

Denti-Cal Bulletin



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DENTI-CAL PROGRAM REQUIREMENTS FOR A CHANGE OF BUSINESS ADDRESS

Effective May 2, 2005, all providers requesting a change of business address must now submit a new, completed Medi-Cal Dental Provider Number Request (DC-005) form and are also required to have a provider enrollment on-site visit. This process will replace the current process of submitting the Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form. The on-site visit will be in addition to the on-site visits currently conducted for new enrollment, and for the addition of a business address.

Welfare and Institutions (W&I) Code, Section 4, 14043.26 (a) (1) states that “...*a provider not currently enrolled at a location where the provider intends to provide services...to a Medi-Cal beneficiary, shall submit a complete application package for enrollment...at a new location or a change in location.*”

A complete application package **must** include the following forms:

- ✓ Medi-Cal Dental Provider Number Request (DC-005) form
- ✓ Medi-Cal Provider Agreement (DHS 6208) form
- ✓ Medi-Cal Disclosure Statement (DHS 6207) form

Each provider requesting a change of business address must submit all applicable supporting documents listed on the checklist provided with the application package.

To request a current enrollment package or if there are any questions, please call Denti-Cal toll-free at (800) 423-0507.