



**West Virginia**  
**Directory Update From**

|  |  |   |             |                         |  |                        |  |
|--|--|---|-------------|-------------------------|--|------------------------|--|
| 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 service
11. Where is the Mobile Dentistry service performed?
- ☐ Off-site patient/customer location
  - ☐ Mobile Dentistry vehicle
12. If you provide pediatric oral surgeon or orthodontist care,  
do you schedule non urgent appointments within 60 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)

Commented [A11]: Does this need to be capitalized?