

Provider Nomination Form

If you would like to nominate your dentist for inclusion in the First Dental Health networks, please complete and submit this form by:

Mail: First Dental Health | P.O. Box 919029 | San Diego, CA 92191
Fax: (858)-444-2688
Phone: (800)-334-7244
Online: www.firstdentalhealth.com

Dentist Information:

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Your Information:

Name: _____

Address or Email: _____

(If you would like status on the nomination, please provide us with one of the above)

Employer: Garden Grove Unified School District

Insurance Company or Plan Administrator:

EBA&M Corporation

☐

Please check this box if your name may be used when contacting the dentist you are nominating.