

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

ACRAMENTO, CA 94234-7320



TO: All County Welfare Directors  
All County Administrative Officers

August 9, 1990  
Letter No.: 90-77

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