

Guaranty Assurance Company
DINA Dental Plan
12946 Dairy Ashford, Suite 360
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 ~ Fax # 281-313-7155

DINA Dental Plan
Attn: Provider Relations
12946 Dairy Ashford, Ste 360
Sugar Land, TX 77478

Company Use Only

Request Completed

Completed By: _____ Date Completed: _____

Name of Staff Member Contacted: _____ Position: _____