

Dentist Nomination

If you would like to nominate a dentist to apply for participation in the Vital Savings by Aetna[®] / Aetna Dental AccessSM network, please complete and submit this form. We will arrange to have the dentist contacted and invited to participate. Completion of this form does not guarantee network participation. Applicants must complete Aetna's credentialing process and execute our participation agreement acceptable to Aetna prior to network participation.

Send the completed form to Affinity Group Underwriters 4510 Cox Road, Suite 111 Glen Allen, VA 23060. FAX (804) 273-9989

Please provide the following information:

Name of Dental Office

Dentist Last Name*

Dentist First Name*

Dentist Middle Initial

Email Address of Dental Office

i.e. example@sample.com

Street Address*

City*

State*

Zip/Postal Code*

County

Phone Number*

(include Area Code)

Contact name at dental office

Specialty

Please provide your contact information.

Name

Area Code & Phone Number

Have you told the dentist that you are making this referral?

Yes

No

May we tell the dentist that you are the source of the referral?

Yes

No