



## Total Dental Administrators Health Plan Provider Nomination Form

I would like to nominate my dentist for inclusion in the Total Dental Administrators Health Plan (TDAHP) Network. I understand that TDAHP retain final authority for approving membership in the provider network. I also understand that TDAHP may use my name when contacting my dentist and inform him/her of my desire for them to join the network.

*Note: This form does not serve as an enrollment form for dental insurance.*

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

### DENTIST INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Specialty: \_\_\_\_\_

If you have any questions about participating in the TDAHP Provider Network, please do not hesitate to contact us at: (602) 381-4280 or toll free at 866-921-7687.

Please submit form to: Total Dental Administrators Health Plan, Inc.  
Attn: Meg Pipkin  
2111 East Highland Ave, Suite 250  
Phoenix, AZ 85016  
Or fax to: (602) 266-1948

For more information about Total Dental Administrators Health Plan, please visit our website at [www.totaldentaladmin.com/BenefitOptions](http://www.totaldentaladmin.com/BenefitOptions)