

Network Addition Form

**First
Dental
Health**

PPO PLUS

Arizona and Nevada Only

To: First Dental Health
 Fax: **(866) 613-6381 / EMAIL: providerrelations@firstdentalhealth.com**
 Ph: (800) 334-7244
 RE: **First Dental Health Network Addition**

**First
Dental
Health**

ACCESS

California and Arizona Only

Dentist Name (print): _____
 License #: _____
 Date: _____
 Pages: 1

**First
Dental
Health**

EPO

California Only

**The Networks checked will be added
to your practice location(s) listed
below.**

	Address	Tax ID Number
1.		
2.		
3.		

(add additional offices on a separate sheet)

Date: _____

License #: _____

Dentist Signature: _____ (needed for processing)

Comments:

First Dental Health Use Only

Date: _____

Effective: _____