

Denti-Cal Bulletin



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Medi-Cal Dental Patient Referral Service

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Denti-Cal patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form (see Page 2) and mail it to:

California Medi-Cal Dental Program
Attn: Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

For additional information or questions regarding the Medi-Cal Dental Patient Referral Service, please call the Denti-Cal Telephone Service Center at (800) 423-0507.



Denti-Cal

California Medi-Cal Dental Program

Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program (Denti-Cal) offers a voluntary patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Denti-Cal patients.

Complete this form and return it to Denti-Cal in the enclosed envelope.

If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call Denti-Cal toll-free (800) 423-0507.

Sincerely,

Provider Services

Medi-Cal Dental Program

Denti-Cal

- Yes I would like Denti-Cal patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.
- No I do not want Denti-Cal patients referred to my office. Please do not include my name on your referral list.

Provider Name: _____ Billing Provider ID: _____ Service Office #: _____

Business Name: _____

Fictitious Name: _____

Office Address: _____

Office Telephone: () _____ Is your office wheelchair accessible? Yes No

What other languages are spoken in your office?

List any dental specialties or services offered in your office (i.e., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): _____

What age group of children does your office see? 5 & under 6 - 12 13 & older

Billing Provider Signature: _____ Date: _____