



Total Dental Administrators Health Plan, Inc.

Benefit Options

Choice. Value. Health.

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: Jeannie Wisto
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