

Denti-Cal Bulletin



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Updated Provider Enrollment Forms

The application forms listed below have been recently revised. Application forms with a revision date prior to 2/08, received by Provider Enrollment after August 1, 2008, will not be accepted.

- ◆ Medi-Cal Provider Group Application (DHCS 6203, revised 2/08)
- ◆ Medi-Cal Provider Application (DHCS 6204, revised 2/08)
- ◆ Medi-Cal Disclosure Statement (DHCS 6207, revised 2/08)
- ◆ Medi-Cal Provider Agreement (DHCS 6208, revised 2/08)
- ◆ Medi-Cal Supplemental Changes (DHCS 6209, revised 2/08)
- ◆ Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers (DHCS 6216, revised 2/08)
- ◆ Successor Liability with Joint and Several Liability Agreement (DHCS 6217, revised 2/08)

Providers have two options to receive the new enrollment application forms:

1. Applications can be downloaded from the Denti-Cal Web site at www.denti-cal.ca.gov. Click on the "Provider" tab and then on "Provider Application Forms" link. From the "Denti-Cal Application Forms" page, providers can download PDF versions of the documents. Applications should only be printed on one side, and not double-sided.
2. Contact the Denti-Cal Telephone Service Center at (800) 423-0507 and request that an application package be mailed.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.