

**Dental Health Designation Worksheet**  
**Dental Providers Questionnaire**

(To be completed on all General Dentistry and Pediatric Dentistry Providers)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Board Certified: \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty: \_\_\_\_\_ Percent of Practice: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Percent of Practice: \_\_\_\_\_

Age: \_\_\_\_\_ NHSC Scholar or Loan Repayment Participant: \_\_\_\_\_ Yes \_\_\_\_\_ No

J1 Visa Holder \_\_\_\_\_ Yes \_\_\_\_\_ No Resident or Intern \_\_\_\_\_ Yes \_\_\_\_\_ No

Federal Employee \_\_\_\_\_ Yes \_\_\_\_\_ No

Location of Practice: (city/county) \_\_\_\_\_ Zip Code: \_\_\_\_\_

How many hours per week are you engaged in **Outpatient Care** activities at this location? \_\_\_\_\_

Additional office location: (city/county) \_\_\_\_\_ Zip Code: \_\_\_\_\_

How many hours per week are you engaged in **Outpatient Care** activities at this location? \_\_\_\_\_

Do you have Hospital admitting privileges? \_\_\_\_\_ Yes \_\_\_\_\_ No

If applicable, how many hours per week are you engaged in **Inpatient Care** activities: \_\_\_\_\_ Location: \_\_\_\_\_

If you work less than 40 hours per week in Outpatient Care, a brief explanation should be provided (i.e. semi-retired, administrative duties, teaching, nursing home care, etc).

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Do you routinely serve Medicaid patients at the office? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you routinely serve CMO patients at the office? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what percentage of your practice is spent on Medicaid patients? \_\_\_\_\_

Do you offer a sliding fee scale based upon income or ability to pay? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what percentage of your practice is spent on sliding fee scale patients? \_\_\_\_\_

Please provide a copy of your sliding fee scale with this questionnaire.

Number of auxiliaries (non-dentist) assisting in dental care such as dental assistants, hygienists, etc. Include the numbers for each identified dental practice listed above.

Number: \_\_\_\_\_ Location: \_\_\_\_\_

Number: \_\_\_\_\_ Location: \_\_\_\_\_

Does Dentist accept new patients?(Y/N):

Yes  No

When a patient calls the Physician's office to request an appointment, what is the usual wait time between the request and the appointment:

New Patients (Days):

Current Patients (Days):

When a patient has an appointment, what is the usual wait time between the appointment time and the actual time that the physician sees the patient?

New Patients (Hours):

Current Patients (Hours):