

RPH Name: **Northcoast Behavioral Healthcare**

1. Is this an Existing dental dept or is this a new dental dept: **There is no department – there is a dedicated room with sink, ceiling medical exam light and portable exam chair. All other equipment (mobile) would need to be supplied by the contracted Dentist.**

If existing:

dental brick & mortar sites: **1 (Dedicated space in building described above)**

mobile dental vans/programs: **None**

of places they visit: **None**

Name and version of current dental practice & clinical management software: **None**

Name and version of current dental imaging software: **None**

Current image acquisition devices, makes and models (Panorex machines, are the pans 2 D or 3D, sensors, PSP systems, intraoral cameras): **None**

If new:

new dental sites

brick & mortar or mobile?

2. # of Concurrent Users: **None**

3. Will there be dental insurance/Medicaid billing needed?
Yes, by the Contract Dentist – Not NBH

4. Will patients be balance billed for dental services? (co-pays)
NBH will pay if the patient cannot, otherwise, the Contract Dentist will need to work with the patient to pay.

5. Connectivity to HIE? **(N/A)**

6. Types of dental services provided:
Annual Dental Exams
Prophylactic dental care
Other additional dental care services as appropriate

7. # of dentists: **1 (Part time, contracted.)**

8. # dental hygienists: **None**

9. # dental assistants:
Existing hospital staff can assist as needed, but are not trained dental assistants.

10. # front desk staff: **None**

11. # dental practice managers:
None – only management is that of the contract (both financial and Clinically)

12. # dental billers: **None**

13. # other dental staff: **None**

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RPH Name: ___**NOPH**___

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 - # mobile dental vans/programs:
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 - Name and version of current dental practice & clinical management software:
 - Name and version of current dental imaging software:
 - Current image acquisition devices, makes and models (Panorex machines, are the pans 2
D or 3D, sensors, PSP systems, intraoral cameras):If new: **N/A**
 - # new dental sites
brick & mortar or mobile?
2. # of Concurrent Users: **N/A**
3. Will there be dental insurance/Medicaid billing needed? **(N/A)**
4. Will patients be balance billed for dental services? (co-pays) **(N/A)**
5. Connectivity to HIE? **(N/A)**
6. Types of dental services provided: **N/A**
7. # of dentists: **Contract**
8. # dental hygienists: **Contract**

9. # dental assistants: **Contract**
10. # front desk staff: **Contract**
11. # dental practice managers: **Contract**
12. # dental billers: **Contract**
13. # other dental staff: **Contract**

RPH Name: ___ HBH _____

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If existing: N/A
 - # dental brick & mortar sites:
 - # mobile dental vans/programs:
 - # of places they visit:
 - Name and version of current dental practice & clinical management software:
 - Name and version of current dental imaging software:
 - Current image acquisition devices, makes and models (Panorex machines, are the pans 2D or 3D, sensors, PSP systems, intraoral cameras):If new: N/A
 - # new dental sites
 - brick & mortar or mobile?
2. # of Concurrent Users: N/A
3. Will there be dental insurance/Medicaid billing needed? (N/A)
4. Will patients be balance billed for dental services? (co-pays) (N/A)
5. Connectivity to HIE? (N/A)
6. Types of dental services provided: N/A- they will not be charting or billing out of our EHR
7. # of dentists: N/A
8. # dental hygienists: N/A
9. # dental assistants: N/A
10. # front desk staff: N/A
11. # dental practice managers: N/A
12. # dental billers: N/A
13. # other dental staff: N/A