

Dental Facility Designation Worksheet

Facility Name _____

Address _____

County _____

Is facility public or non-profit? _____

What percentage of facility services are provided to residents of a Dental HPSA?

What Dental HPSA designations are within 40 minutes of the facility?

What is the average number of patient visits per year?

What is the waiting period for appointments for routine dental services?

Please provide the dentist name, title and amount of hours that they work at the facility weekly.

Age: _____ NHSC Scholar or Loan Repayment Participant: _____ Yes _____ No

J1 VISA Holder _____ Yes _____ No Resident or Intern _____ Yes _____ No

Federal Employee _____ Yes _____ No

Number of auxiliaries (non-dentist) assisting in dental care such as dental assistants, hygienists, etc. Number _____ Location _____

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.