



**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** **Appointment Wait Times**

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

**Initial** \_\_\_\_\_ **days**  
**Hygiene** \_\_\_\_\_ **days**  
**Routine** \_\_\_\_\_ **days**  
**Lobby Wait Time** \_\_\_\_\_ **minutes**