

# 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](mailto: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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