

Connecticut
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:			
Monday Hours:		Tuesday Hours:		Wednesday Hours:		Thursday Hours:	
Friday Hours:		Saturday Hours:		Sunday Hours:		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. Do you have 24 hour, 7 days a week, emergency care available? 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.
16. Is this location handicapped accessible? 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