



Delta Dental Networks - Dentist Referral Form

*Please contact the dentist below about joining Delta Dental's networks.**

PLEASE PRINT:

Dentist Name

Your Name

Dental Office Name

Your Group/Employer's Name if applicable

Dental Office Street Address

Your Phone/Email

Dental Office City, State, ZIP

Dental Office Phone

Dental Specialty if applicable

Select the network(s) you want the dentist to join:

- Delta Dental PPO
- Delta Dental Premier
- DeltaCare DHMO
- Delta Dental Patient Direct

You may use my name when you contact my dentist.

Signature

Thank you for your recommendation.

PLEASE RETURN TO: Professional Relations Department
Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563
Fax: 630.983.4085
Email: PR@deltadentalil.com

**A network referral is not a guarantee of dentist participation in a Delta Dental network. Delta Dental's network dentists must meet qualifying criteria to join a network. If the dentist meets qualifying criteria and agrees to join a Delta Dental network(s), he or she will be added to the applicable network(s). You can check dentist participation online at www.deltadentalil.com through the Dentist Search or by calling 800-323-1743 and accessing our automated system or speaking to a customer service representative.*