state and region. Please refer to the Regional Map below as your guide.

- Central Region – ce_packetrequest@uhc.com
- Northeast Region – ne_packetrequest@uhc.com
- Southeast Region – se_packetrequest@uhc.com
- West Region – we_packetrequest@uhc.com

A Network Contractor will contact the dental office to see if they would like to join our network of participating providers. This may take up to 4-6 weeks for recruitment efforts to be completed. Please contact the dental office regarding status of your nomination.

**Prior to completing this form, please contact Customer Service at the number on your Member ID card to verify that the dentist you want to nominate is not participating with your dental plan.*

Dentist Information:	
First Name: _____	Last Name: _____
Dentist Specialty: <input type="checkbox"/> General Dentist <input type="checkbox"/> Endodontist <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Orthodontist	
<input type="checkbox"/> Pediatric Dentist <input type="checkbox"/> Periodontist <input type="checkbox"/> Prosthodontist	
Practice Name: _____	Phone Number: _____
Address: _____	City: _____
County: _____	State: _____ Zip Code: _____
Member Information:	
Name: _____	Phone Number: _____
Employer Name: _____	Plan Name: _____
Plan Type: <input type="checkbox"/> Dental PPO <input type="checkbox"/> Dental HMO <input type="checkbox"/> Direct Compensation <input type="checkbox"/> Dental Medicare	

Regional Map	West Region we_packetrequest@uhc.com	Central Region ce_packetrequest@uhc.com	Southeast Region se_packetrequest@uhc.com	Northeast Region ne_packetrequest@uhc.com
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