2024-2025 All Kids School Dental Program Provider Application

School-Based l	Business NPI:			
Billing Location Contact Name: Email Address:		Phone #:		
g	Email Address.		THORE #.	
Entity Address		City	State	Zip Code
DENTIST INFORMATION				
School Dentist Name:	School Dentist NPI:		PHDH Collaborative - Yes or No - (if yes, complete lower section)	
PUBLIC HEALTH DENTAL HYGIENIST INFORMATION				
PHDH Name:	PHDH NPI:		PHDH Collaborative Agreement Date Span:	

^{**}Incomplete Applications Will Delay the Approval Process**