



CONNECTING TO CARE

3340 Providence Dr Ste A370 • Anchorage, AK 99508

Phone: (907) 743-6600 • Fax: (907) 646-0542 • AnchorageProjectAccess.org

DENTAL PROVIDER PARTICIPATION FORM

INSTRUCTIONS: Please complete this form to join Anchorage Project Access (APA) and our network of volunteer providers or to update your current pledge. Fax completed forms to (907) 646-0542 or email Provider@AnchorageProjectAccess.org

Provider Name: _____

Practice/Office Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Office Contact: _____ Office Contact Title: _____

Office Contact Phone: _____ Office Contact Email: _____

Languages Spoken in Office: _____ Do you have interpreter services?: ☐ Yes ☐ No

Prior to seeing a donating provider, each APA patient receives an initial exam and treatment plan that is separated into phases by urgency level 1-5, with 1 being the most urgent. APA will send an Appointment Request asking that you complete a phase of treatment. A phase will never consist of more than five procedures in the categories you check below unless mutually agreed upon. For example, a phase could include two routine extractions and multiple fillings on two teeth. Each phase will be with a different patient unless mutually agreed upon.

Please indicate the number/frequency of phases you are willing to provide:

____ phase(s) per month **or** ____ phase(s) per year

Please check what services you are willing to provide:

- ☐ Acrylic Anterior Only Partial ☐ Anterior Root Canals ☐ Routine Extractions (including exposed root tips)
☐ Surgical Extractions ☐ Wisdom Tooth Extractions ☐ Restorative Fillings ☐ Deep Cleaning (root planing & scaling)
☐ Dental Hygiene ☐ Crowns ☐ Partial ☐ Dentures ☐ Sedation (☐ Nitrous ☐ Oral ☐ IV)

Some APA patients present with a dental emergency that needs treatment before an initial exam is available. In emergent cases we will request services for **only** the urgent matter at hand.

Please indicate the number/frequency of emergency services you are willing to provide:

____ emergency service(s) per month **or** ____ emergency service(s) per year

Are you willing to see more than one APA patient at a time?: ☐ Yes ☐ No

Alaska Statute 09.65.300 provides immunity for licensed health care providers who provide free health care services within their scope of practice. Donating providers are not liable for civil damages resulting from an act or omission in providing this care. I understand that services provided to APA patients are always free of charge and based on my best clinical judgment.

Name

Signature

Date