Nominate a Dentist

To nominate your dentist to join the IBX Dental network, e-mail the following information to ibxdentalprovider@ibx.com.

Subject Line:

IBX Dentist Nomination

Email Content:

I would like to nominate the following dentist for consideration in the IBX Dental network. I understand my name and the fact that I am a member may be used when contacting this dentist to inform him/her of this nomination.

I also understand there may be instances where the dentist chooses not to participate, or the dentist's application is not accepted due to stringent credentialing processes.

My Information

First & Last Name

Dentist’s Information

First & Last Name

Dental Office Name

Dental Office Address

Dental Office Phone Number