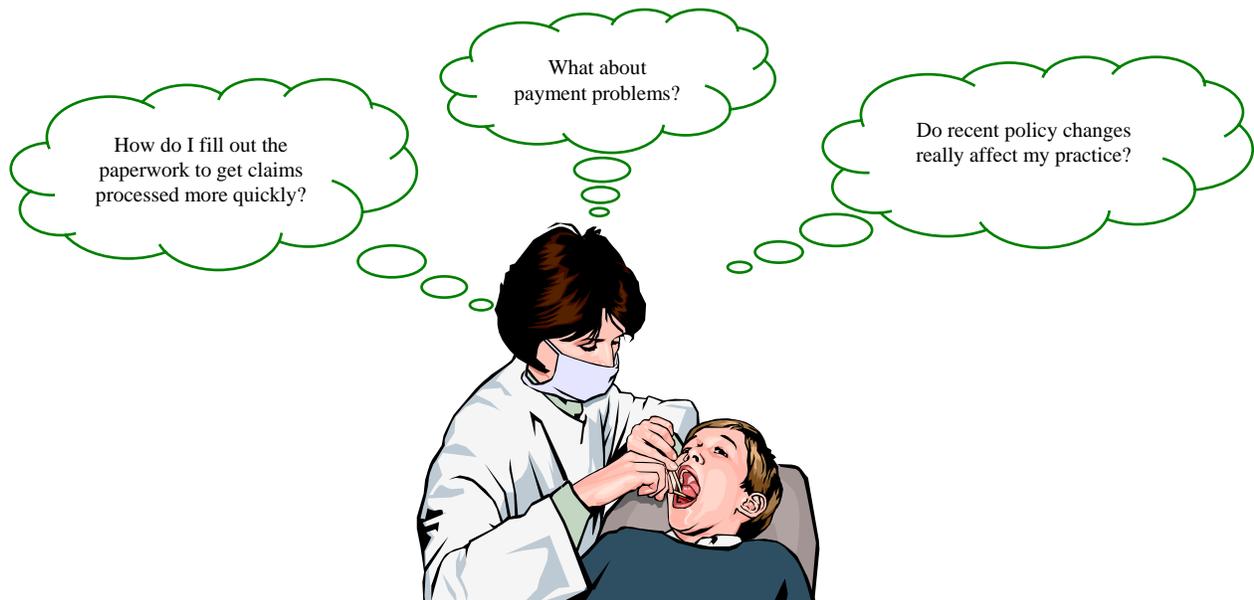


Denti-Cal Bulletin



VOLUME 21, NUMBER 38 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2005

SEMINAR SCHEDULE FOR FIRST QUARTER, 2006



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 First Quarter 2006

SAN JOSE

D040/Basic Seminar

March 10, 2006

9:00 a.m. – 12:00 noon

Delta Day

San Jose Convention Center
408 Almaden Boulevard
San Jose, CA 95110
(408) 295-9600

FAIRFIELD

D032/Workshop

January 27, 2006

9:00 a.m. – 4:00 p.m.

Hilton Garden Inn
2200 Gateway Court
Fairfield, CA 94533
(707) 426-6900

STOCKTON

D039/Workshop

March 3, 2006

9:00 a.m. - 4:00 p.m.

Residence Inn
3240 West March Lane
Stockton, CA 95219
(209) 472-9800

BURBANK

D030/Basic Seminar

January 12, 2006

9:00 a.m. – 12:00 noon.

Hilton Hotel
2500 Hollywood Way
Burbank, CA 91505
(818) 843-6000

D031/Advanced Seminar

January 13, 2006

8:00 a.m. – 12:00 noon.

Hilton Hotel
2500 Hollywood Way
Burbank, CA 91505
(818) 843-6000

VICTORVILLE

D035/Basic Seminar

February 9, 2006

9:00 a.m. – 12:00 noon

Comfort Suites
12281 Mariposa Road
Victorville, CA 92392
(760) 245-6777

D036/Advanced Seminar

February 10, 2006

8:00 a.m. – 12:00 noon

Comfort Suites
12281 Mariposa Road
Victorville, CA 92392
(760) 245-6777

MONTEREY

D042/Workshop

March 31, 2006

9:00 a.m. – 4:00 p.m.

Hyatt Regency Conference Center
One Old Golf Course Road
Monterey, CA 93940
(831) 372-1234

OXNARD

D037/Workshop

February 16, 2006

9:00 a.m. – 4:00 p.m.

Embassy Suites
2101 Mandalay Beach Road
Oxnard, CA 93035
(805) 984-2500

D038/Advanced Seminar

February 17, 2006

8:00 a.m. – 12:00 noon

Embassy Suites
2101 Mandalay Beach Road
Oxnard, CA 93035
(805) 984-2500

SANTA ANA

D041/Workshop

March 24, 2006

9:00 a.m. – 4:00 p.m.

Double Tree Club Hotel
Seven Hutton Centre Drive
Santa Ana, CA 92707
(714) 751-2400

CARLSBAD

D033/Workshop

February 2, 2006

9:00 a.m. – 4:00 p.m.

The Windmill Banquet & Catering
890 Palomar Airport Road
Carlsbad, CA 92008
(760) 431-0364

D034/Advanced Seminar

February 3, 2006

8:00 a.m. – 12:00 noon

The Windmill Banquet & Catering
890 Palomar Airport Road
Carlsbad, CA 92008
(760) 431-0364

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.: _____
