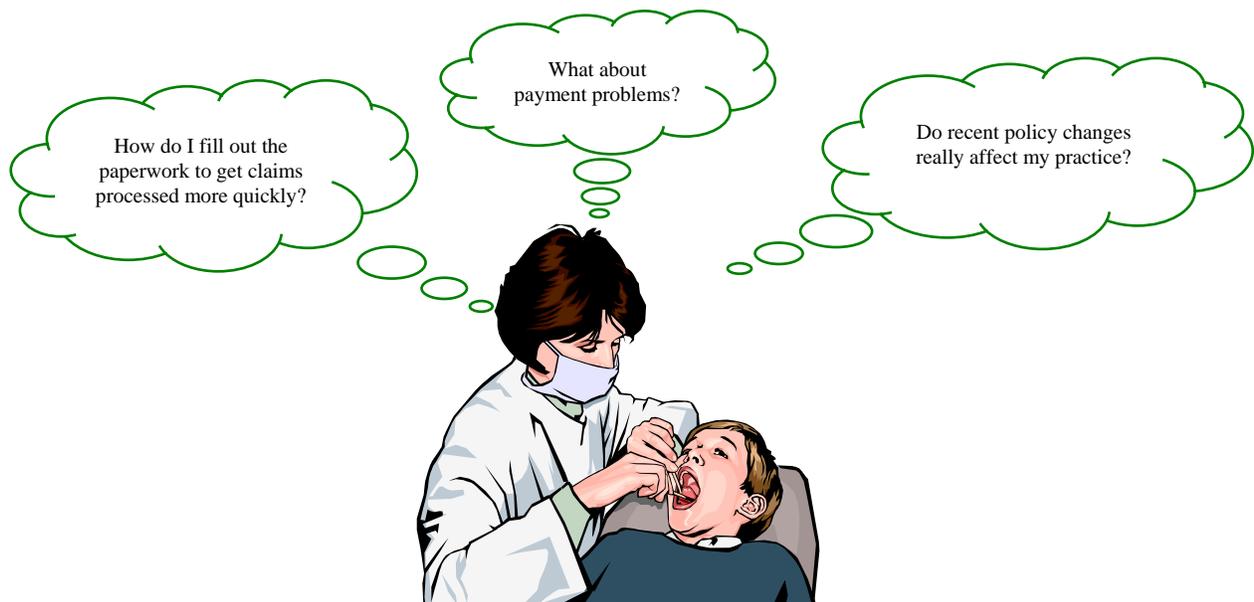


Denti-Cal Bulletin



VOLUME 21, NUMBER 33 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2005

SEMINAR SCHEDULE FOR FOURTH 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

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
- ◆ 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 Fourth Quarter 2005

SANTA ROSA

D026/Basic Seminar
November 18, 2005
9:00 a.m. – 12:00 noon
Double Tree Hotel
3555 Round Barn Boulevard
Santa Rosa, CA 95403
(707) 523-7555

SAN JOSE

D027/Workshop
December 2, 2005
9:00 a.m. – 4:00 p.m.
Double Tree Hotel
2050 Gateway Place
San Jose, CA 95110
(408) 453-4000

RANCHO CORDOVA

D022/Basic Seminar
November 3, 2005
9:00 a.m. – 12:00 noon
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

D023/Advanced Seminar
November 4, 2005
8:00 a.m. – 12:00 noon
Holiday Inn
11131 Folsom Boulevard
Rancho Cordova, CA 95670
(916) 638-1111

VISALIA

D017/Workshop
October 7, 2005
9:00 a.m. – 4:00 p.m.
Holiday Inn
9000 West Airport Drive
Visalia, CA 93277
(559) 651-5000

DOWNEY

D018/Workshop
October 20, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
8425 Firestone Boulevard
Downey, CA 90241
(562) 861-1900

D019/Advanced Seminar
October 21, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
8425 Firestone Boulevard
Downey, CA 90241
(562) 861-1900

PALM SPRINGS

D024/Basic Seminar
November 10, 2005
9:00 a.m. – 12:00 noon
Hilton Hotel
400 East Tahquitz Canyon Way
Palm Springs, CA 92262
(760) 320-6868

D025/Advanced Seminar
November 11, 2005
8:00 a.m. – 12:00 noon
Hilton Hotel
400 East Tahquitz Canyon Way
Palm Springs, CA 92262
(760) 320-6868

LONG BEACH

D028/Workshop
December 8, 2005
8:00 a.m. – 4:00 p.m.
Hyatt Regency Hotel
200 South Pine Avenue
Long Beach, CA 90802
(562) 624-6033

D029/Advanced Seminar
December 9, 2005
8:00 a.m. – 12:00 noon
Hyatt Regency Hotel
200 South Pine Avenue
Long Beach, CA 90802
(562) 624-6033

SAN DIEGO

D020/Workshop
October 27, 2005
9:00 a.m. – 4:00 p.m.
Embassy Suites
601 Pacific Highway
San Diego, CA 92101
(619) 239-2400

D021/Advanced Seminar
October 28, 2005
8:00 a.m. – 12:00 noon
Embassy Suites
601 Pacific Highway
San Diego, CA 92101
(619) 239-2400

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

Basic Seminar
(Seminar Code Number: _____)

Workshop
(Seminar Code Number: _____)

Advanced 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 Denti-Cal toll-free at (800) 423-0507 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.: _____
