

Facility Profile Form

Please complete a facility profile for each office location. If you have more than one location, copy or print additional copies of this page. Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Facility Name (if any) _____

Tax ID Number (TIN) submitted on claims for this location _____

Business name (as recorded with IRS on Form 941) _____

Email Address _____

Physical Address _____

Payment Address (for checks only, if different from physical address) _____

Correspondence Address (X-rays, provider updates and information other than checks)

Telephone _____

Fax _____

Office Hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Are you accepting new patients? Yes No

Languages spoken (other than English) _____

Does this location have wheelchair access? Yes No

Public Transit accessibility? Yes No

Treats disabled adults? Yes No Treats disabled children? Yes No

Laboratory on site: Complete Limited

Number of Panoramic X-ray Units _____ Number of Periapical X-ray Units _____

Number of other X-ray Units _____ Number of Dental Assistants _____

Number of Hygienists _____ Number of Operatories _____

Are emergency services available 24 hours a day? Yes No

If yes, please check the type of service available: Home/Cell phone number Another local dentist

Are all permits and filings required by law and regulation current and valid (i.e., radiographic equipment)?
 Yes No

Are all staff members trained in CPR? Yes No

Do radiographic techniques meet accepted professional standards? Yes No