



Quarterly Directory Update

Federal regulations require quarterly outreach to verify the information about your practice is displayed correctly in our provider directory.

Accurate directory information is important to your current and future patients so they may easily access your services. Please review and return your data listed below to help ensure a positive member experience.

Provider name:

Specialty:

Address:

City:

State:

Zip:

Email address:

Office phone:

Please answer the following questions:

Are you accepting new patients? **Yes / No**

Are there any changes that affect your availability to patients? **Yes / No**

Are you able to schedule routine appointments within 30 days of request? **Yes / No**

This document can be completed by one of the following options:

- By logging into www.connectiondental.com. Follow the instructions on page two.
- By fax: 816.257.3239
- By email: Scan and email to CDNvalidation@geha.com
- By phone: 800.505.8880 option 4

If you have questions regarding this request, please contact Connection Dental Network at 800.505.8880, option 4. We appreciate your participation in the Connection Dental Network.

Sincerely,

Connection Dental Network