

# AIG National Dental Network<sup>SM</sup> Provider Nomination Form

If you wish to nominate a particular general dentist or specialist for the AIG National Dental Network<sup>SM</sup>, please complete this form and fax your nomination to (877) 572-3043.

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

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_

**Please circle one of the following:**      **General Dentist**      **Specialist**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Comments:** \_\_\_\_\_

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A dental recruiter will contact the office to see if your nominated provider would like to join our national network. Please allow four to six weeks for recruitment efforts to be completed.

Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve. Thank you for submitting this nomination.

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