

# Fluoride Varnish Training Record Sheet

**Please complete this form and return it by Wednesday, April 7<sup>th</sup> by fax to CTAAP at 860-727-9863 or by scanning the document and e-mailing it to [tracey.ctaap@gmail.com](mailto:tracey.ctaap@gmail.com). Your timely completion of this form will allow us to process the information as quickly as possible and allow you to begin billing for this service promptly.**

- Reimbursement for Fluoride Varnish from DSS began in November of 2008. An advisory has been sent out from DSS to this effect.
- To bill for fluoride varnish you **MUST** return this sheet. DSS will only allow billing from trained, registered providers. Processing this information usually takes about a week. We will notify you when you may begin billing.
- If you do not have all the information (notably the Medicaid Provider # and NPI #) please be sure to include your e-mail address and we will e-mail you to obtain the remaining information.
- Please **PRINT** clearly so we can ensure DSS gets your information accurately so you can bill and be paid for your services.
- Only MDs/DOs, APRNs and PAs are eligible to bill for this service. Other medical staff may, under the supervision of a trained physician, perform patient education and fluoride varnish application.

Provider Name (first and last): \_\_\_\_\_

Medical Degree: MD/DO \_\_\_\_\_ APRN \_\_\_\_\_ PA \_\_\_\_\_

Primary Office Address:

\_\_\_\_\_  
Street Address (line 1)

\_\_\_\_\_  
Street Address (line 2)

\_\_\_\_\_  
City, State and Zip

Medicaid Provider #: \_\_\_\_\_

NPI #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of CME training: \_\_\_\_\_

Password for CME training: \_\_\_\_\_