

MBF/SIDS PARTICIPATING PROVIDER ORGANIZATION APPLICATION

**P.O BOX 9005
Lynbrook, New York 11563-9005
516-396-5501 Fax: 516-396-5594**

MANAGEMENT BENEFITS FUND DENTAL PPO

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DENTIST INFORMATION

Name _____ Lic No. _____ Taxpayer ID No. _____
Street Address _____ City _____
County _____ State _____ Zip Code _____
Office Telephone(____) _____ Fax(____) _____ Date of Birth _____
Dental School _____ Degree _____ Year Graduated _____
Continuing Education Courses (Description & Dates) _____

Professional Positions and Associations _____

Would you be willing to participate as a member of a professional review board? _____

Office Information

GP _____ Specialist _____ Bd. Certified _____ Bd. Eligible _____ Do you limit your practice? _____
Sole Ownership _____ Partnership _____ Group Practice _____ Franchise _____ Number of years at this location? _____
List the names of all principals and associates in the practice _____

Number of operatories equipped and in use? _____ Is space available for expansion? _____
Method of sterilization: _____ Ultrasonic _____ Cold _____ Autoclave _____ Chemiclave _____ Dry Heat
Number of handpieces: _____ Number of standard X-ray units _____ Panoramic Unit _____ Are units certified? _____
Special facilities and services: _____

Office hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
No. of Dentists _____ No. of Hygienists _____ No. of Dental Assistants _____ No. of Clerical Support Personnel _____

Other similar Provider Networks in which you participate _____

Malpractice Insurance Carrier _____ Policy # _____ Liability Limit _____

Do you and your staff routinely follow all ADA and CDC guidelines for infection Control? _____

- Have you ever been reprimanded or fined by a state disciplinary agency? _____
- Has your license to practice dentistry ever been revoked or suspended? _____
- Has your privilege to prescribe drugs ever been limited? _____
- Has your hospital privileges ever been revoked? _____
- Have you ever been convicted of a crime? _____

Signature: _____ Date: _____