PLAN AHEAD. GET AHEAD. PLAN AHEAD. GET AHEAD. P. AHEAD. PREPAID DENTAL PLAN PLAN AHEAD. GET Principal GET AHEAD. PLAN AHEAD. GET AHEAD. PLAN WE UNDERSTAND WHAT YOU'RE WORKING FOR.SM AHEAD. PLAN AHEAD. GET AHEAD. PLAN PLAN AHEAD. GET AHEAD. PLAN AH **Patients Name** AHEAD. GET AHEAD. PLAN AHE GET AHEAD. PLAN AHEAD Address AHEAD. PLAN AHEAF PLAN AHEAD. Telephone Number AHEAD. G Dear Dr. GET Recently I became a member or am considering membership in Employers Dental Services (EDS). Because I wish to continue my dental care in your office, I have referred your name to EDS and would like for you to consider joining this dental network. An EDS Provider Relations Representative will contact your office to arrange a convenient time to talk about the benefits of partnering with EDS. Sincerely, Patient's Signature **Employers Employers Dental Services** Dental and You Services Providing for Arizona One Smile at at Time PLAN AHEAD. GET AHEAD. PLAN AHEAD. GET AHEAD. P AHEAD. PREPAID DENTAL PLAN PLAN AHEAD. GET Principal GET AHEAD. PLAN AHEAD. GET AHEAD. PLAN WE UNDERSTAND WHAT YOU'RE WORKING FOR.SM AHEAD. PLAN AHEAD. GET AHEAD. PLAN PLAN AHEAD. GET AHEAD. PLAN AH AHEAD. GET AHEAD. PLAN AHE GET AHEAD. PLAN AHEAD AHEAD. PLAN AHEAD Dear EDS, PLAN AHEAD. C Please contact Dr. _____ AHEAD. GF Located at _____ Telephone to join Employers Dental Services (EDS).

I would like for you to call this office about becoming an EDS provider.

Patient's Name

Address _____

Telephone Number _____



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Employers Dental Services P.O. Box 36600 Tucson AZ 85740-6600

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