

# 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

**FAX FORMS REORDER  
REQUEST TO: (877) 401-7534**

MAILING ADDRESS

TELEPHONE NUMBER

OR MAIL TO:

Denti-Cal Forms Reorder  
11155 International Dr.  
MS C210  
Rancho Cordova, CA 95670

CITY

STATE

ZIP CODE

**TREATMENT  
AUTHORIZATION  
REQUEST (TAR)/CLAIM  
FORMS  
and  
Envelopes**

**DC-202**  
(no carbon required)

**DC-209**  
(continuous pin-fed  
form)

**DC-217**  
(for laser printers)

**DC-206**  
(for TAR/Claims)

**DC-214A**  
(large X-ray  
envelopes)

**DC-214B**  
(small X-ray  
envelopes)

**Miscellaneous  
Inventory**

**DC-003**  
Claim Inquiry Form (CIF)

**DC-007**  
(CIFs and  
Correspondence  
envelopes)

**DC-016**  
HLD Index

**DC-020**  
Do Not Recycle Stickers  
(32 stickers per sheet)

**DC-054**  
Justification of Need for  
Prosthesis

## EDI Supplies

**EDI  
X-Ray Envelopes  
(Order a supply of all  
three envelopes)**

**DC-014E**  
(large X-ray  
envelopes for EDI)

**DC-014F**  
(small X-ray  
envelopes for EDI)

**DC-006C**  
(large mailing  
envelopes for multiple  
X-ray envelopes)

Item Number

Description

Select Quantity

**DC-018A**

3-up laser (12 labels per sheet). Select label type:

A. Blank labels

B. Partially preprinted (name & address will be imprinted)\*

**50 sheets**

**100 sheets**

**DC-018B**

1-up continuous labels (4 labels per sheet)

**500 sheets**

**1000 sheets**

**DC-018C**

3-up continuous labels (12 labels per sheet)

**250 sheets**

**500 sheets**

**EDI  
Labels  
(Order one type)**