Become a Dental Provider

Thank you for your interest in becoming an Aflac Dental Provider. The following information is needed to process your request to join our networks. Please complete the form below and email it to our Network Management Department.

Provider First Name _____ **Provider Last Name** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____

Email Address _____

NPI Number _____

Office Contact Person _____

Upon receipt of your request, a network recruiter will reach out to you and your office to email you the requested recruitment packet, including the fee schedule. If you should have any questions, please call 800-745-1416 or email networkrecruitment@argusdentalvision.com.

Thank you for your interest in Aflac Dental and Vision.