

THE INFORMATION BELOW APPEARED ON RAS FOR THE BELOW PROVIDERS
DENTISTS

THE RA BANNER WAS ACTIVE FROM 5/29/2013 – 6/29/2013

ATTENTION DENTAL PROVIDERS:

THE PROVIDER CLIENT ACCEPTANCE FORM MUST BE COMPLETED BY EACH DENTAL OFFICE BY JULY 15TH OF EACH YEAR. PLEASE PRINT THIS FORM FROM THE FORMS PAGE OF THE WEBSITE AT:

[HTTP://WYMEDICAID.ACS-INC.COM/FORMS.HTML](http://wymedicaid.acs-inc.com/forms.html)

OR BY PRINTING THE FORM FROM THE DENTAL PROVIDER MANUAL WHICH CAN BE FOUND ON THE WEBSITE:

[HTTP://WYMEDICAID.ACS-INC.COM/DENTAL.HTML](http://wymedicaid.acs-inc.com/dental.html)

THE FORM MUST BE COMPLETED AND MAILED TO THE ADDRESS LISTED ON THE FORM.