

## Dental Provider Nomination Form

### Instructions

- Use this form to nominate a dental provider for the Premera network.
- Before you submit a nomination form, verify your provider's participation status by checking with the provider's office or using our [Find a Doctor tool](#).
- **To initiate contracting efforts on your behalf, the following information is required.**
- Please print clearly and submit the completed form via email to [dentalprovidernomination@premera.com](mailto:dentalprovidernomination@premera.com).

### General information

Date	Employer name (if applicable)
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### Provider information

Provider Clinic Name		
Provider's Full Name		
Provider's Specialty or Type	Provider Website	
Provider Address		
City	State	ZIP Code
Provider Phone		
Additional Information (optional)		

**Note:** It normally takes approximately 90 days to determine provider participation. A nomination isn't a guarantee that the provider will become contracted. Contracting is subject to applicable credentialing standards. Please follow up with your dental provider regarding the status of their participation.