



Premier Access Insurance Company  
P.O. Box 659020  
Sacramento, CA 95865-9010

## PROVIDER NOMINATION FORM

I would like to nominate my dentist for inclusion in the Premier Access Insurance Company (“Premier”) DHMO. I understand that Premier retains final authority for approving providers for participation in its network. I also understand that Premier may use my name when contacting my dentist and inform him/her of my request to include them in the Premier 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: \_\_\_\_\_

Member’s Name: \_\_\_\_\_

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

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

### ***Dentist Information***

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

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

\_\_\_\_\_

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

Specialty \_\_\_\_\_

If your dentist has any questions about participating in the Premier DHMO, he/she may contact us at: (800) 489-1216.

Please submit this form to: Premier Access Insurance Company  
Network Operations  
PO Box 659020  
Sacramento, CA 95865-9010

Or fax to: (916) 646-9000