



Denti-Cal

California Medi-Cal Dental Program

DENTAL TRANSFORMATION INITIATIVE (DTI)
DOMAIN 3 EXPLANATION OF PAYMENT

DATE: XX/XX/XX
PAGE: XXX

PROVIDER NAME/DBA
SERVICE OFFICE/FICTITIOUS NAME
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

PROVIDER NPI: 1234567890
TAX ID NO: XXXXX####
DELIVERY SYSTEM: SNC
CHECK NBR: 1234567890

PROGRAM YEAR CCYY

Number of qualifying beneficiaries per year of continuous care and total incentive payments for program year (PY): (Only the applicable lines for each provider will be displayed, e.g. if provider qualified for incentive payments for seeing beneficiaries with 2 and 4 years of continuous care, only years 2 and 4 would show.)

Continuous Years of Care	Number of Qualifying Beneficiaries	Incentive per Beneficiary	Total Incentive Payment
2 years	###,###	\$40/Beneficiary	\$9,999,999.99
3 years	###,###	\$50/Beneficiary	\$9,999,999.99
4 years	###,###	\$60/Beneficiary	\$9,999,999.99
5 years	###,###	\$70/Beneficiary	\$9,999,999.99
6 years	###,###	\$80/Beneficiary	\$9,999,999.99
Total Earned:			\$9,999,999.99

The incentive period for PY CCYY is now closed and no further adjustments to payment will be made. (Displayed only when Final Payment of PY.)

Provider Payment Adjustments – will only print when applicable

Interim Payment – Previously Received

Check Nbr	Amount
#####	\$9,999,999.99

Account Payable

Payable #	Description	Amount
#####	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$9,999,999.99

Cutback

Due to funding limitations associated with the DTI program, your incentive payment has been reduced by \$9,999,999.99.



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PAYMENT SUMMARY

Levy Payments – will only print when applicable

Check Nbr	Levy #	Name of Levy Holder	Amount
#####	#####	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$9,999,999.99
#####	#####	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$9,999,999.99

PY CCYY Total Incentive Earned Amount: \$9,999,999.99
 PY CCYY Total Incentive Earned Amount: \$9,999,999.99
 PY CCYY Provider Payment Adjustments: \$9,999,999.99
 PY CCYY Provider Payment Adjustments: \$9,999,999.99
 Total Calculated Amount: \$9,999,999.99

Note: Due to adjustments made in reported activity within the program years, the negative amount stated above will not be recouped. (Will only be printed if there is a negative calculated amount)

Total Incentive Payment Issued: \$9,999,999.99 Check Number: #####

A check for payment was issued to the pay-to address on file; DTI payments are not made using electronic funds transfer (EFT). (Will only be printed if there is an actual check issued)