

Dental Survey

Physician Information	
Doctor's Name:	Degree: <input type="checkbox"/> D.D.S. <input type="checkbox"/> D.M.D.
Locum tenen less than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number:
Office Phone:	County:
Date of Birth:	

1. What is the doctor's specialty and (if applicable) sub-specialty?	2. What percentage of the doctor's practice is each specialty and sub-specialty?
<input type="checkbox"/> General Dentistry	% of Practice:
<input type="checkbox"/> Pediatric Dentistry	% of Practice:
<input type="checkbox"/> Other (Specify):	% of Practice:

3. At what address does the doctor practice?	
Facility Name:	
Address:	
City/Zip:	Hours/Week:

4. If the doctor practices at other locations, what are those locations and how many hours a week does the doctor spend seeing patients?		
2 nd Facility Name:		
Office Phone 2:	Address 2:	
City/Zip:	Hours/Week:	

5. Is the doctor currently accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Is the provider currently accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days wait for an appt? <input type="checkbox"/> How many days wait for a current patient? <input type="checkbox"/>

7. It is well known that payment for patients who have Medicaid coverage can create financial hardships for dentists. Is this doctor able to accept Medicaid Patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes"...</p> <p>What percentage of the doctor's practice is made up of patients having Medicaid coverage? _____</p> <p>If available, please report as a percentage of patient encounters.</p> <p>Is the doctor able to accept new Medicaid patients? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

*Defined as a general office policy in which fees are dependent on the income of the patient

If “Yes”, what percentage of the doctor’s practice is made up of low-income patients lacking insurance, paying on a sliding fee scale? _____

If available, please report as a percentage of patient encounters.

9. If the doctor works less than 40 hours a week in patient care, please provide a brief explanation. For example...

Administrative responsibilities
 Research

Teaching
 Semi-retired
 Other (Specify):

10. Is the doctor...

A Federal Employee?
 A J-1 Visa Waiver or H-1B Visa Holder?
 A National Health Service Corps Employee?

11. Are there auxiliaries working in the practice? Yes No

If “Yes”...

Identify how many of what type of auxiliary and combined FTE for each position:

_____ Dental Assistants: _____ FTE or _____ Hrs

_____ Hygienists: _____ FTE or _____ Hrs

12. Are there any additional dentists at your office? Yes No

If Yes, please complete a survey for each additional dentist