



**SUPERIOR DENTAL CARE
PRODUCER APPOINTMENT INFORMATION FORM**

LEADING THE WAY IN DENTAL BENEFITS

Firm Information:

*Firm: _____ Tax ID: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

*Commission will be paid to the firm.

AOR Information:

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number (Required): _____

Email: _____ NPN#: _____

Resident State: _____ DOI#: _____

Date of Birth: _____

Signature: _____ **Date:** _____

If you are submitting your information as a new Firm *and/or* a new AOR, please include:

- This Producer Appointment Information Form
- A Copy of the Firm's License
- A Copy of the Agent's License

Once complete, you may fax, mail, email, or call us with your information:

Superior Dental Care
Attn: Commission Department
6683 Centerville Business Parkway
Centerville, OH 45459
Phone: 937.438.0283
Fax: 937.291.5690
commissions@superiordental.com

Thank You,
Superior Dental Care

October 10, 2011