

# Forms Reorder Request

For Use with the California Medi-Cal Dental Program

<b>BILLING PROVIDER NAME</b>		<b>NPI/BILLING NUMBER</b>	
<input type="text"/>		<input type="text"/>	
<b>SERVICE OFFICE ADDRESS</b>		<b>TELEPHONE NUMBER</b>	
<input type="text"/>		<input type="text"/>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**FAX THIS REORDER REQUESTS TO:**  
**(877) 401-7534**

Or mail to:  
Medi-Cal Dental Forms  
Reorder 11155 International Dr.  
MS C25  
Rancho Cordova, CA 95670

## TAR/Claim Forms and Envelope

**DC-202**  
TAR/Claim Form  
(For filling in by hand)

**DC-209**  
TAR/Claim Form  
(For pin-fed printers)

**DC-217**  
TAR/Claim Form  
(For laser printers)

**DC-206**  
Envelope  
(For mailing forms  
to Medi-Cal Dental)

## Other Forms and Envelopes

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

**DC-016**  
Form  
HLD Index

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

**DC-007**  
Envelope  
(For mailing CIFs and  
Correspondence)

## EDI Supplies

### EDI Envelopes

**DC-014E**  
Envelope  
(Large X-Ray envelope)

**DC-014F**  
Envelope  
(Small X-Ray envelope)

**DC-006C**  
Envelope  
(For mailing X-Rays to Medi-Cal Dental)

### EDI Labels

**DC-018A**  
Label  
Indicate preimprinted or blank  
(3-up for laser printers)

**DC-018B**  
Label  
(1-up for pin-fed printers)

**DC-018C**  
Label  
(3-up for pin-fed printers)