Become a dental or vision provider

Thank you for your interest in becoming an Aflac Provider. Please know this is not a commitment to join, but to contact your office to discuss network participation.

Please complete the form below and email it to our Network Management Department at networkrecruitment@aflac.com.

Dental ☐ Vision ☐

Provider First Name: _____ Provider Last Name: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Office Contact Person: _____

Upon receipt of your request, a network recruiter will reach out to you and your office to email you the requested recruitment packet, including the fee schedule. If you should have any questions, please email networkrecruitment@aflac.com and your request will be followed up with by our network recruitment team.

Thank you for your interest in joining the Aflac Network.