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

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Recommend your dentist for membership

Dentist's name:	
Dentist's address:	
Dentist's telephone number:	
Your name:	
Your address:	
Your company's name:	

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