

North Carolina  
 Directory Update Form

Provider's Name:		Provider's NPI Number:	
Gender:		Office NPI Number:	
Specialty:		If Specialty is different than listed complete:	
*Education Facility Name:		*Graduation Month/Year:	
American Board Certifications:			
Hospital Privileges, if so Hospital Name(s):			
Office Name:			
Office Street:			
Office City:		Office State:	Office Zip:
Office Tax ID:		License Number:	
<b>Monday Hours:</b>	<b>Tuesday Hours:</b>	<b>Wednesday Hours:</b>	<b>Thursday Hours:</b>
<b>Friday Hours:</b>	<b>Saturday Hours:</b>	<b>Sunday Hours:</b>	Languages at Location:
Office Email:			
Office Phone:		Office Fax:	

- |   |          |
|---|----------|
| 1. Do you accept new patients?                                      | Yes / No |
| 2. Is it difficult to schedule new patients?                        | Yes / No |
| 3. Do you schedule same day appointments?                           | Yes / No |
| 4. Are there any changes that affect your availability to patients? | Yes / No |
| 5. Does this location offer teledentistry?                          | Yes / No |
| 6. If yes, what platform do you utilize for teledentistry? _____    |          |

7. What form of teledentistry do you perform?
  - Asynchronous – Store & forward indirect conference
  - Synchronous – Live audio/video conference
8. Do you provide dental services via Mobile Dentistry? Yes / No
9. What city and state does the Mobile Dentistry provide service in? \_\_\_\_\_
10. What services do you perform via Mobile Dentistry?
  - Diagnostic
  - Preventative
  - Restorative
  - Other
11. Where is the Mobile Dentistry service performed?
  - Off-site patient/customer location
  - Mobile Dentistry vehicle
12. Does the practice accommodate dental emergencies if they occur after business hours? Yes / No
13. When a patient needs non-urgent care from a General Dentist, the patient is provided an appointment within \_\_\_\_\_ calendar days of the time an appointment was requested.
14. When a patient needs non-urgent specialist care, the patient is provided an appointment within \_\_\_\_\_ calendar days of the time an appointment was requested.
15. When a patient needs urgent care, the patient is provided an appointment within \_\_\_\_\_ hours of the time an appointment was requested.

**By signing this form, I certify that the information provided is correct and that if any foreign languages are listed above, they are fluently spoken by a staff member of this office.**

Name (printed): \_\_\_\_\_

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

**Fax: [816.257.3238](tel:816.257.3238) or Email: [CDNstateverification@geha.com](mailto:CDNstateverification@geha.com)**