DELTA DENTAL®

Facility Profile Form

Please complete a facility profile for each office location. If you have more than one location, copy or print additional copies of this page. **Email the completed form to ProviderRelations@deltadentalva.com.**

Facility Name (if any) _____

Tax ID Number (TIN) submitted on claims for this location _____

Business name (**as recorded with IRS on Form 941)** _____

Email Address _____

Physical Address _____

_____

Payment Address (for checks only, if different from physical address) _____

_____

Correspondence Address (X-rays, provider updates and information other than checks)

_____

Telephone _____

Fax _____

Office Hours: Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____ Sun_____

Are you accepting new patients? ☐ Yes ☐ No

Languages spoken (other than English) _____

Does this location have wheelchair access? ☐ Yes ☐ No

Public Transit accessibility? ☐ Yes ☐ No

Treats disabled adults? ☐ Yes ☐ No Treats disabled children? ☐ Yes ☐ No

Laboratory on site: ☐ Complete ☐ Limited

Number of Panoramic X-ray Units _____ Number of Periapical X-ray Units _____

Number of other X-ray Units _____ Number of Dental Assistants _____

Number of Hygienists _____ Number of Operatories _____

Are emergency services available 24 hours a day? ☐ Yes ☐ No

If yes, please check the type of service available: ☐ Home/Cell phone number ☐ Another local dentist

Are all permits and filings required by law and regulation current and valid (i.e., radiographic equipment)? ☐ Yes ☐ No

Are all staff members trained in CPR? ☐ Yes ☐ No

Do radiographic techniques meet accepted professional standards? ☐ Yes ☐ No

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Facility Profile Form (*continued*)

Are all individuals treating patients fully licensed? ☐ Yes ☐ No

Please list all Dentists practicing at this location (use a separate sheet of paper if necessary):

Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty
Name	License Number	NPI Number	Specialty

Do all dentists use the same Tax ID Number? ☐ Yes ☐ No

If no, please give details:_____