



Wyoming Department of Health

Dave Freudenthal, Governor

Brent D. Sherard, M.D., M.P.H., Interim Director

April 12, 2005

Ref: GM-2005-198

Dear EqualityCare Provider:

The EqualityCare program has initiated three new "listservs" for some of our providers. We will be using these to promote communication regarding current issues that pertain to office managers, Health Check providers, and physicians. Please indicate below which listservs you would like to participate in and the corresponding email address.

1. _____ Health Check Provider E-mail address: _____

You will receive updates from us regarding current Health Check screening tools, how to earn CME credits, fee increase updates, visits and guidelines, and other information on children's health.

2. _____ Medical Office Manager E-mail address: _____

You will receive updates from us regarding changes in billing procedures, coding information and claims submission.

3. _____ Physician, PA, Nurse Practitioner E-mail address: _____

You will receive information from our Medical Director regarding changes in the program and other current health topics as they pertain to our clients.

Person completing this form: _____

Phone Number: _____ E-mail: _____

Please fax this document to : Yvonne Stayer, EqualityCare Services Coordinator
Fax: (307) 777-6964
Phone: (307) 777-6029

We look forward to hearing from you. If you need additional information, please do not hesitate to contact Ms. Stayer at (307) 777-6029.

Sincerely,

Gary Melinkovich, M.D., M.P.H., Medicaid Medical Officer
Wyoming Department of Health

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