UnitedHealthcare

Non-Participating Dentist Nomination Form

If you would like to nominate a non-participating dentist* and/or dental office to join our network, please complete all fields below and email the form to one of the following email addresses that applies to the dentist state and region. Please refer to the Regional Map below as your guide.

- Central Region – **ce_packetrequest@uhc.com**
- Northeast Region – **ne_packetrequest@uhc.com**
- Southeast Region – **se_packetrequest@uhc.com**
- West Region – **we_packetrequest@uhc.com**

A Network Contractor will contact the dental office to see if they would like to join our network of participating providers. This may take up to 4-6 weeks for recruitment efforts to be completed. Please contact the dental office regarding status of your nomination.

**Prior to completing this form, please contact Customer Service at the number on your Member ID card to verify that the dentist you want to nominate is not participating with your dental plan.*

Dentist Information:

First Name: _____ Last Name: _____

Dentist Specialty: ☐General Dentist ☐Endodontist ☐Oral Surgeon ☐Orthodontist ☐Pediatric Dentist ☐Periodontist ☐Prosthodontist

Practice Name: _____Phone Number: _____

Address: _____ City: _____

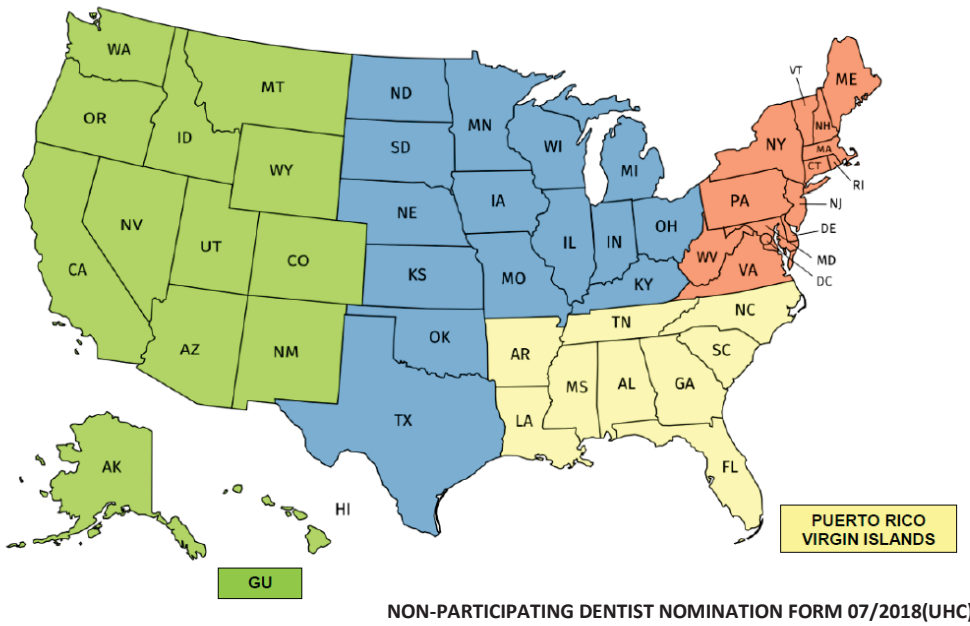
County: _____ State: _____ Zip Code: _____

Member Information:

Name: _____ Phone Number: _____

Employer Name: _____ Plan Name: _____

Plan Type: ☐Dental PPO ☐Dental HMO ☐Direct Compensation ☐Dental Medicare

Regional Map

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