

Please complete all fields and email the completed form to the email address* that applies to your state and region: (Refer to the **Regional Map** below as your guide.)

Central Region – ce_packetrequest@uhc.com
 Southeast Region – se_packetrequest@uhc.com

Northeast Region – ne_packetrequest@uhc.com
 West Region – we_packetrequest@uhc.com

Please indicate in the email subject line - **Packet Request [State] [County]**.

Dentist First Name:	Dentist Last Name:	Associate/Owner:	NPI:	Specialty:

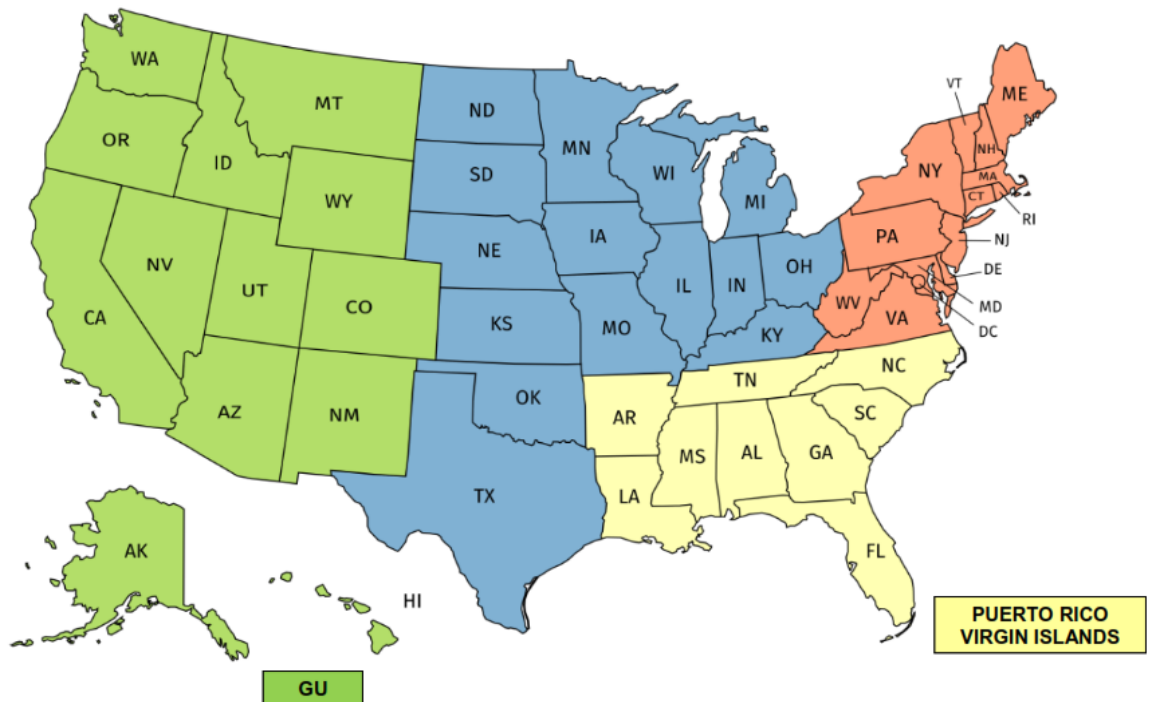
Please check the dental network(s) that you wish to join:

PPO (Commercial) Medicare Medicaid DHMO/Direct Compensation

Email Address:		Contact Name:
Practice Name:		Phone Number:
Address:		County:
City:	State:	ZIP Code:
Mailing Address: (If Different from Practice Address)		
City:	State:	ZIP Code:
Are the Dentists above being added to an existing participating location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a new practice location? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Regional Map

West Region we_packetrequest@uhc.com	Central Region ce_packetrequest@uhc.com	Southeast Region se_packetrequest@uhc.com	Northeast Region ne_packetrequest@uhc.com
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***Important Note:** Only requests to join our network are processed through the email addresses above. If your request does not relate to a provider joining our network or a packet request, please contact our Provider Services Team at **1-800-822-5353** for further assistance.