



Total Dental Administrators DHMO Network Provider Nomination Form

I would like to nominate my dentist for inclusion in the Total Dental Administrators DHMO Network. I understand that Total Dental Administrators retains final authority for approving membership in the provider network. I also understand that TDA 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.

I would like to nominate my dentist for the DHMO network.

Date: _____

Patient's Name: _____

Telephone (Daytime): _____

Telephone (Cell): _____

DENTIST INFORMATION

Name: _____

Address: _____

Telephone: _____

Specialty: _____

If you have any questions about your dentist participating in the Total Dental Administrators DHMO Provider Network, please contact Tisha at: (602) 864-5230 or (877) 277-0788.

Please submit form to: Tisha Morton
CSA General Insurance Agency
8155 N. 24th Avenue, Suite "F".
Phoenix, AZ 85021
Or fax to: (602) 602-864-5240