

**California  
 Directory Update Form**

Provider's Name:	Provider's NPI Number:			
Specialty:	Office NPI Number:			
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 is utilized? \_\_\_\_\_

7. What form of teledentistry is performed?

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 schedule urgent appointments within 72 hours? Yes / No

13. Do you schedule non-urgent appointments within 36 business days? Yes / No

14. Do you schedule preventive appointments within 40 business days? Yes / No

15. Did you have concerns or questions with question numbers 12, 13 or 14? Yes / No

*If your answer is Yes, please describe the concern:*

**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 or Email: CDNstateverification@geha.com**