

# Denti-Cal Bulletin



VOLUME 23, NUMBER 43 PO Box 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2007

## ***Receiving Denied or Rejected Documents?***

## ***Still Submitting Social Security Numbers (SSNs)?***

Denti-Cal recognizes the importance of protecting the identity and health information of beneficiaries and requires providers to avoid using a beneficiary's SSN whenever possible.

### **Revised Forms**

Through March 31, 2008, older Treatment Authorization Requests (TARs, DC-002B, DC-009B, DC-017B) and Claims (DC-002A, DC-009A, DC-017A) forms may be submitted *provided* Field 2 is left blank and the beneficiary's Benefits Identification Card (BIC) number is listed in Field 5. Effective April 1, 2008, providers may only obtain and submit the now-available combination TAR/Claim forms (DC-202, DC-209, DC-217). These new forms are available for order using the new attached Forms Reorder Request (DC-204).

### **Prevent Misaligned Documents!**

Providers using practice management software need to contact their vendor to update their system before using the new combined TAR/Claim forms. Printing on the new forms using software that is not updated will result in misaligned documents that will be returned without being processed.

If you have any questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

# FORMS REORDER REQUEST

*To Be Used Only To Reorder Forms For Use In The*  
**CALIFORNIA MEDI-CAL DENTAL PROGRAM**



BILLING PROVIDER NAME	BILLING PROVIDER NUMBER
MAILING ADDRESS	TELEPHONE NUMBER (      )
CITY, STATE	ZIP CODE

**TO EXPEDITE YOUR ORDER,  
FAX FORMS REORDER REQUEST  
TO: (209) 832-2105**

**Treatment  
Authorization  
Request  
(TAR)/Claim  
Forms  
and  
Envelopes**

**DC-202**  
(no carbon  
required)

(indicate qty in  
increments of 50)

**DC-209**  
(continuous for  
pin feed printers)

(indicate qty in  
increments of 50)

**DC-217**  
(single sheet  
for laser printers)

(indicate qty in  
increments of 50)

**DC-206**  
(envelopes for  
submitting TARs/Claims)

(indicate qty in  
increments of 50)

**DC-214A**  
(large X-ray  
envelopes)

(indicate qty in  
increments of 50)

**DC-214B**  
(small X-ray  
envelopes)

(indicate qty in  
increments of 50)

**Miscellaneous  
Inventory**

**DC-003**  
Claim Inquiry  
Form (CIF)

(indicate qty in  
increments of 50)

**DC-007**  
(envelopes to  
mail CIFs or  
correspondence)

(indicate qty in  
increments of 50)

**DC-016**  
HLD Index

(indicate qty in  
increments of 50)

**DC-020**  
Do Not Recycle  
Stickers  
(for X-rays sent  
to Denti-Cal)

(32 stickers/sheet  
indicate qty in  
increments of 50)

**DC-054**  
Justification  
of Need for  
Prosthesis

(indicate qty in  
increments of 50)

DC-202 is pre-imprinted with the provider's name, full address and provider number. The X-ray envelopes are pre-imprinted with the name and full address.

**After completion of above, fold at fold marks, seal, apply postage and mail to address on the reverse.**

NOTE: Please use address on reverse for reordering forms only.

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FROM

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Place postage  
here. Post  
Office will not  
deliver without  
postage.

**SHAMROCK COMPANIES, INC.**  
**DENTI-CAL FORMS REORDER**  
410 East Grantline Road  
Tracy, CA 95376

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