

California
Directory Update Form

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|---|--|------------------------|---------------|-------------------------|--|------------------------|--|
| 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](tel:816.257.3238) or Email: CDNstateverification@geha.com