



Dentist Nomination Form

You can use this form to nominate a dentist to participate in the Connection Dental Network. An application packet will be sent to eligible providers. The normal time frame for credentialing of dentists takes about 60 days after application has been received.

Dentist information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member ID number: _____

Employer group name: _____ Group number: _____

Please mail this completed form to the following address:

GEHA Dental Administration
P.O. Box 21542
Eagan, MN 55121-9930

Or fax your completed form to GEHA Dental Administration at 816.257.3358

Thank you for your interest in the Connection Dental Network.