California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 25 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2005

COMPLETE SEMINAR SCHEDULE FOR THIRD QUARTER, 2005

CDT-4 training begins soon! Look for additional details in upcoming bulletins.

Basic Seminars

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

Workshops

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

Advanced Seminars

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

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

CDT-4 Training

- Prepare for the upcoming implementation of Current Dental Terminology procedure codes!
- Criteria Changes Presented *by* a Dentist *for* Dentists and Staff
- A *must-attend* seminar!

ABOUT THE SEMINARS AND WORKSHOPS

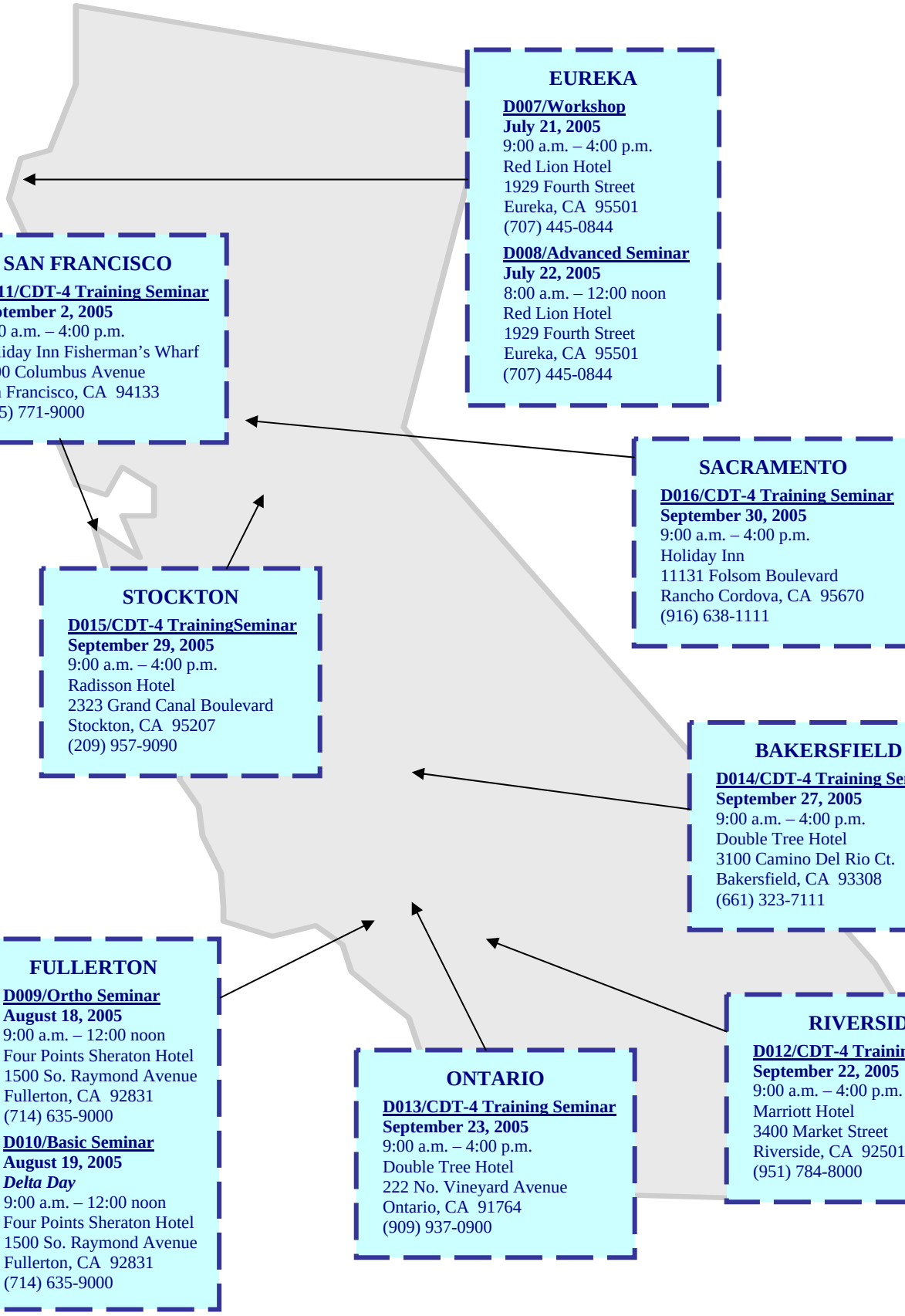
- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you!
- ✓ 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
Ortho Seminars	3 CE credits
CDT-4 Training Seminars	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
Third Quarter 2005



EUREKA

D007/Workshop
July 21, 2005
9:00 a.m. – 4:00 p.m.
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

D008/Advanced Seminar
July 22, 2005
8:00 a.m. – 12:00 noon
Red Lion Hotel
1929 Fourth Street
Eureka, CA 95501
(707) 445-0844

SAN FRANCISCO

D011/CDT-4 Training Seminar
September 2, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn Fisherman's Wharf
1300 Columbus Avenue
San Francisco, CA 94133
(415) 771-9000

SACRAMENTO

D016/CDT-4 Training Seminar
September 30, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

STOCKTON

D015/CDT-4 TrainingSeminar
September 29, 2005
9:00 a.m. – 4:00 p.m.
Radisson Hotel
2323 Grand Canal Boulevard
Stockton, CA 95207
(209) 957-9090

BAKERSFIELD

D014/CDT-4 Training Seminar
September 27, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
3100 Camino Del Rio Ct.
Bakersfield, CA 93308
(661) 323-7111

FULLERTON

D009/Ortho Seminar
August 18, 2005
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

D010/Basic Seminar
August 19, 2005
Delta Day
9:00 a.m. – 12:00 noon
Four Points Sheraton Hotel
1500 So. Raymond Avenue
Fullerton, CA 92831
(714) 635-9000

ONTARIO

D013/CDT-4 Training Seminar
September 23, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
222 No. Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

RIVERSIDE

D012/CDT-4 Training Seminar
September 22, 2005
9:00 a.m. – 4:00 p.m.
Marriott Hotel
3400 Market Street
Riverside, CA 92501
(951) 784-8000

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

☐ Basic Seminar
(Seminar Code Number:_____)

☐ Workshop
(Seminar Code Number:_____)

☐ Advanced Seminar
(Seminar Code Number:_____)

☐ Ortho Seminar
(Seminar Code Number:_____)

☐ CDT-4 Training 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.:_____

_____