

United Way of Kitsap County
645 4th Street Suite 101
Bremerton, WA 98337

Panel Discussion with *Medicaid contracted dental providers, Health Care Authority (HCA)*
and the three *Medicaid Managed Care Dental Plans*

Name of Dentist(s) _____

NPI # _____

Dental Staff Names (First & Last) _____

Address _____

Phone: _____ Fax: _____

E-mail: _____

Attach Registration in e-mail to : cbruce@unitedwaykitsap.org
or Fax to: 360-377-4455