

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ORAL HEALTH

### CONTACT INFORMATION FORM

#### Smiles for Life Fluoride Varnish Training for Medical Professionals

Please submit this Contact Information Form along with a copy of your certificate of completion from the Smiles for Life Fluoride Varnish Module 6 for Medicaid billing certification. Failure to submit both of these forms will result in the inability to bill Medicaid for fluoride varnish applications. You can access the Smiles for Life modules at [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org).

Send BOTH forms via fax, e-mail or US Post to:

MDHHS-Oral Health

Smiles for Life Certification

109 W. Michigan Ave.

PO Box 30195

Lansing, MI 48909

Fax: 517 346-9862

E:mail: [oralhealth@michigan.gov](mailto:oralhealth@michigan.gov)

Full Name:	
Professional Credentials:	License #:
Name of Agency:	
Mailing Address:	
Served County(s):	
E-Mail Address:	National Provider Identifier# (NPI):
Phone #:	Fax #:

Completion is required to become certified to bill Medicaid for fluoride varnish application.

Compliance: Failure to send in both Contact Information and Certificate from Smiles for Life Module training will result in inability to bill Medicaid for fluoride varnish applications.

Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.