

Denti-Cal Provider Enrollment

Tips for Success

How to Submit a Complete Denti-Cal Provider Application Package

General tips for all provider types and applicants

A complete application package consists of the appropriate application form (individual or group), a *Medi-Cal Disclosure Statement (DHCS 6207)*, a *Medi-Cal Provider Agreement (DHCS 6208)*, and all the required attachments.

- Use current forms; outdated forms are not acceptable.
 - Current forms are available on the Denti-Cal Web site at www.Denti-Cal.ca.gov. Click the “Provider” link, then “Provider Application Forms.”
 - Before completing the application forms, carefully read all form instructions.
 - Do not leave any questions, boxes, lines, etc., blank. If a specific question does not apply enter “N/A” (not applicable), as incomplete applications will be returned.
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Change of business address

- A change in service office address requires submission of a complete application package (appropriate application, *Medi-Cal Disclosure Statement (DHCS 6207)*, *Medi-Cal Provider Agreement (DHCS 6208)*, and required attachments). A *Medi-Cal Supplemental Changes (DHCS 6209)* form is not acceptable.
 - Check the “change of business address” box in the “Enrollment action requested” section on the top of the application form and the box regarding whether or not you intend to use your current provider number while the change of business address application process is pending.
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Submit all requested supporting documentation with the application package

Be sure to include **legible** and **current** copies of the required documentation listed below:

- Verification of NPI (email or letter from CMS).
 - Internal Revenue Service (IRS) document as requested in the form instructions. The IRS document must be pre-printed indicating the TIN and legal business name. A W9 is acceptable if you are enrolling under your Social Security Number.
 - Articles of Incorporation (Corporations)
 - Partnership agreement (Partnerships)
 - Local permits and business license required
 - Dental Board of California permits: Fictitious name, Additional office, etc. (These permits are in addition to any required by local government agencies)
 - Professional (malpractice) liability insurance for each licensed provider.
 - General/Commercial Liability insurance for the location where services are rendered.
 - Driver’s license or a State issued identification card with a viewable expiration date. Enlarged copy preferred.
 - Dental License.
 - Any other documents that pertain to your type of business
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Original signatures are required	Verify that all enrollment applications have an original signature in ink – preferably blue ink. These documents must be signed by the applicant/provider.
Notarizing DHCS enrollment forms	Denti-Cal enrollment forms do not require notarization except when the provider chooses to use the Successor Liability with Joint and Several Liability Agreement (DHCS 6217); this form must be notarized.
Notification of receipt	A postcard acknowledging receipt of your application package will be sent to your Service office address within 10 days. The postcard includes an 11-digit correspondence reference number. Please reference this number in any follow-up correspondence or telephone inquiry.
Status of your application	<p>Within 180 days following the receipt of your complete application package you will receive written notification of one of the following:</p> <ul style="list-style-type: none"> • The application is approved for enrollment as a provisional provider. • The application is incomplete and additional information is needed. • The application is referred for a comprehensive review. • The application is denied with the reasons(s) for denial.
Sale of Practice	<ul style="list-style-type: none"> • Bill of sale • Business arrangement (if you share space with another business) • Successor Liability with Joint and Several Liability Agreement form DHCS 6217 (this form requires notarization)