

Denti-Cal Bulletin



VOLUME 20, NUMBER 9 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

SEMINAR SCHEDULE FOR SECOND QUARTER, 2004



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

California Children Services (CCS) Training

- One hour has been added to *selected* Basic Seminars
- Covers CCS billing guidelines effective July 1, 2004
- For providers who currently treat CCS beneficiaries
- For providers who wish to treat CCS beneficiaries
- Attendance is highly encouraged

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 Second Quarter 2004

REDDING

D954/Basic Seminar/CCS

June 10, 2004

8:30 a.m. – 12:30 p.m.
Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96001
(530) 221-8700

D955/Advanced Seminar

June 11, 2004

8:00 a.m. – 12:00 noon
Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96001
(530) 221-8700

RANCHO CORDOVA

D948/Basic Seminar/CCS

May 13, 2004

8:30 a.m. – 12:30 p.m.
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

D949/Advanced Seminar

May 14, 2004

8:00 a.m. – 12:00 noon
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

SAN JOSE

D950/Advanced Seminar

May 20, 2004

8:00 a.m. – 12:00 noon
Double Tree Hotel
2050 Gateway Place
San Jose, CA 95110
(408) 453-4000

D951/Basic Seminar

May 21, 2004

9:00 a.m. – 12:00 noon
Delta Day
Double Tree Hotel
2050 Gateway Place
San Jose, CA 95110
(408) 453-4000

FRESNO

D946/Workshop

April 29, 2004

9:00 a.m. – 4:00 p.m.
Radisson Hotel
2233 Ventura Street
Fresno, CA 93721
(559) 268-1000

D947/Basic Seminar/CCS

April 30, 2004

8:30 a.m. – 12:30 p.m.
Radisson Hotel
2233 Ventura Street
Fresno, CA 93721
(559) 268-1000

ONTARIO

D956/Workshop

June 24, 2004

9:00 a.m. – 4:00 p.m.
Double Tree Hotel
222 N. Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

D957/Basic Seminar/CCS

June 25, 2004

8:30 a.m. – 12:30 p.m.
Double Tree Hotel
222 N. Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

SAN DIEGO

D952/Workshop

June 3, 2004

9:00 a.m. – 4:00 p.m.
Hilton Hotel
901 Camino del Rio South
San Diego, CA 92108
(619) 543-9000

D953/Basic Seminar/CCS

June 4, 2004

8:30 a.m. – 12:30 p.m.
Hilton Hotel
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.: _____
