



# PREMIER ACCESS

QUALITY DENTAL PLANS

## Premier Access Preferred Provider Nomination Form

I would like to nominate my dentist for inclusion in the Premier Access Preferred Provider network. I understand that the Premier Access retains final authority for approving membership in the provider network. I also understand that Premier Access 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, or to register with the dental office as a patient.**

**Date:** \_\_\_\_\_

**Patient s Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

### Dentist

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

If you have any questions about participating in Premier Access' provider network, please do not hesitate to contact us at: (800) 489-1216

Please submit form to: Premier Access  
Network Operations  
P.O. Box 659010  
Sacramento, CA. 9565-9010

Or FAX to: 916-646-9000