

**Connection**  
DENTAL



# DENTAL DIRECTORY

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**(877) 277-6872**  
**[www.ppousa.com](http://www.ppousa.com)**

# Table of Contents

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## **CONNECTION Dental Network**

<b>Laramie County .....</b>	<b>3</b>
<b>Lincoln County .....</b>	<b>3</b>
<b>Park County .....</b>	<b>3</b>
<b>Sheridan County .....</b>	<b>3</b>
<b>Sweetwater County .....</b>	<b>3</b>
<b>Index of Participating Dentists .....</b>	<b>5</b>
<b>Provider Nomination Form .....</b>	<b>7</b>

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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



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## H

Hamilton, Ray F DDS .....3

## J

Johnson, David C DDS .....3

Johnson, Mark W DDS .....3

Jones, Thomas J DDS .....3

## L

Livingston, James G DDS .....3

## R

Romney, Lawrence C DMD .....3

## W

Whiting, Jason N DMD .....3

## Z

Zumo, Thomas J DDS .....3

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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:

PPO\*USA  
P.O. Box 7010  
Lee's Summit, MO 64086-7010  
Attn: Client Services

Or fax to Client Services at 816-257-4436

Thank you for your interest in the CONNECTION Dental Network.