Dental Provider Nomination Form

Please return completed form to:

- Email: dentalppo@zelis.com or
- Fax: 888-458-2138

* Required fields

Nominator Information				
Title* (e.g. Mr., Ms, Dr.)	First Name*		Last Name*	
Email*		Phone		
Employer / Insurance Carrier / Third Party Administrator				

Provider Information		
Provider Type* ☐ Dental ☐ Dental Specialty ______________________________		
Provider Name*	Provider Tax ID#	
Group / Entity / Organization*	Specialty	
Office Manager Name	Office Manager Email	
Provider Contact Information		
Street Address*	Suite	
City*	State*	Zip Code*
Phone*	email	

Office Use Only
PPO Network Requested:
Solicitation Start Date:

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Network Brands

ZELIS REGIONAL PRIMARY GROUP HEALTH PPO NETWORKS	
	Arkansas, Louisiana, Mississippi, Missouri, western Tennessee
	Illinois, Indiana, Iowa, Missouri, Wisconsin
	West Virginia, with contiguous border coverage in Ohio, Pennsylvania, Maryland, Virginia, Kentucky
ZELIS SUPPLEMENTAL PPO NETWORKS	
	National coverage
ZELIS WORKERS' COMPENSATION NETWORKS	
	Approved WC PPP in Illinois. Indiana, Iowa, Missouri, Wisconsin
	West Virginia, with contiguous border coverage in Ohio, Pennsylvania, Maryland, Virginia, Kentucky
	National coverage
ZELIS DENTAL NETWORKS	
	National coverage

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