Wyoming Department of Health

Division of Healthcare Financing
Wyoming Medicaid
122 West 25th St., 4th Floor West
Cheyenne, WY 82002
Phone (307) 777-7531 • 1-866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov

Dental Provider Client Acceptance Form

Billing Provider Name: _____
Provider NPI Number: _____
Provider Address: _____

_____

Provider Phone Number: _____
Person completing form: _____
Date Form Completed: _____

1. Are you currently seeing Medicaid clients? ☐ yes ☐ no
2. Are you currently accepting new Medicaid clients? ☐ yes ☐ no
3. Are you currently seeing/accepting children with special health care needs? ☐ yes ☐ no
4. Are you currently seeing/accepting adults with special health care needs? ☐ yes ☐ no
5. Can your office provide services for children with mobility limitations? ☐ yes ☐ no
6. Can your office provide sedation for children with complex medical or behavioral conditions? ☐ yes ☐ no
7. Can your office provide services for children who may have difficulty communicating or cooperating such as those with Autism, mental retardation, or intellectual disabilities? ☐ yes ☐ no

_____ _____
Dentist Signature Date

A provider's form must be received by the Division of Healthcare Financing by July 15th of each year. A provider is responsible for completing a new form if their policy on accepting Medicaid clients changes during the year.

Return this form to:

Division of Healthcare Financing, Medicaid
Attn: Dental Program Manager
122 West 25th St., 4th Floor West
Cheyenne, WY 82002