



A product of DentaQuest

Date: ____/____/____

PRIMARY PRACTICE INFORMATION			
PRIMARY PRACTICE LEGAL NAME			
D/B/A		COUNTY	
ADDRESS		CITY	STATE ZIP
PRACTICE: <input type="checkbox"/> SOLO <input type="checkbox"/> GROUP	OFFICE CONTACT PERSON	TELEPHONE NUMBER	EMAIL ADDRESS

INDIVIDUAL PRACTITIONERS IN THIS PRACTICE		
NAME	MEDICAID ID NUMBER	TITLE: (O.D., M.D., D.O.)
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PRACTICE DEMOGRAPHICS	YES	NO
1. Do the providers in this practice accept Medicare and Medicaid patients?		
2. Does this practice currently participate on any Medicaid Managed Care Plans?		
3. Do your providers have individual Medicaid ID Numbers?		
4. Does your practice currently provide care to the specific Health Plan members you are interested in seeing as an eyeQuest provider?		
5. Other than English, are other languages spoken in this practice? If yes, what other(s): _____		
6. Does this practice have a Doctor "on-call" 24 hours/7 days?		
7. Does this practice dispense glasses? If so, is the optical dispensary owned by the Dr(s)? _____		
8. If the optical is under separate ownership, will that entity enter into an agreement with eyeQuest? _____		
9. When performing a comprehensive eye exam, do the Drs. typically dilate new and /or existing patients?		
10. Does your practice offer evening and/or weekend hours for patient care?		

Additional Information (insert any information you would like to be taken into consideration to join the network)

Internal Use Only

Internal Use Only	Additional Data	YES	NO
1. Quantity of access point /mileage			
2. Membership in the County			
3. Additional Criteria for consideration			
4. Is this a new location for an existing group			

_____ We are not currently accepting new provider applications for the eyeQuest provider panel in your area, we very much appreciate your interest in our programs

_____ We are currently accepting prospective, eligible applicants for participation in the panel you are interested in.

_____ Kentucky Provider, applicants will be sent contracting packet

Return the form (by facsimile) to eyeQuest at 1-888-696-9552

Email Address: eyeQuestProviderServices@dentaquest.com

PLEASE ALLOW 4-6 WEEKS BEFORE CHECKING ON YOUR STATUS

Next Step: eyeQuest will send you the appropriate documents to get you contracted and credentialed, once approved