



**DESERET MUTUAL**  
BENEFIT ADMINISTRATORS

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Salt Lake City, Utah 84145  
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Fax 1-801-578-5916 • Web site: www.dmba.com

# Health Care Provider Nomination Form

At Deseret Mutual, we understand your relationship with your doctor is important! But we understand that value is important too. The best way to maximize the value of your medical or dental plan with Deseret Mutual is to be treated by contracted providers. To bring relationships and value together, you can nominate your provider to be considered for a contract with Deseret Mutual.

## Getting started:

Complete your portion of this form, then take it to your next visit with your non-contracted provider. Express your interest in your provider becoming contracted with Deseret Mutual. If your provider would like to join our group, have him or her complete the provider section of this form, then fax or mail it to us. We'll take it from there! Please keep in mind that the process for a provider to become contracted with Deseret Mutual can take up to 90 days, and we appreciate your patience. While we're happy to consider your provider for a contract, it is possible they will not qualify based on their credentials and service history.

### To Be Completed by the Deseret Mutual Participant

Name: \_\_\_\_\_  
Deseret Mutual ID Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (including area code): \_\_\_\_\_

### To Be Completed by the Health Care Provider

Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (including area code): \_\_\_\_\_ NPI #: \_\_\_\_\_  
Degree: \_\_\_\_\_ Specialty(s): \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Credentialing Coordinator: \_\_\_\_\_  
Phone (including area code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Message to Health Care Providers

We would be happy to consider adding you to our provider network. We'll send you an application for credentialing to be completed and returned. To be considered, you must meet all credentialing requirements described in our application. Please note, this nomination in no way guarantees a contract with Deseret Mutual. Contact Provider Relations at 1-800-777-3622, press 1, then 3, and 5, with any contracting or credentialing questions.

## Submit this form to:

Deseret Mutual Benefit Administrators  
Attn: Provider Relations  
PO Box 45530  
Salt Lake City, Utah 84145

Or Fax to: 801-578-5916