

Thank you for participating in this Dental Provider Survey. Your information will help us understand the healthcare needs in your area. We will use the results to determine if your service area qualifies for designation as a Health Professional Shortage Area (HPSA). The HPSA designation will help eligible providers qualify for over 30 federal programs.

Information collected will also be used by the Department of Health and your local health department to study other primary care access concerns. Results from any studies will be presented in aggregate form and will not identify individual providers. This guide will provide explanation to the questions.

Section I. - PROVIDER INFORMATION

1.-5.	Please provide the complete, full name of the primary care provider, including the birth year and gender .
6.	Check the appropriate provider credentials : <ul style="list-style-type: none"> ▪ D.D.S. (Doctorate of Dental Surgery) ▪ D.M.D. (Doctorate of Dental Medicine)
7.-12.	List the primary practice site name for this provider. Please include the complete street address, city, zip code, county , as well as the site's phone number . Please list the mailing address if it is different than the physical street address. (9a.-12a.) If this provider has a secondary practice site include the name, street address, phone number and county. Additional information about the secondary practice should only be completed if known (Questions 18-30). For more than two primary care practice sites an additional survey will need to be completed.
13.	Select the provider's primary dental care.
14.	Select the provider's specialty . Please note that dental care providers are considered to be: <ul style="list-style-type: none"> ▪ <u>Periodontics</u> ▪ <u>Oral Surgery</u> ▪ <u>Endodontics</u> ▪ <u>Prosthodontics</u> ▪ <u>Orthodontics</u> ▪ <u>Other</u> (please describe)
15.	a. Mark if the provider is a US citizen . If no, then answer 15b. b. For non-citizens identify what the provider's current visa status is.
16.	Please select status identifiers that apply to the provider. If not listed then please describe under "Other".
17.	If the provider intends to leave practice within the next six months , please explain the reason(s). This could include retirement, relocation, expiration of visa, etc.

Section II. - PRACTICE INFORMATION

18.	a. Please list the number of dental hygienists that work at this provider's practice, include contract employees. b. List the combined total hours worked by all of the dental hygienists in a given week.
19.	a. Please list the number of dental assistants that work at this provider's practice, include contract employees. b. List the combined total hours worked by all of the dental assistants in a given week.
20.	Please list the best estimate of weekly hours the provider spends on each of the following: <ul style="list-style-type: none"> ▪ <u>Primary Care</u>: includes time spent preventative and routine, non-urgent dental health, and Pediatric Dentistry. ▪ <u>Specialty Care</u>: clinical care that includes Periodontics, Oral Surgery, Endodontics, Prosthodontics, Orthodontics. ▪ <u>Non-clinical Care</u>: Clinic administration; continuing education, lecturing, hospital meetings, etc.

21.	Provide a best estimate average number of patients seen in a typical week at this practice site. Please list for the secondary practice site if known.
22.	Provide the number of days or weeks it takes to schedule a routine, non-urgent appointment for: <ul style="list-style-type: none"> ▪ Current patients ▪ New patients
23.	Please indicate whether an alternative language is spoken at the practice site(s). Please list all non-English languages spoken with patients.
24.	Please indicate any interpretative services offered at the practice site(s) and how it these services are provided. This may include non-English translation, sign language, etc.
25.	Identify what percentage of the provider's primary care patients are: <p>a) Transitory agricultural migrant farm workers are defined as no having a permanent local address in the same area as the Practice. Please include dependents in the average number.</p> <p>b) Homeless persons are defined as those living in unstable, nonpermanent locations, such as in shelters, transitional housing, in tents, in cars or on the streets. Please include dependents in the average number.</p>

Section IV. - PAYEE INFORMATION

26. – 30.	<p>For each of the payee type(s) provide the best percentage estimate. In determining the percentage estimate please consider how much of the identified payee type accounts for the business.</p> <p>Also mark whether or not the provider is accepting new patients. If so, indicate if there are restrictions. This information will be used to identify need in your area.</p> <ul style="list-style-type: none"> ▪ 26. <u>Private Insurance</u>: Dental insurance through work or self-purchased; include Basic Health, military. ▪ 27. <u>Medicaid</u>: Federal and state administered payment for low income persons; include Fee for Service and Healthy Options. ▪ 28. <u>Self Pay Patients</u>: No dental insurance; patient pays full fees. ▪ 29. <u>Sliding Fee Schedule (SFS)</u>: No dental insurance or subsidies; fees discounted according to income level; charity. <ul style="list-style-type: none"> 29a. Identify whether or not the SFS is visibly posted and available to all patients. ▪ 30. <u>Labor and Industries</u>: Worker's compensation. ▪ 31. Other: please identify payee type not already listed. <p>**The sum of percentages for questions 26. through 31. should add up to 100%.</p>
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Section V. - ADDITIONAL INFORMATION

	<p>Comments: Share any questions or concerns you, the provider or staff, may have about access to dental care and the status of the practice. Please list information that may help us understand the needs in your area. Please feel free to attach additional documentation.</p>
	<p>Please provide contact information should our office have any questions regarding information on this survey.</p>

Return completed surveys to:

DOH; CHS; Attn Phi Ly, P.O. Box 47853, Olympia, WA 98504-7853, or fax (360) 664-9273

Survey Questions
Rural Health Research and Analysis

Health Professional Shortage Area (HPSA);
Medically Underserved Areas

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