

Fluoride Varnish Training Record Sheet

Please complete this form and return it by Friday, July 9th by fax to CTAAP at 860-727-9863 or by scanning the document and e-mailing it to 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: _____