



**SUPERIOR DENTAL CARE  
PRODUCER APPOINTMENT INFORMATION FORM**

**Agency Information:**

Agency\*: \_\_\_\_\_  
*(Legal name as it appears on state licensure)*

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

NPN#: \_\_\_\_\_

Licensure #: \_\_\_\_\_

*\* Commission will be paid to the Agency listed*

**Agent of Record Information:** *(Legal name as it appears on state licensure)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number (Required): \_\_\_\_\_

Email: \_\_\_\_\_ NPN#: \_\_\_\_\_

License #: \_\_\_\_\_ Resident State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(1) If you are submitting your information as a new Firm and/or a new AOR, please include:

- This Producer Appointment Information Form
- A Copy of the Firm's License
- A Copy of the Agent's License

(2) You may email your completed form and license(s) to [commissions@superiordental.com](mailto:commissions@superiordental.com) or send it by mail to:

*Superior Dental Care  
Attn: Commission Department  
6683 Centerville Business Parkway  
Centerville, OH 45459*

(3) To finalize your appointment, a Business Associate Agreement will be sent to you to sign and return to SDC.