

# 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](mailto: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