

Aetna Better Health® of New Jersey
PO Box 818003
Cleveland, OH 44181-8003



**Aetna Better Health® of New Jersey
Fluoride Varnish Application
Attestation Form**

Physician Name: _____

NPI Number: _____

Business Address: _____

County: _____ **Email:** _____

Phone: _____ **Fax:** _____

Please attest to the appropriate statements below by placing your initials on the respective lines.

_____ I have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life national oral health curriculum website. I have the proper knowledge and understanding to administer applications of fluoride varnish to Aetna Better Health® of New Jersey Health patients under the age of 6.

_____ I have completed the Caries Risk Assessment, Fluoride Varnish & Counseling training course and assessment on the Smiles for Life national oral health curriculum website and I have trained the following pediatricians, nurse practitioners or physician assistants in my office on the application of fluoride varnish to Aetna Better Health® of New Jersey patients under the age of 6.

Names and NPI Numbers of other providers in your practice you have trained:

Physician Name: _____	NPI# _____
Physician Name: _____	NPI# _____
Physician Name: _____	NPI# _____

Online Training Date: _____

Physician Signature

Date Signed

Physician Name (Please Print)

Aetna Better Health of NJ Provider ID Number

Please fax the completed form to Dr. Ryan Lee at 860-607-8842.