

Denti-Cal Bulletin



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www.denti-cal.ca.gov

PO Box 15609 Sacramento, CA 95852-0609
(800) 423-0507

Ordering Denti-Cal Inventory

Tips for Ordering Denti-Cal Inventory

To reduce confusion and processing delays for Denti-Cal inventory orders, providers should:

- ◆ Specify the total amount needed (in increments of 50) in the quantity box. For example, a provider needing 450 of the DC-202 TAR/Claim forms should write “450” in the quantity box and not “9.”
- ◆ Submit orders by fax or by mail, not both. Submitting the same order by both fax and mail will delay order processing.
- ◆ Only order a month’s worth of inventory per order. Ordering too much inventory causes order processing delays.
- ◆ Contact the Telephone Service Center with questions or problems regarding orders. Providers should not fax questions or problems to the fax number or try to contact the printer directly.
- ◆ Not send in duplicate orders if the previous order has not been delivered. Orders can take up to 10 business days to be filled, not including shipping time.

Obsolete Inventory

The following forms are obsolete:

- | | | |
|--------------|-----------|-----------|
| ◆ DC-001A ** | ◆ DC-002B | ◆ DC-017B |
| ◆ DC-001B ** | ◆ DC-009A | ◆ DC-014A |
| ◆ DC-001C ** | ◆ DC-008 | ◆ DC-014B |
| ◆ DC-001D ** | ◆ DC-009B | ◆ DC-014C |
| ◆ DC-002A | ◆ DC-017A | ◆ DC-014D |

** Forms that are no longer accepted. If received, Denti-Cal will send them back unprocessed.

Orders received for obsolete inventory will not be filled. Providers are encouraged to use the current Denti-Cal Forms Reorder Request attached to this bulletin.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

FORMS REORDER REQUEST

To Be Used Only To Reorder Forms For Use In The
CALIFORNIA MEDI-CAL DENTAL PROGRAM



BILLING PROVIDER NAME	NPI/BILLING NUMBER
SERVICE OFFICE ADDRESS	TELEPHONE NUMBER ()
CITY, STATE	ZIP CODE

**TO EXPEDITE YOUR ORDER,
FAX FORMS REORDER REQUEST
TO: (877) 401-7534**

Treatment Authorization Request (TAR)/Claim Forms and Envelopes	DC-202 (no carbon required) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-209 (continuous for pin feed printers) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-217 (single sheet for laser printers) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)		
	DC-206 (envelopes for submitting TARs/Claims) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-214A (large X-ray envelopes) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-214B (small X-ray envelopes) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)		
Miscellaneous Inventory	DC-003 Claim Inquiry Form (CIF) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-007 (envelopes to mail CIFs or correspondence) <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-016 HLD Index <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)	DC-020 Do Not Recycle Stickers (for X-rays sent to Denti-Cal) <input style="width: 80px; height: 30px;" type="text"/> (32 stickers/sheet indicate qty in increments of 50)	DC-054 Justification of Need for Prosthesis <input style="width: 80px; height: 30px;" type="text"/> (indicate qty in increments of 50)

After completion of above, please fax to (877) 401-7534 or mail to:

Denti-Cal Forms Reorder
11155 International Drive
MS C25
Rancho Cordova, CA 95670.