

**Maryland**  
**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. Are you able to schedule urgent care appointments within 3 calendar days? Yes / No
13. Are you able to schedule routine dental services within 45 calendar days? Yes / No
14. Are you able to schedule non-urgent specialty care within 60 calendar days? Yes / No

**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)**