

Forms Reorder Request

For Use with the California Medi-Cal Dental Program

[Print Form](#)

[Reset Form](#)

BILLING PROVIDER NAME	NPI/BILLING NUMBER	
SERVICE OFFICE ADDRESS	TELEPHONE NUMBER	
CITY	STATE	ZIP
	CA	

FAX THIS REORDER REQUESTS TO:

(877) 401-7534

or email to:

formreorderrequest@gainwelltechnologies.com

or mail to:

Medi-Cal Dental Forms
P.O. Box 15609
Sacramento, CA 95852-0609

TAR/Claim Forms and Envelope

DC-202

TAR/Claim Form
(For filling in by hand)

DC-209

TAR/Claim Form
(For pin-fed printers)

DC-217

TAR/Claim Form
(For laser printers)

DC-206

Envelope
(For mailing forms
to Medi-Cal Dental)

Other Forms and Envelopes

DC-003

Form
Claim Inquiry Form (CIF)

DC-016

Form
HLD Index

DC-054

Form
Justification of Need for
Prosthesis

DC-007

Envelope
(For mailing CIFs and
Correspondence)

EDI Supplies

EDI Envelopes

DC-014E

Envelope
(Large X-Ray envelope)

DC-014F

Envelope
(Small X-Ray envelope)

DC-006C

Envelope
(For mailing X-Rays to Medi-Cal Dental)

EDI Labels

DC-018A

Label
Indicate preimprinted or blank
(3-up for laser printers)

DC-018B

Label
(1-up for pin-fed printers)

DC-018C

Label
(3-up for pin-fed printers)