

# Recommend your dentist for Delta Dental membership



We'll do whatever it takes and then some.

If your dentist is not a Delta Dental dentist, we would be happy to contact him or her about contracting with Delta Dental Insurance Company. Please enter the information requested below and mail or fax it to us:

**Mail to:** Dentist Network Administration  
and Contracting Dept.  
Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Suite 600  
Alpharetta, GA 30009

**Fax to:** Dentist Network Administration  
and Contracting Dept.  
Delta Dental Insurance Company  
770-641-5395



## Recommend your dentist for membership

Dentist's name: \_\_\_\_\_

Dentist's address: \_\_\_\_\_

Dentist's telephone number: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your company's name: \_\_\_\_\_



WE KEEP YOU SMILING®