

ODS Community Dental Provider Directory Information



Thank you for being part of the ODS Community Dental network. We will include your information in our online provider directory, which you can view [here](#).

ODS is committed to building a diverse network of providers who deliver care tailored to the unique needs of our members. By answering the questions below, you'll help us enhance our members' experience in finding the right care.

Please complete the below questions to ensure your directory listing is accurate:

DBA/business name:			
Service Address:	City	State	ZIP
Office email (one patients use):			
Office phone number:	Office fax number:	Website URL:	
Billing Address (if different than service address):	City	State	ZIP

Does your office regularly offer any of the below appointment times?

- Before 8am
- After 5pm
- Weekend/Saturdays

Is your office accepting new OHP patients?

- Yes No

What ages are treated?

- All ages

Ages from _____ and up to _____.

Does your office have certified or qualified bi-lingual staff?

- Yes No

Click [here](#) for information on how to become an OHA qualified interpreter.

Cultural competency training completed for staff?

- Yes No

Materials in other formats:

- Audio
- Braille
- Large Print
- None of the above

Other office details:

- ADA Accessible
- Transit Accessible
- Electronic Health Records (EHR)
- Electronic Medical Records (EMR)
- ePrescribe
- Email as a communication option for patients

Please provide the below information for all providers working at this office:

Name: _____ School attended: _____

Treats disabled children: _____

Treats disabled adults: _____

Additional languages spoken: _____

Note: OHA requires providers to demonstrate proficiency in their native language. Click [here](#) for qualifications. Please send proof of proficiency documentation to odslangaccess@odscommunitydental.com.

Has the provider submitted to ODS proof of proficiency in the language(s) listed above? Yes No

Ethnicity: _____

Race: _____

Gender Identity: _____

Preferred Pronoun: _____

Service Expertise:

- Physical Disabilities
- Sensory Disabilities
- Sensory Disabilities
- Intellectual Disabilities
- Developmental Disabilities

Please list any hospital privileges for this provider: _____

Additional information about this provider you'd like to share with ODS:

Please provide the below information for all providers working at this office:

Name: _____ School attended: _____

Treats disabled children: _____

Treats disabled adults: _____

Additional languages spoken: _____

Note: OHA requires providers to demonstrate proficiency in their native language. Click [here](#) for qualifications. Please send proof of proficiency documentation to odslangaccess@odscommunitydental.com.

Has the provider submitted to ODS proof of proficiency in the language(s) listed above? Yes No

Ethnicity: _____

Race: _____

Gender Identity: _____

Preferred Pronoun: _____

Service Expertise:

- Physical Disabilities
- Sensory Disabilities
- Sensory Disabilities
- Intellectual Disabilities
- Developmental Disabilities

Please list any hospital privileges for this provider: _____

Additional information about this provider you'd like to share with ODS:

To ensure our directory remains accurate, please report any office changes to odsprovider@odscommunitydental.com. To add a new provider or remove an existing provider from your office, please complete the Associate [Add/Term Request](#).

www.odscommunitydental.com

ODS Community Dental must follow state and federal rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 800-342-0526 (TTY: 711). 注意: 如果您說中文, 可得到免費語言幫助服務。請致電 800-342-0526 (聾啞人專用: 711).