

# Nominate a Dentist

To nominate your dentist to join the AmeriHealth Dental network, e-mail the following information to ProviderApps@DominionNational.com.

## Subject Line:

AmeriHealth Dentist Nomination

## **Email Content:**

I would like to nominate the following dentist for consideration in the AmeriHealth dental network.

I understand my name and the fact that I am a member may be used when contacting this dentist to inform him/her of this nomination.

I also understand there may be instances where the dentist chooses not to participate, or the dentist's application is not accepted due to stringent credentialing processes.

### **My Information**

First & Last Name

### **Dentist's Information**

First & Last Name

**Dental Office Name** 

**Dental Office Address** 

**Dental Office Phone Number**