

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.

Location name _____

Tax ID Number (TIN) _____ Type 2 facility NPI _____

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

Main office email address (dentist newsletters, fee schedules, etc.) _____

Credentialing email address (for recredentialing notices) _____

Physical address _____

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

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

Phone _____ 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 physically disabled adults? Yes No Treats physically disabled children? Yes No

Offers telehealth/teledentistry services? Yes No

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

Are all individuals treating patients fully licensed? Yes No