

**New Hampshire**  
**Survey Verification 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: «Location_TIN»				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 48 hours? Yes / No
13. Are you able to schedule routine appointments 30 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)**