



UPCOMING MICRO-LEARNING!

Fraud, Waste & Abuse

Join us September 16, 2026, at 12:30 p.m.

Please encourage your office and/or billing staff to join one or all the scheduled webinars in the Michigan Network Micro-Learning Series. Be sure to log in at the designated time so you don't miss any important information.

These webinars are just 15 minutes long—perfect for a quick lunch break! Take the opportunity to explore new topics or deepen your understanding of familiar ones. Join us to learn, grow, and make the most of your time!

DentaQuest Michigan Provider Micro-Learning Registration Form – **Fraud, Waste & Abuse**

Microsoft Teams meeting -Please click on the link below in registration page, for your selected day/time to join the meeting on your computer or mobile app. You do not have to have Microsoft Teams to join this meeting. Once you have clicked on the link, please follow instructions to join. When you join the meeting, you can select phone or computer audio. If you select phone audio, a phone number will be provided. You can also dial in to the number and access code provided for AUDIO ONLY.

We look forward to your attendance at one of our training presentations. If you have questions, please contact your MI Network Manager:

| | | |
|-----------------|--|--------------|
| Tricia Hurt | patricia.hurt@dentquest.com | 262-327-7795 |
| Michelle O'Nail | michelle.onail@dentquest.com | 616-307-5976 |
| Christina Tayal | Christina.tayla@dentquest.com | 810-569-3977 |



DentaQuest Michigan Provider Micro- Learning

Please indicate with an "X" the sessions you will be attending:

| Title and Date | Time | Click link below for your selected meeting or call in to number and use access code for audio only | Attending X |
|--|---------------------------|---|------------------------|
| Fraud, Waste & Abuse Join us September 16, 2026 | 12:30pm – 12:45pm. EST | Join the meeting now Meeting ID: 233 491 068 890 1 Passcode: fc2KG2RD OR Dial in by phone: 339-666-3919 Phone Conf ID: 642 352 728# | |

Registrant Information:

If you received this invitation by fax, please provide your email address below so we can send a link to your selected meeting date/time. We will not be sending out another link if you received this invitation by email.

Please print clearly

| | | |
|--------------------------|---------------|--|
| Office name and address: | | |
| Office phone number: | | |
| Registrant Name | Email Address | Do you want invite sent via email? Y/N |
| | | |
| | | |
| | | |

Please send completed form by **September 14, 2026**

Attn: MI Network Managers

Fax: 262.387.3779

Or EMAIL: MichiganProviders@dentaquest.com