

Refer your dentist to Delta Dental

Is your dentist considered out-of-network with your Delta Dental plan? If so, we can ask him or her to join our team. Simply submit a referral. Here's how:

Send by email:

- 1) Go to <http://cms.sbcounty.gov/hr/Benefits/Medical,DentalVisionPlans/DeltaDental.aspx> to download the form
- 2) Complete the Provider Request Form
- 3) Scan and email form to: ebsd@hr.sbcounty.gov

Send by mail:

If you'd prefer to send us your dentist's information by mail, complete the form below and send it to: Employee Benefits

157 West Fifth St.
San Bernardino, CA 92415

Refer your dentist Your network (check one):	
<input type="checkbox"/> Delta Dental PPOSM	<input type="checkbox"/> DeltaCare[®] USA
Dentist's name:	
Dentist's address:	
Dentist's telephone number:	
Your name: (optional)	
Your address: (optional)	
Your company's name: (optional)	

Please note that a referral does not always result in network participation.

