

Denti-Cal Bulletin



VOLUME 19, NUMBER 15 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2003

SEMINAR SCHEDULE FOR THIRD QUARTER, 2003



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

Advanced Seminars

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

Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

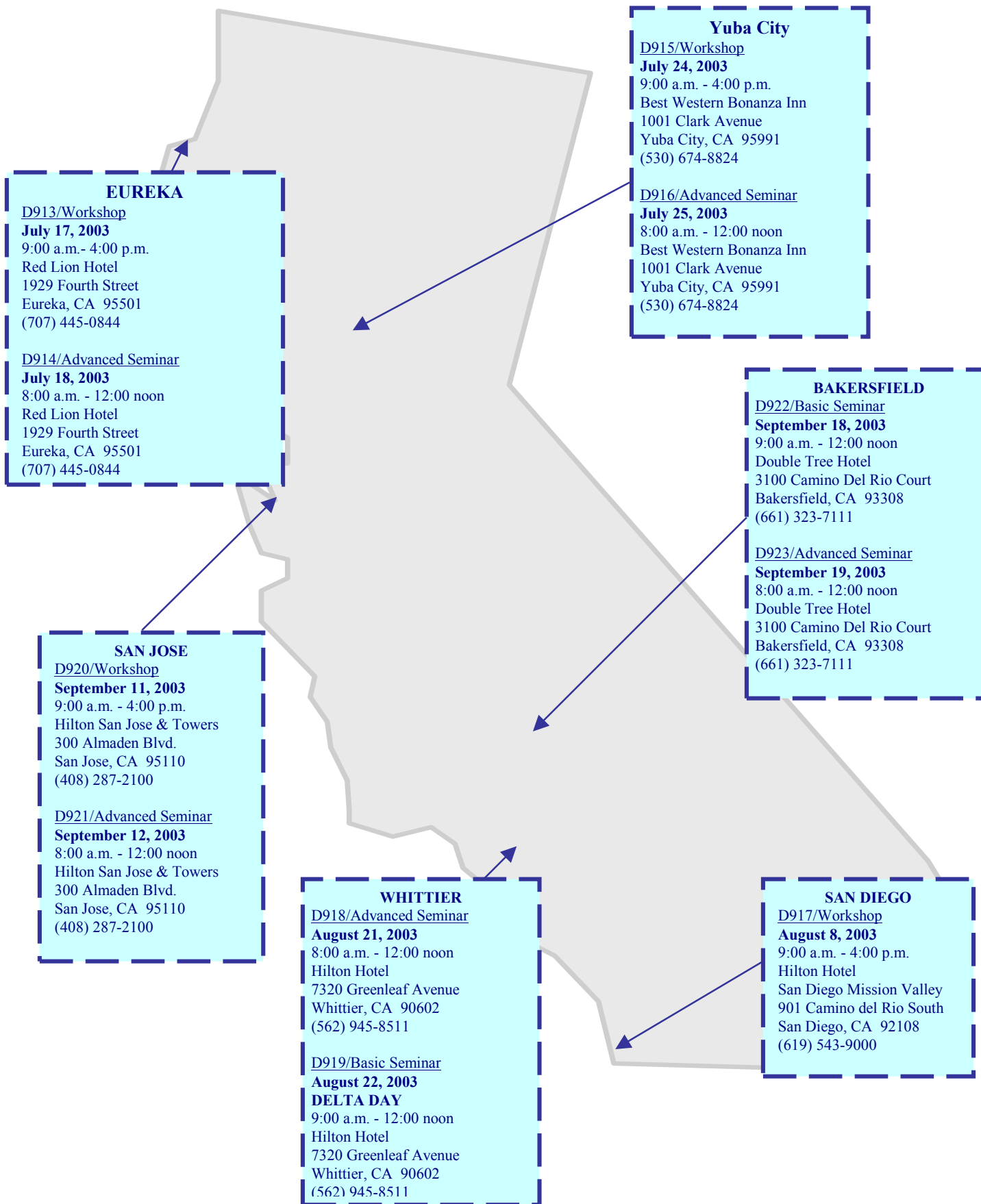
ABOUT THE SEMINARS AND WORKSHOPS

- ✓ 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 Third Quarter 2003



DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

- ☐ Workshop
(Seminar Code Number:_____)
- ☐ Basic Seminar
(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 us 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.: _____
