

Denti-Cal Bulletin



VOLUME 19, NUMBER 15 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2003

SEMINAR SCHEDULE FOR THIRD 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

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 Third Quarter 2003

Yuba City

D915/Workshop
July 24, 2003
 9:00 a.m. - 4:00 p.m.
 Best Western Bonanza Inn
 1001 Clark Avenue
 Yuba City, CA 95991
 (530) 674-8824

D916/Advanced Seminar
July 25, 2003
 8:00 a.m. - 12:00 noon
 Best Western Bonanza Inn
 1001 Clark Avenue
 Yuba City, CA 95991
 (530) 674-8824

EUREKA

D913/Workshop
July 17, 2003
 9:00 a.m. - 4:00 p.m.
 Red Lion Hotel
 1929 Fourth Street
 Eureka, CA 95501
 (707) 445-0844

D914/Advanced Seminar
July 18, 2003
 8:00 a.m. - 12:00 noon
 Red Lion Hotel
 1929 Fourth Street
 Eureka, CA 95501
 (707) 445-0844

BAKERSFIELD

D922/Basic Seminar
September 18, 2003
 9:00 a.m. - 12:00 noon
 Double Tree Hotel
 3100 Camino Del Rio Court
 Bakersfield, CA 93308
 (661) 323-7111

D923/Advanced Seminar
September 19, 2003
 8:00 a.m. - 12:00 noon
 Double Tree Hotel
 3100 Camino Del Rio Court
 Bakersfield, CA 93308
 (661) 323-7111

SAN JOSE

D920/Workshop
September 11, 2003
 9:00 a.m. - 4:00 p.m.
 Hilton San Jose & Towers
 300 Almaden Blvd.
 San Jose, CA 95110
 (408) 287-2100

D921/Advanced Seminar
September 12, 2003
 8:00 a.m. - 12:00 noon
 Hilton San Jose & Towers
 300 Almaden Blvd.
 San Jose, CA 95110
 (408) 287-2100

WHITTIER

D918/Advanced Seminar
August 21, 2003
 8:00 a.m. - 12:00 noon
 Hilton Hotel
 7320 Greenleaf Avenue
 Whittier, CA 90602
 (562) 945-8511

D919/Basic Seminar
August 22, 2003
DELTA DAY
 9:00 a.m. - 12:00 noon
 Hilton Hotel
 7320 Greenleaf Avenue
 Whittier, CA 90602
 (562) 945-8511

SAN DIEGO

D917/Workshop
August 8, 2003
 9:00 a.m. - 4:00 p.m.
 Hilton Hotel
 San Diego Mission Valley
 901 Camino del Rio South
 San Diego, CA 92108
 (619) 543-9000

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.: _____