**Venture to Reduce Oral Health Disparity:**

Name:

Date of Birth:

Relationship Status:

Address:

City:

State: Zip:

Nationality:

E-mail I.D Mobile phone:

COHE membership I.D

**Insurance History:**

1)Do you have any kind of dental coverage? Yes \_\_\_\_\_No\_\_\_\_\_

2) If Yes, Name of Insurance Company: Policy#

3) If No, do you need assistance in getting dental insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_.

4) Do you have dental provider Yes\_\_\_\_\_No\_\_\_?

5) How long has it been since you last visited dentist?

\_\_\_\_\_\_six months \_\_\_\_\_\_ six to twelve months \_\_\_\_\_\_more than twelve months.

6) Was there time during last 12 months, you could not see dentist because of cost? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No.

8)Do you known our dental provider’s installment option? Yes \_\_\_\_No\_\_\_\_.

9) Are you interested in learning about subsidized dental insurance plans? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_.

#  Survey:

# How do you purchase oral care products? Online/In shop.

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# How often do you purchase the oral care products?

# How much do you spend on oral care products?

# Do you use manufacture coupons in your purchase?

# Are you interested in our subscription services for oral care products?

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