

West Virginia

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