

Denti-Cal Bulletin



VOLUME 23, NUMBER 43 PO Box 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2007

Receiving Denied or Rejected Documents?

Still Submitting Social Security Numbers (SSNs)?

Denti-Cal recognizes the importance of protecting the identity and health information of beneficiaries and requires providers to avoid using a beneficiary's SSN whenever possible.

Revised Forms

Through March 31, 2008, older Treatment Authorization Requests (TARs, DC-002B, DC-009B, DC-017B) and Claims (DC-002A, DC-009A, DC-017A) forms may be submitted *provided* Field 2 is left blank and the beneficiary's Benefits Identification Card (BIC) number is listed in Field 5. Effective April 1, 2008, providers may only obtain and submit the now-available combination TAR/Claim forms (DC-202, DC-209, DC-217). These new forms are available for order using the new attached Forms Reorder Request (DC-204).

Prevent Misaligned Documents!

Providers using practice management software need to contact their vendor to update their system before using the new combined TAR/Claim forms. Printing on the new forms using software that is not updated will result in misaligned documents that will be returned without being processed.

If you have any questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

FORMS REORDER REQUEST *To Be Used Only To Reorder Forms For Use In The* **CALIFORNIA MEDI-CAL DENTAL PROGRAM**



BILLING PROVIDER NAME	BILLING PROVIDER NUMBER
MAILING ADDRESS	TELEPHONE NUMBER ()
CITY, STATE	ZIP CODE

TO EXPEDITE YOUR ORDER,
 FAX FORMS REORDER REQUEST
 TO: (209) 832-2105

**Treatment
 Authorization
 Request
 (TAR)/Claim
 Forms
 and
 Envelopes**

DC-202
 (no carbon
 required)

(indicate qty in
 increments of 50)

DC-209
 (continuous for
 pin feed printers)

(indicate qty in
 increments of 50)

DC-217
 (single sheet
 for laser printers)

(indicate qty in
 increments of 50)

DC-206
 (envelopes for
 submitting TARs/Claims)

(indicate qty in
 increments of 50)

DC-214A
 (large X-ray
 envelopes)

(indicate qty in
 increments of 50)

DC-214B
 (small X-ray
 envelopes)

(indicate qty in
 increments of 50)

**Miscellaneous
 Inventory**

DC-003
 Claim Inquiry
 Form (CIF)

(indicate qty in
 increments of 50)

DC-007
 (envelopes to
 mail CIFs or
 correspondence)

(indicate qty in
 increments of 50)

DC-016
 HLD Index

(indicate qty in
 increments of 50)

DC-020
 Do Not Recycle
 Stickers
 (for X-rays sent
 to Denti-Cal)

(32 stickers/sheet
 indicate qty in
 increments of 50)

DC-054
 Justification
 of Need for
 Prosthesis

(indicate qty in
 increments of 50)

DC-202 is pre-imprinted with the provider's name, full address and provider number. The X-ray envelopes are pre-imprinted with the name and full address.

After completion of above, fold at fold marks, seal, apply postage and mail to address on the reverse.

NOTE: Please use address on reverse for *reordering forms only*.

FROM _____

Place postage
here. Post
Office will not
deliver without
postage.

SHAMROCK COMPANIES, INC.
DENTI-CAL FORMS REORDER
410 East Grantline Road
Tracy, CA 95376