

PROVIDER NOMINATION FORM

If your medical or dental provider is not currently included in DMBA's contracted provider network, follow these steps to request that she/he be considered for participation:

1. Approach your provider and express your desire for him/her to become part of DMBA's network.
2. If the provider is interested in contracting with DMBA, complete this form.
3. If DMBA extends an invitation to the provider to submit an application, the contracting process may take up to 90 days. **Contact your provider directly** if you have any questions about the status of the application.

All requested information must be provided for the provider to be considered. **This nomination will be carefully evaluated, but it does not guarantee the provider will be added to the network.**

REFERRAL INFORMATION (COMPLETED BY REFERRING PARTICIPANT)

| | |
|--|----------------|
| REFERRING PARTICIPANT | DMBA ID NUMBER |
| EMAIL ADDRESS | PHONE NUMBER |
| DETAILED REASON FOR NOMINATING THIS PROVIDER | |

PROVIDER INFORMATION (COMPLETED BY NOMINATED MEDICAL/DENTAL PROVIDER)

| | | | |
|------------------------------------|----------------|-------------------|--------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME | |
| NATIONAL PROVIDER IDENTIFIER (NPI) | | TAX ID NUMBER | |
| DEGREE | SPECIALTY | YEARS IN PRACTICE | |
| PRACTICE NAME | | EMAIL ADDRESS | |
| STREET ADDRESS | | PHONE NUMBER | |
| CITY | STATE | ZIP CODE | COUNTY |

Please return this completed form to providerrelations@dmba.com. You may also mail it to DMBA, Attn: Healthcare Systems, P.O. Box 45530, Salt Lake City, Utah 84145, or fax it to 801-578-5901. For questions, all Provider Relations at 801-578-5600 and choose options 1, 3, and 5. Or call us at 800-777-3622.