

# Denti-Cal Bulletin



VOLUME 19, NUMBER 35 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2003

## SEMINAR SCHEDULE FOR FIRST QUARTER, 2004



### Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

### Advanced Seminars

- Criteria Presented *by a Dentist for Dentists* and Staff
- View Actual Treatment Slides

### Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

## ABOUT THE SEMINARS AND WORKSHOPS

- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

## Denti-Cal Seminar Schedule First Quarter 2004

### SAN MATEO

#### D944/Workshop

**March 25, 2004**

9:00 a.m. - 4:00 p.m.

Holiday Inn

330 N. Bayshore Boulevard

San Mateo, CA 94401

(650) 344-3219

#### D945/Advanced Seminar

**March 26, 2004**

8:00 a.m. - 12:00 noon

Holiday Inn

330 N. Bayshore Boulevard

San Mateo, CA 94401

(650) 344-3219

### STOCKTON

#### D935/Workshop

**January 8, 2004**

9:00 a.m. - 4:00 p.m.

Radisson Hotel

2323 Grand Canal Boulevard

Stockton, CA 95207

(209) 927-9090

#### D936/Advanced Seminar

**January 9, 2004**

8:00 a.m. - 12:00 noon

Radisson Hotel

2323 Grand Canal Boulevard

Stockton, CA 95207

(209) 927-9090

### SAN LUIS OBISPO

#### D940/Basic Seminar

**February 26, 2004**

9:00 a.m. - 12:00 noon

Embassy Suites

333 Madonna Road

San Luis Obispo, CA 93405

(805) 549-0800

#### D941/Advanced Seminar

**February 27, 2004**

8:00 a.m. - 12:00 noon

Embassy Suites

333 Madonna Road

San Luis Obispo, CA 93405

(805) 549-0800

### LONG BEACH

#### D937/Workshop

**January 30, 2004**

9:00 a.m. - 4:00 p.m.

Hilton Hotel

701 West Ocean Boulevard

Long Beach, CA 90831

(562) 983-3400

### SAN DIEGO

#### D942/Basic Seminar

**March 10, 2004**

9:00 a.m. - 12:00 noon

Embassy Suites

601 Pacific Highway

San Diego, CA 92101

(619) 239-2400

#### D943/Advanced Seminar

**March 11, 2004**

8:00 a.m. - 12:00 noon

Embassy Suites

601 Pacific Highway

San Diego, CA 92101

(619) 239-2400

### SANTA BARBARA

#### D938/Workshop

**February 12, 2004**

9:00 a.m. - 4:00 p.m.

Fess Parker's Double Tree Resort

633 East Cabrillo Boulevard

Santa Barbara, CA 93103

(805) 564-4333

#### D939/Advanced Seminar

**February 13, 2004**

8:00 a.m. - 12:00 noon

Fess Parker's Double Tree Resort

633 East Cabrillo Boulevard

Santa Barbara, CA 93103

(805) 564-4333

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

## TYPE OF SEMINAR:

☐ Workshop  
(Seminar Code Number: \_\_\_\_\_)

☐ Basic Seminar  
(Seminar Code Number: \_\_\_\_\_)

☐ Advanced Seminar  
(Seminar Code Number: \_\_\_\_\_)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. *To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.*

## PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

In the area below, please type or print the dentist's name and office address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider No.: \_\_\_\_\_  
  
Phone No.: \_\_\_\_\_