

# Denti-Cal Bulletin



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## **MEDI-CAL DISCLOSURE STATEMENT (DHS 6207) AND PROVIDER AGREEMENT (DHS 6208)**

Effective May 2, 2005, the California Medi-Cal Dental Program (Denti-Cal) is replacing the existing Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form with the Medi-Cal Disclosure Statement (DHS 6207). In addition, the Medi-Cal Provider Agreement (DHS 6208) form will also be required.

A new complete application package shall be required *only* for new applicants, *or* for existing providers requesting a change in current enrollment status. A complete application package consists of a Medi-Cal Dental Provider Number Request (DC-005) form, DHS 6207, DHS 6208, and all other required documents.

All applicants are required to complete and submit a DHS 6207 pursuant to Title 22, §51000.35. An applicant, or provider, shall disclose on the DHS 6207 all the information required by 42, Code of Federal Regulations, §455.104, 455.105, and 455.106. Pursuant to Title 22, §51000.45, an applicant, or provider, shall complete and submit a DHS 6208 as part of a complete application package for enrollment.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.