

Denti-Cal Bulletin



VOLUME 19, NUMBER 5 P.O. Box 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY, 2003

SEMINAR SCHEDULE FOR SECOND QUARTER, 2003



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

Ortho Seminar

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

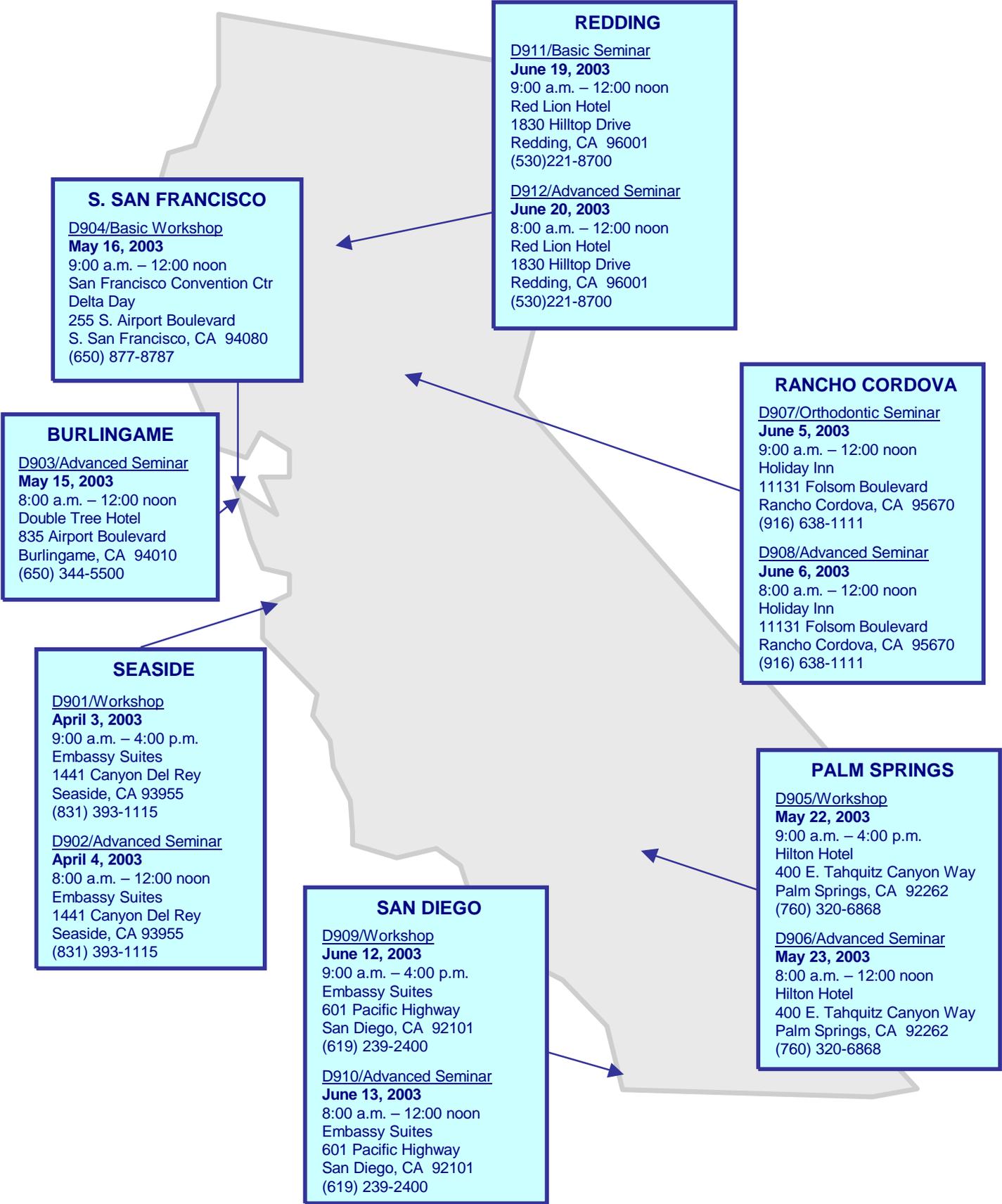
ABOUT THE SEMINARS AND WORKSHOPS

- ✓ 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
Ortho Seminars	3 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 Second Quarter 2003



REDDING

D911/Basic Seminar
June 19, 2003
 9:00 a.m. – 12:00 noon
 Red Lion Hotel
 1830 Hilltop Drive
 Redding, CA 96001
 (530)221-8700

D912/Advanced Seminar
June 20, 2003
 8:00 a.m. – 12:00 noon
 Red Lion Hotel
 1830 Hilltop Drive
 Redding, CA 96001
 (530)221-8700

S. SAN FRANCISCO

D904/Basic Workshop
May 16, 2003
 9:00 a.m. – 12:00 noon
 San Francisco Convention Ctr
 Delta Day
 255 S. Airport Boulevard
 S. San Francisco, CA 94080
 (650) 877-8787

BURLINGAME

D903/Advanced Seminar
May 15, 2003
 8:00 a.m. – 12:00 noon
 Double Tree Hotel
 835 Airport Boulevard
 Burlingame, CA 94010
 (650) 344-5500

SEASIDE

D901/Workshop
April 3, 2003
 9:00 a.m. – 4:00 p.m.
 Embassy Suites
 1441 Canyon Del Rey
 Seaside, CA 93955
 (831) 393-1115

D902/Advanced Seminar
April 4, 2003
 8:00 a.m. – 12:00 noon
 Embassy Suites
 1441 Canyon Del Rey
 Seaside, CA 93955
 (831) 393-1115

SAN DIEGO

D909/Workshop
June 12, 2003
 9:00 a.m. – 4:00 p.m.
 Embassy Suites
 601 Pacific Highway
 San Diego, CA 92101
 (619) 239-2400

D910/Advanced Seminar
June 13, 2003
 8:00 a.m. – 12:00 noon
 Embassy Suites
 601 Pacific Highway
 San Diego, CA 92101
 (619) 239-2400

RANCHO CORDOVA

D907/Orthodontic Seminar
June 5, 2003
 9:00 a.m. – 12:00 noon
 Holiday Inn
 11131 Folsom Boulevard
 Rancho Cordova, CA 95670
 (916) 638-1111

D908/Advanced Seminar
June 6, 2003
 8:00 a.m. – 12:00 noon
 Holiday Inn
 11131 Folsom Boulevard
 Rancho Cordova, CA 95670
 (916) 638-1111

PALM SPRINGS

D905/Workshop
May 22, 2003
 9:00 a.m. – 4:00 p.m.
 Hilton Hotel
 400 E. Tahquitz Canyon Way
 Palm Springs, CA 92262
 (760) 320-6868

D906/Advanced Seminar
May 23, 2003
 8:00 a.m. – 12:00 noon
 Hilton Hotel
 400 E. Tahquitz Canyon Way
 Palm Springs, CA 92262
 (760) 320-6868

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

- Workshop
(Seminar Code Number: _____)
- Basic Seminar
(Seminar Code Number: _____)
- Advanced Seminar
(Seminar Code Number: _____)
- Ortho 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.: _____