## **Delta Dental Broker Portal – Application for Appointment Guide**

- Visit our Website <u>www.deltadentalins.com</u>
- Select Register Today

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				/ /	Register Today
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Dental Plans & Resources for Individuals & Enrollees	Dental Insurance Support for Dentists	Employers & Organizations	Resources for Benefits Administrators	Dental insurance information for Brokers & Consultants	
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Oral Health				Delta Dental News	
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SmileWay" Wellness Site				high risk of developing periodontal disease	Delta Dental PPO
1 Mill 2000 200 2000 0000 00000	am nas information about drai health to help you ac	meve a nearmy sinne, creading added value for our den	al maurance.	During National Diabetes Month, Delta Dental encourages diabetics	Dentist, Practice or Keyword:
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Cavity Quiz Your kids can test their dental	health knowledge with our interactive quiz. Good or	al health and dental insurance are a winning combinat	on.	habits Questions about dental in health care reform? Delta Dental now offers an online	Search

• In the drop down menu select **Broker** 

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REGISTRATION - STEP 1	DF3.	
Please select your user type:		
User Type	Broker	Benefits Administrators: Contact your Delta Dental Account Manager to register for access to online services.
Next Cancel		
		HIPAA Notice of Privacy Practices   Web Site Privacy Notice © 2006 Delta Dental

• Create an account by filling in all fields and then select **Create Account.** Select **Continue**. After the account has been created, login to the main page to complete your application.

- Some of the information you entered into your profile will populate over to the Form.
- All fields are required unless marked optional
- When you select **Browse** to upload your W-9 it may take a few minutes while a virus scan verifies the integrity of the document

<b>Business Information</b>		
Business Type	Sole Proprietorship	
Tax ID Number / SSN	112233	
National Producer Number		
Form W-9		Browse
Legal Business Name		
Business Alias		( Optional )
Primary Contact		
First Name	Jim	
Last Name	Broker	
Email	jim@insurancecompany.com	
Title		
Business Phone		( eg. xxx-xxx-xxxx )
Cell Phone		( eg. xxx-xxx-xxxx )
Fax		( Optional )
Office Address		
Unice Address	Use Office Address for Mail (	Correspondence
Country		
Street Address		1
		( Optional )
City		
State	<b>•</b>	
Postal Code		1
Mailing Address		
Country	UNITED STATES	~
Street Address		
Cit.		
City		
Postal Code		
Fusial Code		
○ Yes ○ No Has this business	ever been disqualified by an Insuranc	e Department?
Agents and Users		
Team Member		
Add Team Member		

- In the section **Agents and Users**, select **Add a Team Member** even if you are the only agent applying for appointment. If you are an agency submitting an application, add all agents who are requesting appointment.
- In the agent profile section, make sure you attach a license for every state that you wish to be appointed in.

.icens	ses		
ovide a	a license for each state in which you want to be appointed	ed	
Add An	other License		
No	State	Agent License #	License Copy
NO.			

• After you complete all the required fields, select **Save Agent** at the bottom of the screen and you will be directed back to the Business Appointment Form. If any fields in the agent profile were missed, you will see an **Incomplete status** by the agent profile. Select **Edit** and you will be directed back to the agent profile page and you can select Show Missing Information and you will be prompted to fill out any missing fields. Once the profile has been saved you will be directed back to the main Business Appointment page.

🛆 DE	TA DENTAL	<b>Broker Sales Portal</b>
User Profile	Show missing information	
Account Infor	mation	1
Account Infor	mation	

Next select Add Account under the Banking Section of the form. In the drop down menus, pick who you want the commission paid to, mailing address, payment contact and email address (this information will be populated from your filled out application)
 Add the method of payment that you prefer and select Save.

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anking Information
Payee Name
Jim Broker 👻
Name as it appears on the account statement
Payee Mailing Address
Select 💌
Payment Contact Contact Name
Select 👻
Contact Email
Contact Mailing Address
Select 👻
Payments
Payment Method
Check Direct Deposit
Commission Statements
Sava Canad
Save Cancel

• Make sure you check the box under the **Agreement** section after you have read the **Business Associate Agreement** as this will then activate the **Submit Application** Button.

Agreement I've read and accept the Business Associate Agreement (PDF, 26KB)
Submit Completed Application
By checking the box next to the agreements and submitting your application, you acknowledge and accept that the terms of the agreements have been read and understood. Your application will be reviewed and the status of appointment will be returned by email.
Save Application Submit Application

- Once you have selected **Submit Application** you should receive an email confirmation from Producer Services that your request for appointment has been accepted.
- Please note that if you wish to go back to the previous field that you should select **Cancel** instead of the back arrow on the webpage. Selecting the back arrow will log you out of the site.
- Also, you can select **Save Application** at any time should you need to fill out the remainder of the application at another time.