

# Alaska Dental Health Provider Survey

The purpose of this survey is to collect information that is used to assess, develop, and manage dental health professional shortage areas (HPSAs) in Alaska. HPSAs are used as a qualifier for state and federal resources including loan repayment opportunities for qualifying dental health care professionals. Information collected as a function of this survey is used only for shortage designation management, and is considered proprietary and exempt from disclosure to third parties under AS 40.25.120.

**Please complete a separate survey for each dentist working at this practice location.**

Dentist First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

National Provider Identifier (NPI) #: \_\_\_\_\_

Degree (mark one):

Primary Dental Care Type:

Is Dentist a Federal Employee?

Dentist Month and Year of Birth (MM/YYYY): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Practice Street Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Suite: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

## DENTIST'S PRACTICE INFORMATION

How many hours per week is the dentist engaged in patient care, including time working on a patient's care, such as chart work or researching treatment options for a patient (do not include administrative, education, or training time)?

\_\_\_\_\_ hours per week

How many weeks of annual leave does the dentist take each calendar year?

\_\_\_\_\_ weeks per year

## SLIDING FEE SCALE

Does this dentist offer a sliding fee schedule? (Defined as a formal, posted discount policy based on income and family size. Bad debt write-off and charity care policies are excluded).

If Yes, please estimate the percent of dentist's patients that utilize a sliding fee. (Estimate based the average per week of the providers employed and working at the time of the survey.)

\_\_\_\_\_ % of patients

**POPULATIONS SERVED**

Does the dentist serve the following patients? If Yes, estimate the percentage of total patients based on the average per week of the providers employed and working at the practice at the time of the survey.

Medicaid: \_\_\_\_\_% of patients

Alaska Native/American Indian: \_\_\_\_\_% of patients

Homeless: \_\_\_\_\_% of patients

Homelessness is defined as sheltered or unsheltered; no permanent residence.

**NEW PATIENTS**

Is the dentist accepting:

New Patients?

New Medicaid?

New Sliding Fee Scale?

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Does the dentist practice at additional locations? Please list location and fill out additional surveys for each additional practice location.

Additional Practice: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ County: \_\_\_\_\_

**SURVEY COMPLETED BY:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Questions? Contact Eric Peter at 907-465-8509 or [eric.peter@alaska.gov](mailto:eric.peter@alaska.gov) or Liza Root at 907-334-2423 or [elizabeth.root@alaska.gov](mailto:elizabeth.root@alaska.gov). Return by email to [eric.peter@alaska.gov](mailto:eric.peter@alaska.gov) or [elizabeth.root@alaska.gov](mailto:elizabeth.root@alaska.gov) Return by mail or FAX: 907-465-4101

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