

Guaranty Assurance Company  
DINA Dental Plan  
101 Parklane Blvd, Ste 301  
Sugar Land, TX 77478



DINA Dental Plan™  
and  
DINA Dental Network  
(866) 436-3093

## DINA Dental Plan ~ Dentist Referral Form

### Member / Prospect Information

\_\_\_\_\_  
(Member Name)

\_\_\_\_\_  
(Member Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

### Dentist Information

\_\_\_\_\_  
(Name of Dentist)

\_\_\_\_\_  
(Practice Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

Please contact the above referenced dentist concerning his/her joining your network.

\_\_\_\_\_  
(Signature of Member or Prospective Member)

E-mail, fax, or mail this information to DINA Dental and we will contact the dentist.

E-mail: [info@dinadental.com](mailto:info@dinadental.com) ~ Fax #832-415-0124

DINA Dental Plan  
Attn: Provider Relations  
101 Parklane Blvd, Ste 301  
Sugar Land, TX 77478

### Company Use Only

Request Completed

Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of Staff Member Contacted: \_\_\_\_\_ Position: \_\_\_\_\_