

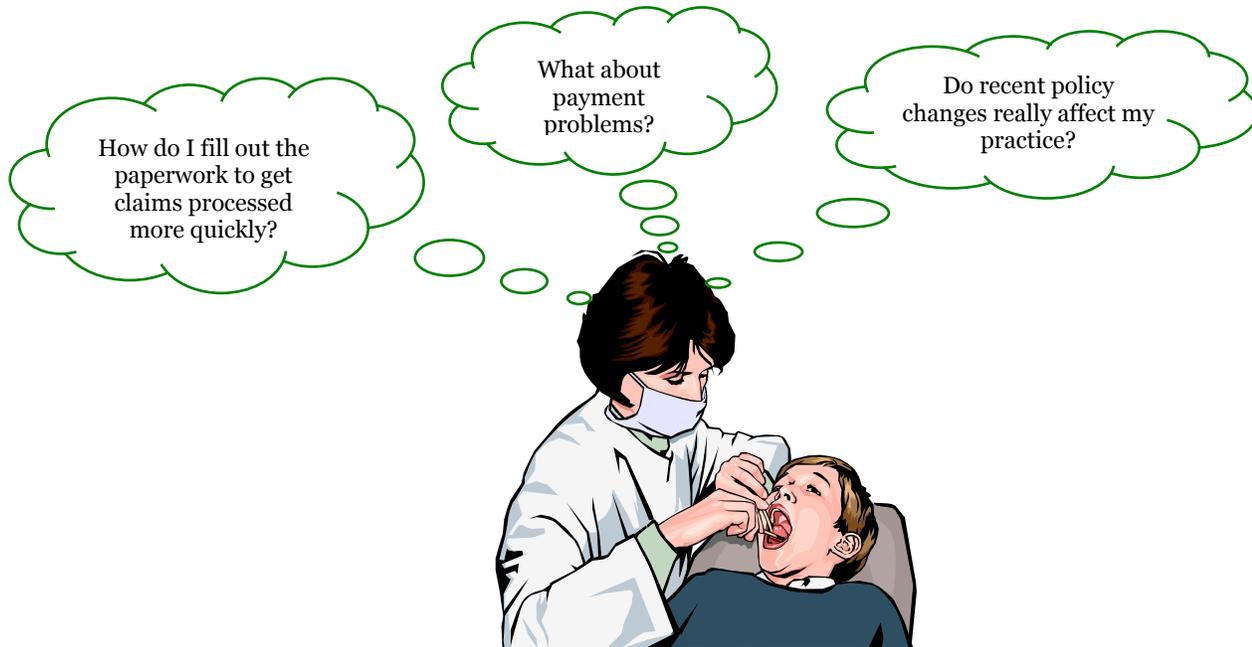
Denti-Cal Bulletin



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www.denti-cal.ca.gov

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

Seminar Schedule for Second Quarter, 2009



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures
- Electronic Data Interchange (EDI) overview

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion

Advanced Seminars

- Criteria Presented by a Dentist for Dentists and Staff
- View Actual Treatment Slides

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practice to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

ABOUT THE SEMINARS AND WORKSHOPS

- Seminars and workshops are offered *free of charge*.
- Sessions begin *on time*, so arrive early.
- Bring your updated *Medi-Cal Dental Program Provider Handbook* 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:

Advanced Seminars	4 CE credits
Basic Seminars	3 CE credits
Orthodontic Seminars	3 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 to vibrate.

For additional information, questions and to register, please phone Denti-Cal toll-free at (800) 423-0507.

Denti-Cal Seminar Schedule Second Quarter 2009



SAN JOSE

- **Workshop/D220**
April 30, 2009 (8:30 a.m. – 3:30 p.m.)
Double Tree Hotel
2050 Gateway Place
San Jose, CA 95110
408-437-2123

VACAVILLE

- **Basic Seminar/D221**
May 7, 2009 (8:30 a.m. – 12:00 noon)
- **Advanced Seminar/D222**
May 7, 2009 (1:00 p.m. – 5:00 p.m.)
Hampton Inn & Suites
800 Mason Street
Vacaville, CA 95688
707-469-6200

SAN DIEGO

- **Workshop/D223**
May 21, 2009 (8:30 a.m. – 3:30 p.m.)
Embassy Suites
601 Pacific Hwy
San Diego, CA 92101
619-239-2400

FRESNO

- **Workshop/D224**
June 11, 2009 (8:30 a.m. – 3:30 p.m.)
Radisson Hotel
2233 Ventura Street
Fresno, CA 93721
559-268-1000

GARDEN GROVE

- **Basic Seminar/D225**
June 25, 2009 (8:30 a.m. – 12:00 noon)
- **Advanced Seminar/D226**
June 26, 2009 (8:00 a.m. – 12:00 noon)
Embassy Suites
11767 Harbor Blvd.
Garden Grove, CA 92840
714-539-3300

STOCKTON

- **Ortho Seminar/D215**
April 3, 2009 (9:00 a.m. – 12:00 noon)
Stockton Grand/Hilton Hotel
2323 Grand Canal Blvd.
Stockton, CA 95207
209-957-9090

LONG BEACH

- **Basic Seminar/D216**
April 15, 2009 (8:30 a.m. – 12:00 noon)
- **Advanced Seminar/D217**
April 16, 2009 (8:00 a.m. – 12:00 noon)
Hyatt Regency
200 South Pine Avenue
Long Beach, CA 90802
562-491-1234

RIVERSIDE

- **Basic Seminar/D218**
April 23, 2009 (8:30 a.m. – 12:00 noon)
- **Advanced Seminar/D219**
April 23, 2009 (1:00 p.m. – 5:00 p.m.)
Marriott Hotel
3400 Market Street
Riverside, CA 92501
951-784-8000

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

Does your office have Internet access? Yes No

TYPE OF SEMINAR:

- Basic Seminar
(Seminar Code Number: _____)

- Advanced Seminar
(Seminar Code Number: _____)

- Workshop
(Workshop Code Number: _____)

- Ortho 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.: _____