

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 MEMBER)

REFERRING MEMBER	DMBA ID NUMBER
DETAILED REASON FOR NOMINATING THIS PROVIDER	

PROVIDER INFORMATION (COMPLETED BY NOMINATED MEDICAL/DENTAL PROVIDER)

FIRST NAME	MIDDLE INITIAL	LAST NAME
DEGREE	SPECIALTY	YEARS IN PRACTICE
PRACTICE NAME		
STREE ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE
COUNTY		

Mail completed form to:

DMBA
 Attn: Healthcare Systems
 P.O. Box 45530
 Salt Lake City, UT 84145

Email completed form to: providerrelations@dmba.com

For questions about this form, call DMBA's Provider Relations at 801-578-5600 and choose options 1, 3, and then 5. Or call us toll free at 800-777-3622.