**FACILITY APPLICATION** *(Complete one application per facility)*

## Facility Information

**PRACTICE NAME (DBA):** ______________________________

**PRACTICE ADDRESS:** ______________________________

*Street Address* *Suite/Unit #*

______________________________

*City* *State* *Zip* *County*

**TELEPHONE #:** ( ) ____________ **Fax #:** ( ) ____________

**EMERGENCY #:** ____________ **EMAIL ADDRESS:** ____________

**INDIVIDUAL NPI #:** ____________ **ORGANIZATIONAL NPI #:** ____________ *(if applicable)*

**TAX PAYOR IDENTIFICATION (TIN):** ____________ **CONTACT NAME:** ____________

**ALTERNATE MAILING ADDRESS:** *(if different from practice address)*

☐ PAYMENT REMITTANCE ☐ CORRESPONDENCE

______________________________

*Street Address* *Suite/Unit #*

______________________________

*City* *State* *ZIP Code*

**LANGUAGES SPOKEN:** ______________________________

**RECALL METHOD USED:** ______________________________

| | | | | | |
|---|---|---|---|---|---|
| **PRIMARY DENTIST:** | ____________ | ☐ **DDS** | ☐ **DMD** | ☐ **Other** | ________ |
| ASSOCIATE DENTIST: | ____________ | ☐ **DDS** | ☐ **DMD** | ☐ **Other** | ________ |
| ASSOCIATE DENTIST: | ____________ | ☐ **DDS** | ☐ **DMD** | ☐ **Other** | ________ |
| ASSOCIATE DENTIST: | ____________ | ☐ **DDS** | ☐ **DMD** | ☐ **Other** | ________ |

**Please check if this facility is designated as any one of the following:**

☐**(FQHC)** Federally Qualified Health Center ☐**(CHC)** Community Health Center ☐**(IHS)** Indian Health Services ☐**(RHC)** Rural Health Clinic

## Accessibility

**Does this facility have a 24 hour emergency contact system?** ☐ **Yes** ☐ **No** **Special Needs** ☐ **Yes** ☐ **No**

**What type of emergency contact system is used?** ______________________________

**Is this facility wheelchair accessible?** ☐ **Yes** ☐ **No**

**Age range of patients seen?** ☐ **All Ages** ☐ **0 – 21**

**Minimum Treatment Age:** ____________ ☐ **Other:** ________

### *Hours of Operation*

| | | | | |
|---|---|---|---|---|
| Monday | | AM | | PM |
| Tuesday | | AM | | PM |
| Wednesday | | AM | | PM |
| Thursday | | AM | | PM |
| Friday | | AM | | PM |
| Saturday | | AM | | PM |
| Sunday | | AM | | PM |

### *Appointment Wait Times*

**Initial** ________ **days**

**Hygiene** ________ **days**

**Routine** ________ **days**

**Lobby Wait Time** ________ **minutes**