DENTIST REGISTRATION FORM

Please mail to:
Dental OPTIONS/Ohio Dental Association
1370 Dublin Rd., Columbus, OH 43215
or fax to (614) 486-0381

Ohio Dental Association (800) 282-1526 (888) 765-6789 Dental OPTIONS

Name _____ **Phone** (_____) _____

Address _____ **Fax** (_____) _____

CityZip_____ **County** _____

Office Contact Person _____

Email _____ Note: if you have a second office address, please indicate below.

Please indicate the program in which you would like to participate: ☐ Donated care ☐ Discounted care ☐ Both

Are you a: ☐ General practitioner ☐ Specialist (indicate specialty) _____

How many patients are you willing to treat in a 12-month period?_____

Please indicate the type of patients you would consider treating: ☐ Financial hardship ☐ Elderly ☐ Children

☐ Medically compromised ☐ Mentally impaired ☐ Both medically/mentally compromised

Is the office wheelchair accessible? ☐ Yes ☐ No **Is the office on a busline?** ☐ Yes ☐ No

Does the dentist or staff speak a second language? If so, what? _____

The goal of the 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
☐ Dentures: ___ partial ___ complete

Is there any additional information you wish to share with us (e.g., second office location)?_____

_____

_____

In the OPTIONS program, the names of participating dentists are kept confidential.

An 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 OPTIONS Program.

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

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