



Rayant Insurance Company of New York
Rayant Insurance Company of Pennsylvania
Horizon Companies

Rayant Dental Programs Recruiting Request Form

Dentist Name: _____
(Last) (First)

Group Practice Name:
(if applicable) _____

Dentist's Specialty: _____

Address: _____
(Street) (County)

(City) (State) (Zip)

Phone Number: (_____) _____

Your Name: _____

Your Company's Name: _____

Date of Request: _____

Please send completed forms to:

Rayant - Dental Programs
Professional Relations Department
Three Penn Plaza East PP-04Q
Newark, NJ 07105-2200
(Fax): 973-466-6451



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Rayant Insurance Company of Pennsylvania
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Send Correspondence to:
Rayant - Dental Programs
3 Penn Plaza East PP-04Q
Newark, NJ 07105-2200
1-888-667-4547
www.rayant.com

Rayant Dental Programs

Referral Program Procedure

To invite your dentist to join one or more of Rayant's dental networks, simply present him or her with this Recruiting Request Form. If your dentist is interested in joining, he or she may mail or fax this form to Rayant for consideration. If your dentist meets Rayant requirements and becomes a participating dentist, you will be eligible to receive the highest level of benefits from your dental program when you use this dentist.

How does the program work?

1. *Take this Recruiting Request Form to your dentist. If your dentist is not in the network, he or she may call 1-800-4DENTAL to request an application or may complete and mail or fax the other side of this form to receive more information.*
2. *A dentist's returned Recruiting Request Form does not signify acceptance to the network. All prospective dentists are subject to Rayant's credentialing requirements. Once a dentist has applied for participation, the request form will be reviewed and the information provided will be verified.*

The Rayant network has many excellent dentists from which to choose. Whether you are looking for convenient access from your workplace or proximity to your home, one is sure to meet your needs.