

Dental provider nomination request



Delta Dental of Oregon & Alaska

Section 1: Nomination instructions

To nominate your provider, please fill out the Member Information section below. New provider participation is contingent on credentialing approval, network needs, state and federal regulations, and other factors.

Once your provider's application has been reviewed, a Delta Dental Contract Negotiator will contact them to initiate a participation agreement within 30-60 business days.

Please note: Not all nominated providers will be eligible for participation, and/or not all will choose to participate with any or all Delta Dental networks.

Section 2: Member information

Name (first)	Name (M.I.)	Name (last)	Date (mm/dd/yyyy)
Phone		Email	
Delta Dental member ID #			Delta Dental group ID #
Reason for request			
Additional considerations			

Section 3: Dentist information

Name	Business name		
Address	City	State	Zip
Phone	Email		

Ready to submit? Return this completed form to your employer's human resources representative or submit directly using one of the following methods:

Mail: Delta Dental
Attn: Dental Professional Relations
601 SW Second Ave., Portland OR, 97240-0384
Fax: 503-243-3965

Questions? We're here to help. Contact the Delta Dental Sales and Service Department toll-free at 800-465-3203 or 800-692-2326. (TTY users, dial 711.)

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