

Michigan Department of Community Health

Oral Health Program

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 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.

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

MDCH-Oral Health
Smiles for Life Certification
201 Townsend, PO Box 30195
Lansing, MI 48909
Fax: 517 335-8697
E:mail: oralhealth@michigan.gov

Full Name:	Professional Credentials: (e.g. MD, DO, NP):
Name of Agency:	
Agency Mailing Address:	
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 Community Health is an equal opportunity employer, services and programs provider.