



<p>22. On average, how long (days/weeks) does it take to <b>schedule a routine, non-urgent appointment</b>?</p>	<p>Current patients: _____ days or weeks New patients: _____ days or weeks</p>	<p>Current patients: _____ days or weeks New patients: _____ days or weeks</p>
<p>23. What <b>additional language(s)</b> besides English are spoken at this practice?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Language(s) _____ _____</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Language(s) _____ _____</p>
<p>24a. How are <b>interpretative services</b> provided? 24b. Which <b>interpretative services</b> are provided?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Practice provides <input type="checkbox"/> Third party <input type="checkbox"/> Patient provides Services: _____</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Practice provides <input type="checkbox"/> Third party <input type="checkbox"/> Patient provides Services: _____</p>
<p>25. What percentage of this provider's current patients are: 25a. <b>Transitory agricultural migrant farm workers</b> and/or their dependents? 25b. <b>Homeless</b> and/or their dependents?</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Migrant _____ % <input type="checkbox"/> None <input type="checkbox"/> Homeless _____ %</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Migrant _____ % <input type="checkbox"/> None <input type="checkbox"/> Homeless _____ %</p>
<p><b>Section III - PAYEE INFORMATION</b> <i>Please provide the best estimate of each payee type.</i></p>	<p><b>Primary Practice</b></p>	<p><b>Secondary Practice</b> <i>Please provide if known</i></p>
<p>26. Private Insurance <i>Dental insurance through work or self-purchased.</i></p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>
<p>27. Medicaid <i>Federal and state administered payment for low income; include Fee for Service and Healthy Options.</i></p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>
<p>28. Self-Pay Patients <i>No dental insurance; patient pays full fees.</i></p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____</p>
<p>29. Sliding Fee Scale <i>No dental insurance or subsidies; fees discounted according to income level; include charity.</i> 29a. Is the sliding fee scale visibly posted and available to all patients?</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes Restrictions: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>30. Labor and Industries</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>31. Other: _____</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>_____ % of all payee types Accepting New Patients: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>The sum percentages should equal 100% for each site.</p>	<p>_____ % Payee Type Total</p>	<p>_____ % Payee Type Total</p>
<p><b>Section IV - ADDITIONAL INFORMATION</b></p>		
<p>Comments:</p>		
<p>This survey was completed by: Name: _____ Title: _____ Phone: _____ E-mail: _____</p>		
<p>Questions: <b>Phi Ly (360) 236-2825</b>; return to: <b>DOH, OCHS, P.O. Box 47853, Olympia, WA 98504-7853</b>, or fax <b>(360) 664-9273</b></p>		