

Denti-Cal Bulletin



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www.denti-cal.ca.gov

PO Box 15609 Sacramento, CA 95852-0609
(800) 423-0507

Reminder: New Forms Reordering Process

Effective July 1, 2008, providers will need to use a new fax number and/or mailing address when ordering Denti-Cal forms and EDI supplies. Providers are requested to discard all previous versions of the Forms Reorder Request form (DC-204, printed on yellow stock) and the EDI Supply Request form with a revision date prior to 06/08. After July 1, 2008, orders placed to Shamrock using the old address, fax number, or previous versions of the DC-204 or EDI Supply Request will not be fulfilled.

The new mailing address and fax number are as follows:

Denti-Cal Forms Reorder
11155 International Drive, MS C25
Rancho Cordova, CA 95670
(877) 401-7534

After July 1, 2008, providers are encouraged to fax the attached Forms Reorder Request and EDI Supply Request to expedite orders. As usual, a Forms Reorder Request or an EDI Supply Request will be included with each shipment of inventory.

For questions on the above, or any other information, 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	NP/BILLING NUMBER
MAILING ADDRESS	TELEPHONE NUMBER ()
CITY, STATE	ZIP CODE

**TO EXPEDITE YOUR ORDER,
FAX FORMS REORDER REQUEST
TO: (877) 401-7534**

**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)

After completion of above, please fax to (877) 401-7534 or mail to:

Denti-Cal Forms Reorder
11155 International Drive
MS C25
Rancho Cordova, CA 95670.

EDI SUPPLY REQUEST

To be used to reorder **Electronic Data Interchange Supplies**

For use in the
CALIFORNIA MEDI-CAL DENTAL PROGRAM



DENTI-CAL
CALIFORNIA MEDI-CAL DENTAL PROGRAM

Billing Provider Name	National Provider Identifier (NPI)
Mailing Address	Telephone Number
City, State	Zip Code

After completion, mail to: Denti-Cal Forms Reorder
11155 International Dr., MS C25
Rancho Cordova, CA 95670

-OR-

FAX TO: (877) 401-7534

EDI X-RAY ENVELOPES (Order a supply of all three types)

Order Number	Description	Indicate Quantity
DC-014E	Large X-Ray Envelopes (for enclosing radiographs)	
DC-014F	Small X-Ray Envelopes (for enclosing radiographs)	
DC-006C	Large Mailing Envelopes (to mail multiple x-ray envelopes)	

EDI LABELS (Order one type)

Order Number	Description	Check Quantity Desired		
DC-018A	3-up laser (12 labels per sheet):			
	A. Blank	<input type="checkbox"/> 25 sheets	<input type="checkbox"/> 50 sheets	<input type="checkbox"/> 100 sheets
DC-018B	B. Partially preprinted (NPI, name & address will be imprinted)*	<input type="checkbox"/> 12 sheets	<input type="checkbox"/> 24 sheets	<input type="checkbox"/> 36 sheets
	1-up continuous labels (4 labels per sheet)	<input type="checkbox"/> 500 sheets	<input type="checkbox"/> 1,000 sheets	<input type="checkbox"/> 2,500 sheets
DC-018C	3-up continuous labels (12 labels per sheet)	<input type="checkbox"/> 250 sheets	<input type="checkbox"/> 500 sheets	

***Note:** If you use the services of a clearinghouse, order DC-018A laser labels in the partially preprinted format (B).