

DENTI-CAL (94146) ENROLLMENT INSTRUCTIONS



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is approximately 4 to 6 weeks.

WHERE SHOULD I SEND THE FORMS?

- Mail the original forms to (DO NOT FAX OR EMAIL):

**Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609**

WHAT FORMS DO I NEED TO COMPLETE?

- [EDI Application Agreement](#)
- [Provider Service Office Electronic Data Interchange Option Selection Form](#)
- [ERA Enrollment Form \(Required for EDI Submission\)](#)

WHO CAN SIGN THE FORMS?

- Requires provider's signature or president, CEO, or owner of a group in **BLUE INK!**
 - Signature must be original
 - Signature must be in BLUE ink
 - Signature must be by provider or owner on file at Medi-Cal as authorized to sign
 - Medi-Cal will not accept signatures in black ink or signatures from office managers or billers
 - DO NOT use white out

HOW DO I CHECK STATUS?

- For assistance in completing forms or checking on status, contact EDI Support at (916) 853-7373 or by email to denti-caledi@delta.org. Ask if your EDI Application has been approved and that your NPI is linked to Office Ally's Submitter ID **OFFICEALLY**.
- Once approved to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012