

Information on Dentist _____

Address _____

Phone _____ **Fax** _____ **Secure Email** _____

Good Morning/Afternoon, _____
(their name that they have given you when they answer - write it down)

This is _____ from _____.
I'm calling about referring our patients to you appropriately. I'll be brief.
Can you work with me?

Pause for answer

Thank you. We are trying to call dentists to schedule dental check up appointments for our patients while the family is in our office.

- Is _____ the number that we should call for them?
- To whom should we speak? _____
- What address should we give the patient for your office? See above or write down different one:

- At what age should we refer patients to you for their first visit?
First tooth / __ months / 1 yr / 2 yr / 3 yr / 4 yr / 5 yr / 6 yr / 7 yr / 8 yr+
What should we tell our parents to expect at these visits? _____

- If you see children under 3, are you able to provide restorative dental treatment?
Yes / No
Do you send them elsewhere? Yes / No
To whom do you like to refer them? _____
- Is there information that you would like us send to you when we refer patients?
How do you like to receive this information? Phone / Fax / Secure Email /
With patient / Dentist's own referral form (Can you please fax / email me a copy of it?)
How would you prefer to send us feedback on your findings?
A form from us for you to complete (we could fax or email you a copy for you to see) /
Your document faxed to us / Your document sent by secure email
- Are there any special documents or messages that you would like us to share with the patients we refer to you? Yes/No
Notes: _____
- Do you accept any of the Medicaid Managed Care Organization insurance plans?
Insert plans for your area here

<input type="checkbox"/> Aetna Better Health	<input type="checkbox"/> Amerihealth Caritas	<input type="checkbox"/> Gateway
<input type="checkbox"/> Geisinger	<input type="checkbox"/> Health Partners,	<input type="checkbox"/> Keystone First
<input type="checkbox"/> PA Health and Wellness	<input type="checkbox"/> United Healthcare Community Plan/Unison	
<input type="checkbox"/> UPMC for You	<input type="checkbox"/> Other _____	
- Do you accept CHIP insurance?

<input type="checkbox"/> Highmark (Keystone Health Plan West	<input type="checkbox"/> Unitedhealthcare Community Plan of PA
<input type="checkbox"/> UPMC for Kids	<input type="checkbox"/> Geisinger Health Plan
<input type="checkbox"/> First Priority Health	<input type="checkbox"/> Capital Bluecross
<input type="checkbox"/> Highmark Blue Shield (Central PA)	<input type="checkbox"/> Aetna
<input type="checkbox"/> Keystone Health Plan East (IBC)	<input type="checkbox"/> Kidzpartner
- Which private insurances do you accept?
United Concordia?
Dentaquest?
DDental?
Other? _____