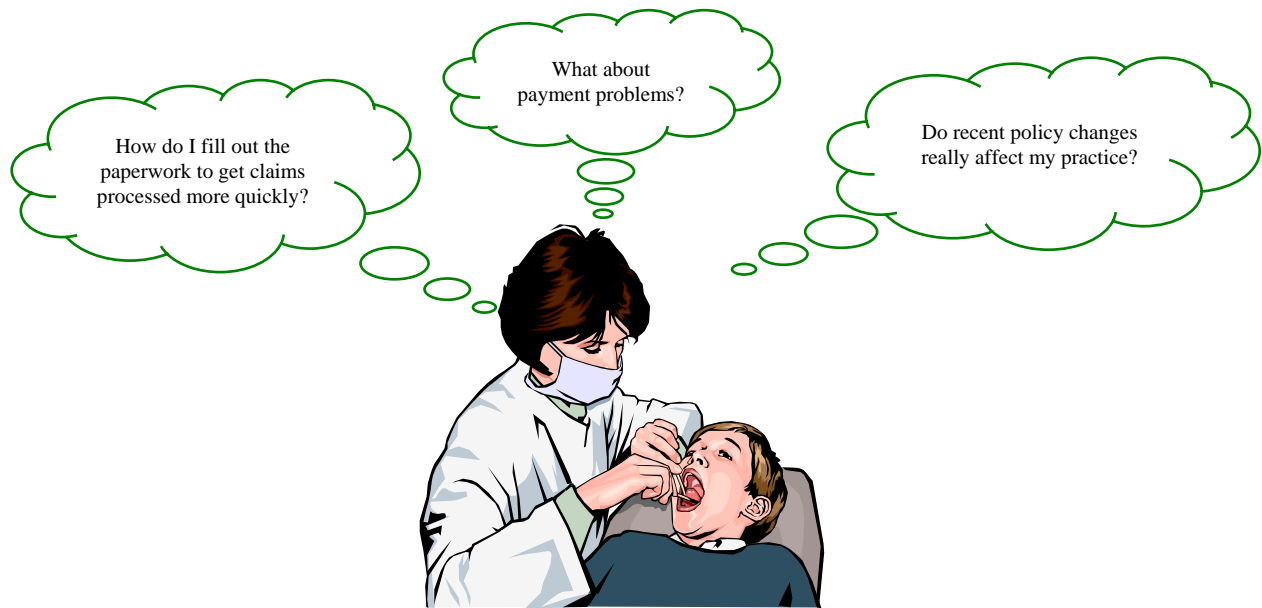


# Denti-Cal Bulletin



VOLUME 21, NUMBER 8 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2005

## SEMINAR SCHEDULE FOR SECOND QUARTER, 2005



### **Basic Seminars**

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

### **Workshops**

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

### **Advanced Seminars**

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

### **Orthodontic Seminars**

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

## 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
Ortho Seminars	3 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 2005

### SAN RAMON

#### D995/Advanced Seminar April 7, 2005

8:00 a.m. – 12:00 noon  
Marriott Hotel  
2600 Bishop Drive  
San Ramon, CA 94583  
(925) 867-9200

#### D996/Basic Seminar April 8, 2005

9:00 a.m. – 12:00 noon  
Marriott Hotel  
*Delta Day*  
2600 Bishop Drive  
San Ramon, CA 94583  
(925) 867-9200

### REDDING

#### D002/Workshop May 27, 2005

9:00 a.m. – 4:00 p.m.  
Red Lion Hotel  
1830 Hilltop Drive  
Redding, CA 96001  
(530) 221-8700

### STOCKTON

#### D997/Ortho Seminar April 14, 2005

9:00 a.m. – 12:00 noon  
Radisson Hotel  
2323 Grand Canal Boulevard  
Stockton, CA 95207  
(209) 957-9090

#### D998/Advanced Seminar April 15, 2005

8:00 a.m. – 12:00 noon  
Radisson Hotel  
2323 Grand Canal Boulevard  
Stockton, CA 95207  
(209) 957-9090

### SAN LUIS OBISPO

#### D999/Workshop May 5, 2005

9:00 a.m. – 4:00 p.m.  
Embassy Suites  
333 Madonna Road  
San Luis Obispo, CA 93405  
(805) 549-0800

#### D001/Advanced Seminar May 6, 2005

8:00 a.m. – 12:00 noon  
Embassy Suites  
333 Madonna Road  
San Luis Obispo, CA 93405  
(805) 549-0800

### EL CENTRO

#### D003/Workshop June 9, 2005

9:00 a.m. – 4:00 p.m.  
Holiday Inn Express  
350 Smoketree Drive  
El Centro, CA 92243  
(760) 352-6666

#### D004/Advanced Seminar June 10, 2005

8:00 a.m. – 12:00 noon  
Holiday Inn Express  
350 Smoketree Drive  
El Centro, CA 92243  
(760) 352-6666

### GARDEN GROVE

#### D005/Workshop June 23, 2005

9:00 a.m. – 4:00 p.m.  
Embassy Suites  
11767 Harbor Boulevard  
Garden Grove, CA 92840  
(714) 539-3300

#### D006/Advanced Seminar June 24, 2005

8:00 a.m. – 12:00 noon  
Embassy Suites  
11767 Harbor Boulevard  
Garden Grove, CA 92840  
(714) 539-3300

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

**TYPE OF SEMINAR:**

☐ Basic Seminar  
(Seminar Code Number: \_\_\_\_\_)

☐ Workshop  
(Seminar Code Number: \_\_\_\_\_)

☐ Advanced Seminar  
(Seminar Code Number: \_\_\_\_\_)

☐ Ortho 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.: \_\_\_\_\_