



Clinic's Marketing Name: _____

Clinic's Main Address: _____

Additional Location(s):

Phone: (____) _____ Fax: (____) _____

Clinic Web Site Address: www. _____

Contact/Office Manager (First & Last Name): _____

Office Manager's Phone # and Extension: _____

E-mail Address for Office Manager and/or Dentist: _____

Clinic Billing NPI # _____

1) Clinic Hours:

Monday:

Friday:

Tuesday:

Saturday:

Wednesday:

Sunday:

Thursday:

Notes:

2) List names, specialty, license # and National Practitioner Identifier (NPI) for each dentist in your office:

Dentist Name

Specialty

License #

NPI

3) Is your clinic accepting new patients?

Yes

No

4) Is your clinic handicapped accessible?

Yes

No

5) Does your clinic have the ability to provide dental care to Special Needs patients?

Yes

No

*ADA definition of special needs: Patients with special needs are those who due to physical, medical, developmental or cognitive conditions require special consideration when receiving dental care.

6) Services your clinic provides (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Electronic Dental Records |
| <input type="checkbox"/> Free Parking | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> On Bus Line | |

7) Infection Control Procedures

Please explain the process used to perform biological (spore testing) in your office?

What process do you use to main the dental unit water system in your office?

Do you use slow change chemical integrators in your sterilization process?

- Yes No

Please explain the sterilization process for restorative/hygiene instruments and handpieces in your office?

8) Wait Time for Hygiene Appointments

- Less than one week
- One – two weeks
- Three – four weeks
- Five weeks or more

9) Wait Time for Restorative Appointment

- Less than one week
- One – two weeks
- Three – four weeks
- Five weeks or more

10) Wait Time for Emergency Appointments

- Less than 48 Hours
- Two – three days
- Four – five days
- More than one week

11) Does your clinic have the ability of providing care to patients with developmental disabilities?

- Yes
- No

12) Does your office provide care to medical assistance patients either on a fee-for-service basis or through a health plan? This will help us to understand if you can participate in the State of Minnesota employee network according to Rule 101.

- Yes
- No