



Delta Dental of North Carolina Producer Rate Calculator – User Request Form

For assistance with this form, phone 888-332-4617

For an ID and Password to use Delta Dental of North Carolina's secure Producer Rate Calculator, please complete the first two sections of this form. (One form per user, please.) When completed, please fax to Delta Dental ConnectSM at 877-203-1381 or e-mail it to dconnect@deltadentalnc.org. You should receive your username and password within 24 hours.

Section 1: PRODUCER COMPANY INFORMATION	
Today's Date:	Main Producer Agency Contact:
Producer Agency Name:	Main Contact E-Mail:
	Main Contact Phone:
Section 2: SPECIFIC USER INFORMATION (all fields are required)	
User Name:	User Phone: ()
User Job Title:	User Signature:
Business E-Mail:	
USER PASSWORD INFORMATION (to be completed by Delta Dental of North Carolina Security)	
Assigned Username:	Application: Rate Calculator
SECURITY INFORMATION (to be completed by Delta Dental Connect Representative)	
Completed Form: Yes No	Date Submitted:
Delta Dental Connect Initial:	Date Assigned:

www.deltadentalnc.org