

Connection
DENTAL



DENTAL DIRECTORY

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CONNECTION Dental Network

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This directory of providers may change from time to time for any number of reasons. Such changes may sometimes occur before a new directory can be printed. CONNECTION Dental does not guarantee the continued participation of the providers listed or that participating providers are available in all areas. Please refer to your benefit booklet for a complete description of your plan's coverage, limits, and exclusions.

Wyoming Participating Dentists



Laramie County

Sweetwater County

LARAMIE COUNTY

General Dentistry

Whiting, Jason N DMD
4620 Grandview Ave
Suite 101
Cheyenne, WY 82009
(954) 829-5386

Zumo, Thomas J DDS
3315 Warren Ave
Cheyenne, WY 82001
(307) 638-0957

Periodontics

Johnson, David C DDS
6256 Yellowstone Rd
Cheyenne, WY 82001
(970) 221-5050

LINCOLN COUNTY

General Dentistry

Johnson, Mark W DDS
725 N Washington
Afton, WY 83110
(307) 885-4355

**Livingston, James G
DDS**
124 Peterson Pkwy
Suite 3
Thayne, WY 83127
(307) 883-4337

800 S Washington St
Afton, WY 83110
(307) 885-4337

PARK COUNTY

General Dentistry

Jones, Thomas J DDS
323 N Division St
Powell, WY 82435
(307) 754-3521

SHERIDAN COUNTY

General Dentistry

Hamilton, Ray F DDS
621 Dayton St
Ranchester, WY 82839
(307) 655-9810

This list is subject to change.

Alphabetical Index of Participating Dentists



H

Hamilton, Ray F DDS3

J

Johnson, David C DDS3

Johnson, Mark W DDS3

Jones, Thomas J DDS3

L

Livingston, James G DDS3

R

Romney, Lawrence C DMD3

W

Whiting, Jason N DMD3

Z

Zumo, Thomas J DDS3

This list is subject to change.



Dentist Nomination Form

If the dentist of your choice is not listed in this directory, you may complete this form to nominate the dentist to participate in the CONNECTION Dental Network. An application packet will be sent to eligible providers. The normal time frame for credentialing of dentists takes approximately 60 days after application has been received.

Dentist Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Member Identification Number: _____

Employer Group Name: _____ Group Number: _____

Please mail the form to the following address:

GEHA Dental Administration
P.O. Box 455
Independence, MO 64051-0455

Or fax to GEHA Dental Administration at 816-257-3358

Thank you for your interest in the CONNECTION Dental Network.