

Denti-Cal Bulletin



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www.denti-cal.ca.gov

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(800) 423-0507

Ordering Denti-Cal Inventory

Tips for Ordering Denti-Cal Inventory

To reduce confusion and processing delays for Denti-Cal inventory orders, providers should:

- ◆ Specify the total amount needed (in increments of 50) in the quantity box. For example, a provider needing 450 of the DC-202 TAR/Claim forms should write “450” in the quantity box and not “9.”
- ◆ Submit orders by fax or by mail, not both. Submitting the same order by both fax and mail will delay order processing.
- ◆ Only order a month’s worth of inventory per order. Ordering too much inventory causes order processing delays.
- ◆ Contact the Telephone Service Center with questions or problems regarding orders. Providers should not fax questions or problems to the fax number or try to contact the printer directly.
- ◆ Not send in duplicate orders if the previous order has not been delivered. Orders can take up to 10 business days to be filled, not including shipping time.

Obsolete Inventory

The following forms are obsolete:

◆ DC-001A **	◆ DC-002B	◆ DC-017B
◆ DC-001B **	◆ DC-009A	◆ DC-014A
◆ DC-001C **	◆ DC-008	◆ DC-014B
◆ DC-001D **	◆ DC-009B	◆ DC-014C
◆ DC-002A	◆ DC-017A	◆ DC-014D

** Forms that are no longer accepted. If received, Denti-Cal will send them back unprocessed.

Orders received for obsolete inventory will not be filled. Providers are encouraged to use the current Denti-Cal Forms Reorder Request attached to this bulletin.

For 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	NPI/BILLING NUMBER
SERVICE OFFICE 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.