

**DENTIST REGISTRATION FORM**



Please mail or fax to:  
Dental OPTIONS  
2138 Madison Ave.  
Toledo, OH 43604  
Fax: (419) 776-1031

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ EMAIL \_\_\_\_\_

OFFICE CONTACT PERSON \_\_\_\_\_

2<sup>nd</sup> OFFICE ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COUNTY \_\_\_\_\_ OFFICE CONTACT PERSON \_\_\_\_\_

Please indicate the program in which you would like to participate:

- Discounted care       Donated care       Both

Please indicate the type of patients you would consider treating:

- Financial hardships       Elderly       Children  
 Medically compromised       Mentally impaired       Both medically/mentally compromised

How many patients are you willing to treat in a twelve month period? \_\_\_\_\_

Are you a

- General practitioner       Specialist/specialty \_\_\_\_\_

Is the office wheelchair accessible?

- Yes       No

Is the office on a busline?

- Yes       No

Does the dentist or office staff speak a second language?

- No       Yes If yes, what? \_\_\_\_\_

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The goal of the Dental OPTIONS program is to provide services that will restore the patient back to good oral health. Please indicate the services your practice offers:

- Fillings
- Crowns
- Endodontics
- Periodontics
- Extractions       simple                       complicated/impacted
- Denture               partial                       complete

Is there any additional information you wish to share with us?

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In the Dental OPTIONS program:

The names of participating dentists are kept confidential.

A Dental OPTIONS Referral Coordinator determines patient eligibility for discounted fees or donated care. The Referral Coordinator will not make a referral before contacting the dentist to confirm willingness to see the patient and will maintain contact with the patient and the dentist's office during treatment. The dentist can decline a referral for any reason.

If a patient fails to show for an appointment, the dentist may choose to not see the patient. But if a patient misses two appointments, the patient will automatically be dismissed from the Dental OPTIONS program.

Participating dentists do not act as an agent, employee or authorized representative of the ODA or other Dental OPTIONS sponsoring organizations.

The ODA and other Dental OPTIONS sponsoring organizations are not responsible for any claims against a participating dentist arising from his/her treatment of patients under the Dental OPTIONS program, nor are they responsible for any difference between the fee that a participating dentist normally charges and the fee actually paid by a Dental OPTIONS patient.

A participating dentist may withdraw from the Dental OPTIONS program by contacting the ODA or the referral coordinator in writing.

I understand the Dental OPTIONS program and will provide dental care to Dental OPTIONS patients.

Signature \_\_\_\_\_ Date \_\_\_\_\_