



Medi-Cal Dental Patient Referral Service

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.

Dental License # \_\_\_\_\_ NPI # \_\_\_\_\_ Billing Provider ID \_\_\_\_\_ Service Office # \_\_\_\_\_

Provider Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is your office wheelchair accessible?  Yes  No

Email Address: \_\_\_\_\_

Approximately how many more Dent-Cal patients can you accept in your practice? \_\_\_\_\_

What other languages are spoken in your office? \_\_\_\_\_

Are you a board-certified or board-eligible specialist?  Yes  No If yes, please list your specialties:

Specialty: \_\_\_\_\_  Board Certified  Board Eligible

Specialty: \_\_\_\_\_  Board Certified  Board Eligible

Specialty: \_\_\_\_\_  Board Certified  Board Eligible

Are there rendering providers in your office that are board-certified or board-eligible specialists?

Yes  No If yes, please list the rendering provider(s) and specialties in space indicated on back of page.

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

What ages of children do you see in this practice? [Select the appropriate number]

\_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10 11 12 \_\_\_\_\_

Special needs accepted (Select all that apply):

\_\_\_ No \_\_\_ Motor impairment \_\_\_ Seizures

\_\_\_ Mildly challenging behavior \_\_\_ Cognitive impairment

**Mail, email, fax or call Denti-Cal to be added to the referral list!**

**Mail form to:**  
Denti-Cal  
Attn: Provider  
Enrollment  
P.O. Box 15609  
Sacramento, CA 95852-  
0609

**Email form to:**  
Denti-  
CalEnrollmentDept@delta.org

**Fax form to:**  
916-631-1191

**Call Denti-Cal at:**  
**1-800-423-0507**  
Speak with a representative  
to answer questions by  
phone!

**Rendering providers in your office that are board-certified or board-eligible specialists:**

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

Name: \_\_\_\_\_  
Dental Lic. #: \_\_\_\_\_  
Specialties: \_\_\_\_\_  
 Board Certified    Board Eligible

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)

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