dental Xchange

Medi-cal Dental

Attention Providers:

To start sending your Medi-cal Dental claims through DentalXChange you will need to follow the instructions below required by the payer. Begin your online enrollment today by downloading the application by visiting Denti-Cal website in the special instructions listed below:

Payer:	Medi-cal Dental
Payer ID:	94146
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalxchange.com
Approval Process and Timeframes:	Payer estimates 2-3 weeks for processing. Medi-cal Dental will notify you of approval. Once you receive your approval, please contact DentalXChange Enrollment Department at (800) 576-6412 ext. 461 to complete the enrollment process.
Online Enrollment Process:	Please follow the link below to download the application. https://dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Forms/#EDI Submission for EDI Enrollment with Medi-Cal Dental is a one-step process Email completed enrollment form to Medi-CalDentalEDI@delta.org and CC enrollment@dentalxchange.com
Special Instructions:	Applications must be filled out completely and signed by an owning provider

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