



**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