

**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? \_\_\_\_\_