STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

August 9, 1990
Letter No.: 90-77

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: MEDI-CAL DENTAL PROGRAM ASSISTANCE POSTER

Enclosed is a copy of a poster which will identify for Medi-Cal Dental recipients the new Toll-Free Telephone Number for the Beneficiary Services Unit for Denti-Cal. This poster was developed by the Department of Health Services (DHS) in an effort to improve access to dental care for Medi-Cal recipients.

A supply of 17" x 22" posters will be sent to the Medi-Cal Liaison in each county around August 15, 1990. One poster should be displayed in each county welfare department district office, in a location that can be seen by Medi-Cal recipients.

If you have any questions regarding the enclosed poster, please contact Robert B. Martinez, Chief of the Dental Contract Section, Department of Health Services, at 7667 Folsom Boulevard, Room 101, Sacramento, CA 95826 or at (916) 739-5431.

For additional posters, please contact Nancy White of Delta Dental Plan of California, at Post Office Box 15609, Sacramento, CA 95852-0609.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons

ATTENTION MEDI-CAL DENTAL PATIENTS

If You Have Questions Regarding:

- LOCATING A PARTICIPATING DENTIST
- ASSISTANCE WITH SCHEDULING OR RESCHEDULING YOUR REGIONAL SCREENING APPOINTMENT
- COMPLAINTS ABOUT THE LEVEL OR QUALITY OF DENTAL SERVICES YOU RECEIVED

CALL: 1-800-322-6384

8:00 AM - 5:00 PM MON-FRI

8:00 AM - NOON SAT

WHEN CALLING FOR ASSISTANCE, PLEASE

HAVE THE FOLLOWING INFORMATION READY:

1. Your Social Security Number
2. Your Beneficiary Identification Number
3. Your Telephone Number and Address