



PRACTICE & FACILITY FORM

PRACTICE INFORMATION

Practice Name	Phone	Fax			
Address	City	State	Zip Code		
Mailing Address (if different from above)	City	State	Zip Code		
Billing Provider NPI	Tax ID Number (TIN) or Employer ID Number (EIN)				
Email	Legal Entity (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				
Office Staff	Dentists:	Hygienists:	Assistants:	Receptionists:	Operatories:
Foreign Languages Spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin					
<input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____					

Office Hours						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FACILITY DETAIL

Facility Location (check one): <input type="checkbox"/> Professional Building <input type="checkbox"/> Stand-alone Building <input type="checkbox"/> Shopping Center
Number of Accessible Parking Spaces: _____ Handicap Accessible? <input type="checkbox"/> NO <input type="checkbox"/> YES Near Public Transit? <input type="checkbox"/> NO <input type="checkbox"/> YES
Waiting Room Capacity: _____ Drinking Fountain? <input type="checkbox"/> NO <input type="checkbox"/> YES Patient Education Materials Available? <input type="checkbox"/> NO <input type="checkbox"/> YES
Number of Operatories: _____ Expansion Capability? <input type="checkbox"/> NO <input type="checkbox"/> YES Credit Cards Accepted? <input type="checkbox"/> NO <input type="checkbox"/> YES
Number of Standard X-Ray Machines: _____ Panorex? <input type="checkbox"/> NO <input type="checkbox"/> YES Digital X-Ray? <input type="checkbox"/> NO <input type="checkbox"/> YES
Laboratory Capacities (check all that apply): <input type="checkbox"/> Pouring Models <input type="checkbox"/> Minor Repairs <input type="checkbox"/> Fabricate Dentures <input type="checkbox"/> Fabricate Crowns
Facility uses computer(s) for (check all that apply): <input type="checkbox"/> Practice Management <input type="checkbox"/> Appointment Scheduling <input type="checkbox"/> Insurance Billing (EDI) <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Computers not used

CAPACITY / AVILABILITY

Total Maximum Capacity (number of patients): _____	At what percentage of your Total Maximum Capacity are you operating? _____
Access/Appointment Availability: Initial: _____(wks) Routine: _____(wks) Hygiene: _____(wks) Emergency: _____(hrs)	
Average Waiting Time in Office with Appointment: _____	

AFTER-HOURS ACCESS

Does your office have an answering service or answering machine during non-business hours which provides instructions regarding how patients may obtain urgent or emergency care? NO YES