



Attn: Provider Relations
 8485 Goodwood Blvd.
 Baton Rouge, LA 70806
 Phone: (888) 400-9304
 Fax: (225) 400-9326

Refer a Dentist

PART 1 - For Unum Dental plan members or brokers

If your dentist is not part of our dental network, please fill out the top portion of this form and give it to your dentist to request more information about joining the Unum Dental Network.

Dear Dr. _____
 (Dentist's name)

Unum has recently added dental benefit plans in your area. _____
 (Member or agent name)

is a current patient/Unum broker and is requesting that you join Unum's dental network.
 (choose one)

Employer group(s) name (only include if approved by employer): _____

Here's what you can expect as a network provider:

- Competitive fee schedules
- Quick and hassle-free claims processing
- Array of online tools to reduce administrative tasks, including the ability to check patient eligibility, submit claims and check statuses, and more
- A team of dedicated Provider Advocates to provide you with assistance when needed
- Listing in our online provider locator where potential patients go to find dental care professionals
- Increased revenue and patient flow from Colonial Life, Unum, and Starmount members

PART 2 - For the dentist or dentist's office manager

If you would like more information about the benefits of joining the Unum Dental Network, please return this completed form via fax **(225) 400-9326**, email **NetworkRecruiting@Unum.com**, or mail to the address above. If you receive this form digitally, you may fill in the fields, save and return via email.

Contact Information			*Required		
Office name:*					
Address:*			City:*	State:*	Zip code:*
Dentist name:*	Provider NPI #:	Whom should we contact?			
Contact email address:*			When is the best day/time to contact your office?		
Telephone number:*			Fax number:		
(____) _____			(____) _____		

Please note we will contact you within 48 hours from the time our team receives this request.