



# Provider Bulletin

MAY 2025  
Volume 41, Number 15



## THIS ISSUE

pg 1 Medi-Cal Dental Provider Directory and Referral Form Updates

## Coming Soon: Medi-Cal Dental Provider Directory and Referral Form Updates

Medi-Cal Dental is continuing to make improvements to the [Provider Directory and Referral Form](#) to make it easier for members to connect with appropriate providers based on their individual needs.

Below is the updated Medi-Cal Provider Directory/Referral Form:



### Medi-Cal Dental Provider Directory/Referral Form

Medi-Cal Dental uses the following form to identify providers who are accepting Medi-Cal patients in their office. This form can be completed to update your status at any time. Providers participating in Medi-Cal Dental are automatically listed in the Provider Directory as accepting new patient referrals unless they complete and submit this form indicating otherwise. Please select ONE of the following:

- Yes, I am accepting new and existing Medi-Cal patients in my office. Please update my status on the Provider Directory. I understand I may request removal of my name from this list at any time by submitting a copy of this form.
- No, I am not accepting new Medi-Cal patient referrals at this time. Please do not include my name on your referral list and update the provider directory to indicate "not accepting new patients at this time".
- Yes, I am accepting new Medi-Cal patients by DHCS referrals only.

Dental License # \_\_\_\_\_ Billing NPI # \_\_\_\_\_

Business Name: \_\_\_\_\_  
 Fictitious Name/DBA Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Provider Website, if available: \_\_\_\_\_

Name and telephone number of person completing the form: \_\_\_\_\_

Is your office wheelchair accessible?  Yes  No

Do you offer accommodations for people with physical disabilities? (Select all that apply)

No  Exam Room  Exterior Building

Interior Building  Parking  Restroom

Medical Equipment  Patient Areas  Patient Diagnostic and Treatment Use

All

Does your office accept patients with special healthcare needs? (Select all that apply):

No  Physical Disabilities

Developmental delays or learning difficulties  Chronic health problems

Behavioral or emotional challenges

Rev: 2/2025

Have you completed a Cultural Competency Training?  Yes  No

Does your office accept new Children's Health Insurance Plan (CHIP) patients?  Yes  No

Do you offer American Sign Language (ASL) or have a skilled medical interpreter who provides ASL interpretation services at your office?  Yes  No

Does your office offer teledentistry services?  Yes  No

What other languages are spoken in your office? \_\_\_\_\_

List any dental specialties or services offered in your office (i.e., endodontic, general anesthesia, etc.): \_\_\_\_\_

What ages of children do you see in this practice? [Select all that apply]

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20

Mail, email, fax, or call Medi-Cal Dental to be added to the referral list or update your information on the provider directory.

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| <b>Mail form to:</b><br>Medi-Cal Dental Attn: Provider Enrollment<br>P.O. Box 15609<br>Sacramento, CA 95852-0609 | <b>Email to:</b><br><a href="mailto:EnrollmentSupport@paimwelltechnologies.com">EnrollmentSupport@paimwelltechnologies.com</a> | <b>Fax form to:</b><br>916) 853-6315 | <b>Call Medi-Cal Dental at:</b><br>(800) 423-0507<br>Speak with an agent to get your questions answered by phone |
|--|--|--------------------------------------|--|

Comments: \_\_\_\_\_

Rev: 2/2025

Continued on pg 2

## SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

## TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).



PO BOX 15609, Sacramento, CA 95852-0509 | (800) 423-0507



The Provider Directory/Referral Form will be updated to include the following new questions:

1. “Does your office offer Teledentistry services?” Response options are either yes or no.  
This new addition to the form can be located under the wheelchair access line.
2. “Does your office accept new Children’s Health Insurance Plan (CHIP) patients?”  
This new question can be located after the Cultural Competency question on the Medi-Cal Dental Provider Directory/ Referral Form. In the Provider Directory, this information will appear in the notes section after “Languages Spoken.”
3. “Provider website, if available: \_\_\_\_\_”  
This new question can be located after the email address question on the Provider Directory Referral form and will be displayed after the office phone number in the Provider Directory.
4. “Do you offer accommodations (offices, exam room(s), and equipment) for people with physical disabilities?” Response options are either yes or no.  
This new question can be located after the wheelchair access question in the Provider Directory Referral form and will be displayed after the wheelchair access line in the Provider Directory.

Additionally, the existing question regarding special healthcare needs acceptance by providers will be updated as follows:

Patients with special healthcare needs (select all that apply):

No; Physical disabilities; Developmental delays or learning difficulties; Behavioral or emotional challenges; Chronic health problems

For questions and support, please contact the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507. The call is free. Medi-Cal Dental representatives are available 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you and the Medi-Cal Dental Interactive Voice Response System (IVR) can navigate you to the services you need on the phone.