

# 2025-2026 All Kids School-Based Dental Program Application

Incomplete application will delay the approval process

School-Based Provider Entity Name		Business NPI	
Billing Location Contact Name	Email Address	Entity Phone Number	
Entity Brick and Mortar Address	City	State	Zip Code

## DENTIST INFORMATION

School Dentist Name List all providers rendering treatment	Dentist NPI	PHDH Collaborative Agreement Yes or No If yes, complete lower section	*Participant's Signature

## PUBLIC HEALTH DENTAL HYGIENIST INFORMATION

PHDH Name List all PHDH rendering treatment	PHDH NPI	Collaborative Agreement Date Span	*Participant's Signature

\* Participants who do not adhere to the requirements for participation are not eligible for reimbursement.