

Office Name				Office Number	Date						
Owner Name											
Office Address (Street) (Suite) (City) (Sta						p Code)					
Reason for IOA:											
New Office Move or Relocation Transfer of Ownership Other (specify)											
Network Manager Name Network Manager Signature (Required)											
*NOTE: Office will not be activated unless all responses are acceptable or not applicable (N/A). If applicable, grayed-out areas may not be N/A.					Α	U	N/A				
SECTION A – ACCESSIBILITY					N	*Do not mark in N/A fields if grayed-out					
A1	Emergency care and coverage? Network General Dentist (NGD) shall have a system in place for emergency coverage 24 hours per day, 7 days a week.										
A2	Reasonable appointment scheduling for routine visits for plan members? Cigna Dental standard: 4 weeks or less; state-specific standards: AZ = 9 weeks, NJ = 10 days; TX = 3 weeks; VA = 2 weeks.										
A3	A3 CA only (all other states mark N/A): language assistance program and documents are present?										
SECT	ECTION B – FACILITY & EQUIPMENT					not ma /A field rayed-o	s if				
B1	Verification made that facility and equipment are clean, safe, and in good repair. Exterior and common areas of the building well maintained? Office, treatment rooms, and restrooms are clean and uncluttered? Equipment in good working order?										
B2	If mercury is used in the office, does mercury hygiene include use of pre-measured amalgam capsules? Amalgamators covered? If bulk mercury is used, is it stored in sealed, unbreakable containers? Is a mercury spill kit available?										
B3	If nitrous oxide is used in office, is nitrous oxide recovery system (scavenger unit) employed in office?										
B4	Lead apron, which allows for proper thyroid protection used?										
SECT	SECTION C – EMERGENCY PROCEDURES & EQUIPMENT					not ma /A field rayed-o	s if				
С1		ies is present in office? Calling for acceptable plan, but the numbers		p (911 or local ambulance service osted. Emergency exits are accessib	e						
C2	recommended by the American D	he items are current? The content Pental Association (ADA) Council or jectable) • Histamine blocker (injec	n Scientific Affa	airs. The kit should include at							
С3	Portable oxygen tank/Ambu-bag	that can be delivered under positiv	e pressure ava	ilable?							
SECTION D – STERILIZATION & INFECTION CONTROL					N/	not ma /A field rayed-o	s if				
D1	Sterilization and infection control protocols?	protocols followed? Staff trained	n sterilization	and infection control procedures an	b						
D2	CA only - Protocols posted for ste	rlization procedures?									
D3	must be verified by a third party.	logical test of heat sterilization (sp									
	*AL, AR, AZ, CA, GA, HI, IA, ID, IN, K WV must be performed weekly.	κς, la, ma, me, md, mn, mo, ms, n	C, NH, NV, NM,	OH, OR, PA, RI, SC, SD, TN, TX, WA, W	/1,						

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SECTION D – STERILIZATION & INFECTION CONTROL (Continued)				*Do not mark in N/A fields if grayed-out		
D4	All items used intraorally are appropriately sterilized after each use? Sterilized instruments are stored in sealed containers, bags, wraps, or appropriate trays prior to use? Disposable film holder devices are used, or reusable devices sterilized or disinfected between use? Disposable instruments properly disposed? Ultrasonic cleaners used and kept covered during use?					
D5	Log kept to monitor changing of sterilization solution? Items sterilized in FDA-cleared sterilant/disinfectant solutions for recommended time per manufacturer's guidelines? Solution changed at recommended intervals?					
D6	Staff wears appropriate personal protective equipment? Gloves and mask worn? Gloves changed between patients? Laboratory jackets/coats or disposable protective clothing worn? Protective eyewear worn?					
D7	Proper and adequate use of barrier techniques? Environmental surfaces appropriately disinfected with EPA-approved solution between patients and at the end of the day? Disposable covers properly disposed?					
D8	CA only - Handpieces and waterlines flushed appropriately?					
D9	Infection control and cross contamination prevention procedures followed in the office and laboratory? If laboratory pumice is used in the office, is pumice changed after each use? Laboratory ragwheels and laboratory burs sterilized? Impressions rinsed and disinfected prior to delivery to laboratory?					
SECTION E – SUPPLEMENTAL QUESTIONS				rk in if ut		
E1	Dentist and/or appropriate staff have current CPR certification?					
E2	Blood pressure cuffs/sphygmomanometer in office?					
E3	TX only (all other states mark N/A): Diagnostic imaging machines are registered and inspected according to state law?					
E4	Sharps properly disposed of in appropriate sharps container?					
E5	Hepatitis vaccination available for clinical staff in office, or a waiver signed?					
E6	Dental hygiene staff are certified and licensed per state regulations?					
E7	TX only - Confidentiality practices meet the Centers for Disease Control and Prevention (CDH) standards?					
E8	Dental office is equipped with an intraoral and/or panoramic X-ray machine? (CA only - Orthodontists may have only a panoramic X-ray machine.)					
FACI	LITY COMMENTS					
DAD	ERWORK NEEDED TO COMPLETE THE FILE (TO BE PICKED UP AT IQA)					

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