



# Denti-Cal

California Medi-Cal Dental Program

## ***Register your NPI with Denti-Cal!***

*After receiving NPI(s) from the National Plan and Provider Enumeration System, Denti-Cal billing and rendering providers **must** register their NPI(s) with Denti-Cal using the attached NPI Registration Form (DHS 6218). An example of a completed NPI Registration Form is attached to help you complete the registration form.*

Please follow these simple instructions when completing the NPI Registration Form:

- ◆ A separate NPI registration form is required for each existing Denti-Cal provider number. *Providers with multiple Denti-Cal provider numbers must submit a separate NPI Registration Form for each Denti-Cal billing provider number, and for the Denti-Cal rendering provider number.*
- ◆ Complete fields where an asterisk (\*) is displayed. *This is required information. Registration forms will be returned if incomplete.*
- ◆ Do not complete the Medicare NPI Information and the Non-Physician Medical Practitioner Information sections of the form. *These sections do not apply to Denti-Cal providers.*
- ◆ The National Plan and Provider Enumeration System (NPPES) confirmation document **must** be attached to the registration form. *The registration form will be returned if the NPPES confirmation document is not attached.*
- ◆ The NPI on the NPPES confirmation document **MUST** match the NPI on the registration form *or the registration form will be returned.*
- ◆ An original signature is required *or the registration form will be returned.*
- ◆ Mail the completed registration form to the Denti-Cal address located at the bottom of the registration form.

Providers may request an NPI Registration Form by calling the Denti-Cal Telephone Service Center at (800) 423-0507 or access the NPI Registration Form on the Denti-Cal Web site at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).

For additional information regarding NPI, visit the Denti-Cal Web site at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov), or call the Denti-Cal Telephone Service Center at (800) 423-0507.



## National Provider Identifier Registration Form

### SAMPLE OF A COMPLETED NPI REGISTRATION FORM

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Services Provider Enrollment Branch (PEB), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (\*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

**Medi-Cal -- 1-800-541-5555**

**Denti-Cal -- 1-800-423-0507**

**NOTE: A separate NPI registration form is required for each existing Provider number.**

This form is being submitted for: <input checked="" type="checkbox"/> <b>New NPI Registration</b> <input type="checkbox"/> <b>Update to previously submitted information</b>		
*Medi-Cal, Denti-Cal, or CHDP Provider Number <b>B12345 01</b>	*Provider Name <b>Joe Dentist</b>	*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form) <b>1234567890</b>

**\*PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:**

Provider Identification Number (PIN) <b>123456</b>	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR	Last 4 digits of Social Security Number (SSN)
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**Note: This section does NOT apply to Denti-Cal providers.**

**Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?**  Yes  No

**IF YES,** Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?  Yes  No

Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?  Yes  No

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

#### MEDICARE NPI INFORMATION –

Please enter your Medicare NPI for this Medi-Cal number. Enter any additional Medicare NPIs for this Medi-Cal number on the reverse side of this form.

NPI	NPI
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**NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION –** Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NPPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

NMP License Number	NMP NPI	NMP License Number	NMP NPI
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Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. A complete list of these forms is on the reverse side of this form.

**NOTE:** If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

**\*I authorize Medi-Cal, Denti-Cal or CHDP to update the agreements I have on file with my NPI information:**

**I agree**

**I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

#### CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First name <b>Joe</b>	*Last name <b>Dentist</b>
*Contact Phone Number <b>(916) 555-5555</b>	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip) <b>1234 Dental St., Sacramento, CA 95810</b>

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

\*Print name and title of authorized representative or Provide

**Joe Dentist, DDS**

\* Authorized representative or Provider signature

**Joe Dentist, DDS**

\*Date

**1/31/07**

Return completed form to:

#### Medi-Cal/CHDP

California Department of Health Services  
PRO - NPI Help Desk  
Medi-Cal Fiscal Intermediary  
PO Box 13811  
Sacramento, CA 95853-9946

#### Denti-Cal

California Department of Health Services  
Medi-Cal Dental Program  
Provider Enrollment  
PO Box 15609  
Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

## National Provider Identifier Registration Form

**AGREEMENT UPDATE INFORMATION**

**The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:**

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children’s Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)
- California Children’s Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider Billing Intermediary Notification Form (Denti-Cal Form)
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

**NOTE:** If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

**PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Please attach a separate sheet for additional taxonomy codes.**

Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
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**ADDITIONAL MEDICARE NPI INFORMATION (Please attach a separate sheet for additional Medicare NPIs.)**

NPI	NPI
NPI	NPI

**ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)**

NMP License Number	NMP NPI	NMP License Number	NMP NPI
NMP License Number	NMP NPI	NMP License Number	NMP NPI

**A separate NPI registration form is required for each existing Provider number.**

For Department Use Only

Input Date \_\_\_\_\_

Initials \_\_\_\_\_

QM Initials \_\_\_\_\_



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**Medi-Cal -- 1-800-541-5555**

**Denti-Cal -- 1-800-423-0507**

**NOTE: A separate NPI registration form is required for each existing Provider number.**

This form is being submitted for:  **New NPI Registration**  **Update to previously submitted information**

*Medi-Cal, Denti-Cal, or CHDP Provider Number	*Provider Name	*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form)
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**\*PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:**

Provider Identification Number (PIN)	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR	Last 4 digits of Social Security Number (SSN)
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**Note: This section does NOT apply to Denti-Cal providers.**

**Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?**  **Yes**  **No**

**IF YES,** Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?  **Yes**  **No**

Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?  **Yes**  **No**

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

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**I agree**

**I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

### CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First name	*Last name
*Contact Phone Number (     )	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip)

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

\*Print name and title of authorized representative or Provider

\* Authorized representative or Provider signature

\*Date

Return completed form to:

### Medi-Cal/CHDP

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