

Non-Participating Dentist Nomination Form

**Note: this can be electronically submitted via
the MetLife mybenefits website**

If you would like to nominate a non-participating dentist and/or dental office to join the MetLife dental network, please complete all fields below and return to your employer, or send to mike.semberg@metlife.com

A MetLife Network Contractor will contact the dental office to see if they would like to join our network of participating providers. This may take up to 4-6 weeks for recruitment efforts to be completed. Please contact the dental office regarding status of your nomination.

Prior to completing this form, please verify that the dentist you want to nominate is not participating with your dental plan.

Dentist Information:

First Name: _____ Last Name: _____

Dentist Specialty: General Dentist Endodontist Oral Surgeon Orthodontist
 Pediatric Dentist Periodontist Prosthodontist

Practice Name: _____ Phone Number: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Member (Employee) Information:

Name: _____ Phone Number: _____

Employer Name: Clermont County Plan Number: 254731