



Dentist Nomination Form

If the dentist of your choice is not listed in this directory, you may complete this form to nominate the 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 approximately 60 days after application has been received.

Dentist Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Identification Number: _____

Employer Group Name: _____ Group Number: _____

Please mail the form to the following address:

GEHA Dental Administration
P.O. Box 455
Independence, MO 64051-0455

Or fax to GEHA Dental Administration at 816/257-3358

Thank you for your interest in the CONNECTION Dental Network.