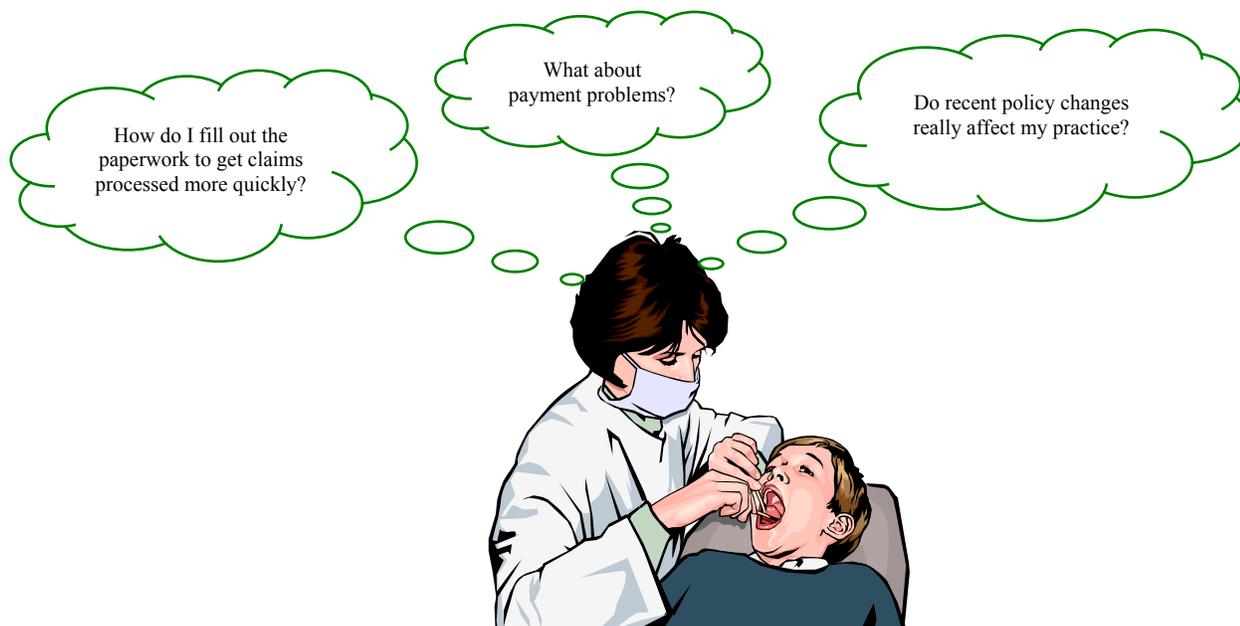




Seminar Schedule for Second Quarter, 2008



Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures
- The Sacramento and Costa Mesa Basic Seminars have been expanded to include an overview of Electronic Data Interchange (EDI)

Workshops

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

Advanced Seminars

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

Orthodontic Seminars

- Designed for Denti-Cal providers who limit their practice to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

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:

Advanced Seminars	4 CE credits
Basic Seminars	3 CE credits
Orthodontic Seminars	3 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 to vibrate.

For additional information, questions and to register, please phone Denti-Cal toll-free at (800) 423-0507.

**Denti-Cal Seminar Schedule
Second Quarter 2008**



RIVERSIDE

- **Basic Seminar/D161**
April 3, 2008 (9:00 a.m. – 12:00 noon)
- **Advanced Seminar /D162**
April 4, 2008 (8:00 a.m. – 12:00 noon)
Marriott Hotel
3400 Market Street
Riverside, CA 92501
(951) 784-8000

FAIRFIELD

- **Workshop/D163**
April 11, 2008 (9:00 a.m. – 4:00 p.m.)
Hilton Garden Inn
2200 Gateway Court
Fairfield, CA 94533
(707) 426-6900

MONTEREY

- **Basic Seminar/D164**
April 18, 2008 (9:00 a.m. – 12:00 noon)
Hyatt Regency Conf. Center
One Golf Course Road
Monterey, CA 93940
(831) 372-1234

CARLSBAD

- **Basic Seminar/D165**
April 24, 2008 (9:00 a.m. – 12:00 noon)
- **Advanced Seminar/D166**
April 25, 2008 (8:00 a.m. – 12:00 noon)
Hilton Hotel
6450 Carlsbad Blvd.
Carlsbad, CA 92011
(760) 476-0800

SACRAMENTO

- **Advanced Seminar/D167**
May 15, 2008 (8:00 a.m. – 12:00 noon)
- **Basic Seminar/EDI/D168**
May 16, 2008 (1:00 p.m. – 4:30 p.m.)
Delta Day
Double Tree Hotel
2001 Point West Way
Sacramento, CA 95815
(916) 929-8855

LOS ALTOS

- **Workshop/D169**
May 21, 2008 (9:00 a.m. – 4:00 p.m.)
Residence Inn
4460 El Camino Real
Los Altos, CA 94022
(650) 559-7890

COSTA MESA

- **Basic Seminar/EDI/D170**
June 05, 2008 (8:30 a.m. – 12:00 noon)
- **Advanced Seminar/D171**
June 06, 2008 (8:00 a.m. – 12:00 noon)
Hilton Hotel
3050 Bristol Street
Costa Mesa, CA 92626
(714) 540-7000

LONG BEACH

- **Ortho Seminar/D172**
June 12, 2008 (9:00 a.m. – 12:00 noon)
- **Advanced Seminar/D173**
June 13, 2008 (8:00 a.m. – 12:00 noon)
Hyatt Regency
200 South Pine Avenue
Long Beach, CA 90802
(562) 491-1234

DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

TYPE OF SEMINAR:

- Basic Seminar
(Seminar Code Number: _____)

- Advanced Seminar
(Seminar Code Number: _____)

- Workshop
(Workshop Code Number: _____)

- Ortho 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 Denti-Cal toll-free at (800) 423-0507 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.: _____