

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	Date participated in mandatory training

PUBLIC HEALTH DENTAL HYGIENIST INFORMATION

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

*** Participants who do not adhere to the requirements for participation are not eligible for reimbursement. If signing on behalf of the provider, the signature acknowledges the provider is aware of all program requirements.**

