



## Dental Care Provider Survey

**7. Does the provider accept Medicaid Patients or Healthy Kids Dental patients?**

Yes  No

**If yes, about what percentage of the provider's practice is patients who have Medicaid or Healthy Kids Dental coverage:        %**

**8. Is the office able to discount charges for low-income patients without Medicaid or other insurance coverage through a sliding fee scale?  Yes  No**

(Defined as general office policy in which fees are dependent on the income of the patient)

**If yes, what percentage of the provider's practice is made up of low-income patients lacking insurance, who use a sliding fee scale?        %**

**9. Does the dentist have any additional time consuming responsibilities?**

- Administrative Responsibilities
- Research
- Teaching
- Semi-Retired
- Other (Specify):

**10. Is the dentist currently accepting new patients?  Yes  No**

**11. Are there any other dentists in this office?  Yes  No**

If yes, please fill out a survey for each additional dentist.

After completing the survey, please return to the Michigan Department of Community Health at:

**Shortage Designation Analyst  
Michigan Department of Community Health  
Health Planning and Access to Care Section  
Capitol View Building, 7<sup>th</sup> Floor  
201 Townsend  
Lansing, Michigan 48913**

**FAX: (517) 241-1200**