

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