

# DENTAL OFFICE TOOLKIT

## *How-to Guides*

\*All names, dates of birth, claims and history included in this guide are fictitious and not representative of an actual person\*

Last Revised: July 2019

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■ Denotes new functionality

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**This Dental Office Toolkit® (DOT) training guide assumes that the users are operating according to the below system requirements:**

- Ensure you have the latest version of Google Chrome and Adobe Acrobat Reader downloaded.
  - Download the latest version of Google Chrome [here](#)
  - Download the latest version of Adobe Acrobat [here](#)
- Ensure that you have pop-ups enabled for <https://dentalofficetoolkit.com>  
Pop-ups will only be used to display a printable format of benefits, routine procedures, etc.
- To view a full list of system requirements the new Toolkit will require, please click [here](#)

**The Dental Office Toolkit® (DOT) can be utilized to view information and submit claims for the following Delta Dental entities:**

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Arkansas
- Delta Dental of Kentucky
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of Minnesota (Individual ONLY)
- Delta Dental of Tennessee
- Delta Dental of Wisconsin (CMS ONLY)

## New Functionality

| Functionality                                 | Definition   |
|---|--|
| <b>Ability to use back button</b>             | The new DOT does not have a designated back button built into the interface. <b>To go back, use the web browser's back button.</b>                     |
| <b>Select a member</b>                        | Select a member anywhere in the system by clicking "Change Member" on the top right.   |
| <b>Select an office</b>                       | Select a service office anywhere in the system by clicking "Change Office" on the top left.  |
| <b>Set home office</b>                        | Set a home office by navigating to a chosen office and clicking "Set as Home Office" on the Office Details page.                                       |
| <b>Search family claims across businesses</b> | Search for family claims across all businesses to view claims history and accumulated benefits.  |
| <b>User management</b>                        | Manage the permissions granted to each DOT user by designating an administrative user in the office and having each user create their own DOT account. |

# COMMON QUESTIONS



DOT Registration

First Time Login

Reset Password

User Management

Allow Pop-ups

# DOT Registration

1

Getting Ready

2

Provider Details

3

One Time Passcode

4

User Details

5

Done!



### Am I ready to register?

**NOTE:** Each of your users will need to register for Dental Office Toolkit using the same Provider information.

In order to register, you must have a Phone Number or E-mail address on file with our Provider Records Department.

If you do not have a Phone Number or E-mail address on file, or your Phone Number or E-mail address are not up to date, cancel the registration process and contact your Provider Records department.

### Also, have the following ready in order to register...

1. Your License Number
2. State in which Provider is Licensed
3. Your Tax Identification Number
4. Your Service Office ZIP Code

[Cancel Registration](#)

**NEXT STEP**



1. Make sure the provider has their license number, state in which Provider is Licensed, TIN, and service office ZIP code before clicking on “Next Step”





Please enter your registration details below...

License Number

License State

Tax Identification Number

Service Office ZIP Code



[Cancel Registration](#)

BACK

NEXT STEP

2. Ensure the provider accurately types in the license number, state in which Provider is licensed, TIN, and service office ZIP code and then click "Next Step"



**One Time Passcode**

You must verify that you are authorized to register as a Dental Office Toolkit user. To start the verification process, please select where you would like to receive your one time passcode.

**Call to Phone Number:** (user's phone number on file)

**Email:** (user's email address on file)

[Cancel Registration](#)

**SEND PASSCODE NOW**



3. Select which contact information you would like the one time passcode to be sent to (select the option you can most easily access)



Enter One Time Passcode

One time passcode sent to: **(user's email address on file)**  
Once you receive your code, enter it below and click "SUBMIT".

Enter one time passcode:

Select "REQUEST NEW CODE" to receive another code or to change delivery method

[Cancel Registration](#)

[REQUEST NEW CODE](#) [SUBMIT](#)



4. Enter the one time passcode you received to the phone number or email address selected  
5. Click "Submit"



Please enter your first and last name below:

First Name

Last Name

Please create your username and password below:

Username

Please create a Username with the following rules:

1. May be a combination of letters and numbers. Is not case sensitive
2. Must start with a letter
3. Must only contain 8 to 14 letters and numbers
4. Must NOT contain spaces

Password

Confirm Password

Please create a Password with the following rules:

1. Must contain 8 to 14 characters
2. Must contain at least one Upper case letter
3. Must contain at least one Lower case letter



6. Ensure the provider completes all fields and meets necessary username and password requirements



Please create a Password with the following rules:

1. Must contain 8 to 14 characters
2. Must contain at least one Upper case letter
3. Must contain at least one Lower case letter
4. Must contain at least one Number
5. Must contain at least one of the following special characters: @, \$, !, %, \*, ?, &, \_ #
6. Must NOT contain spaces

Please choose your security questions and answers below:

Question 1

In what city were you born? ▼

Answer 1

Detroit

Question 2

Who is your personal hero? ▼

Answer 2

Tooth Fairy

Question 3

What is your favorite hobby? ▼

Answer 3

Cleaning Teeth|

[Cancel Registration](#)

**REGISTER**

7. Ensure the provider creates and answers three security questions

8. Click “Register”



**Congratulations!**

You have completed the DOT Registration and can login now for the first time.

Here are the details:

**First Name:** ProviderX

**Last Name:** Office1

**Username:** providerxxx

**Tax Identification Number:** 111222333

**License Number:** 0000

**License State:** MI

**Zip Code:** 55555

**PROCEED TO LOGIN**



9. Confirm all details above are correct and click “Proceed to Login”

# First Time Login

You are seeing this page because one or more pieces of your user profile is incomplete.

For any empty fields below, you must specify a value in order to continue to the application.

Optionally, you may take this opportunity to change any of your existing user profile information as well.

**NOTE:** You will be able to change your user profile information in the future from within the DOT application in the **My Profile** section.

|  |                                 |
|--|---------------------------------|
| First Name<br>Ginger                     | Last Name<br>Ale                |
| Email Address:<br>GAle@deltadentalmi.com | Phone Number:<br>(555) 555-5555 |

Please choose your new security questions and answers below:

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Question 1<br>Select a question ▼ | Answer 1<br>Letters and numbers only |
| Question 2<br>Select a question ▼ | Answer 2<br>Letters and numbers only |
| Question 3<br>Select a question ▼ | Answer 3<br>Letters and numbers only |

UPDATE AND CONTINUE

1. When you first log into the new Dental Office Toolkit, you will be prompted only once to enter and/or confirm information for your profile



You are seeing this page because one or more pieces of your user profile is incomplete.

For any empty fields below, you must specify a value in order to continue to the application.

Optionally, you may take this opportunity to change any of your existing user profile information as well.

**NOTE:** You will be able to change your user profile information in the future from within the DOT application in the **My Profile** section.

First Name

Ginger

Last Name

Ale

Email Address:

Gale@deltadentalmi.com

Phone Number:

(555) 555-5555

Please choose your new security questions and answers below:

Question 1

What was your dream job as a child?

Answer 1

Dentist

Question 2

Who is your personal hero?

Answer 2

Delta Dental

Question 3

What is your favorite hobby?

Answer 3

Cleaning Teeth

**UPDATE AND CONTINUE**

**Reset Password**

Username:

Password:

**Login**

[Forgot Password](#)

Not Yet Registered?

**REGISTER**

[How to Register Your Account?](#)

1. On the DOT login screen, click “Forgot Password”

Username:

Submit

Not Yet Registered?

**REGISTER**

[How to Register Your Account?](#)

2. Enter the username associated with the account you would like to reset the password for

Please choose the delivery method for your Passcode.

- Email xxxxx@deltadentalmi.com
- Phone/Mobile xxx-xxx-5214
- Answer Security Questions

**Submit**

Not Yet Registered?

**REGISTER**

[How to Register Your Account?](#)

3. Specify your delivery preference (email, phone call, or security questions) for a one-time passcode, and click “Submit”

*Ginger Ale,*



**SECUREAUTH**

You have requested online access from our website.

**Your time-sensitive One-time Passcode is 101010**

Please enter the code into the form for which you have requested access. Thank you for utilizing our services.

4. Retrieve the one-time passcode via your specified delivery preference (your code will always be unique)

101010

**Submit**

[Please click here to use an alternate registration method.](#)

Not Yet Registered?

**REGISTER**

[How to Register Your Account?](#)

5. Enter the unique passcode and click “Submit”

Please enter a new password below.

User ID:

New Password:

Confirm Password:

Password must differ from previous password by 1 password(s).  
Password length greater than 10 characters.  
Contain 4 of the following:

- 1 digits (0-9).
- 1 symbols (!, @, #, \$, %, \*, etc.).
- 1 uppercase English letters (A-Z).
- 1 lowercase English letters (a-z).

Not Yet Registered?

[How to Register Your Account?](#)

- 6. Enter a new password that follows the requirements listed
- 7. Click “Submit”



Username:

Password:

**Login**

[Forgot Password](#)

Not Yet Registered?

**REGISTER**

[How to Register Your Account?](#)

8. Enter your username and new password, and click “Login”

# User Management

*New functionality*

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

## Service Office Details

**Bradley Brackets**

1100 Rock and Roll Blvd

Cleveland, OH 44114

**THIS IS YOUR HOME OFFICE** ✓

License Number: 6666

NPI Type:

Tax ID: 777555777

Payment Method: Check

Par Status:  
Non-Participating

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

06/13/2019

[Welcome to the new Dental Office Toolkit!](#)

05/17/2019

[Free Continuing Education courses now available!](#)

05/15/2019

[Attention Prescribing Dentists](#)

03/29/2019

[An ALL-NEW Dental Office Toolkit® is coming!](#)

01/18/2019

## Activity Log (5) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

3

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

1. Navigate to the Admin tab on the left-hand navigation bar

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

## User Management

Displaying all users that are associated with business TIN: 777555777

FILTER BY

CLEAR

Page 1 of 1 1-5 of 5 Records

<< < 1 > >>

| Username    | First Name | Last Name |                              |
|-------------|------------|-----------|------------------------------|
| ccuspid123  | Cathy      | Cuspid    | <a href="#">VIEW PROFILE</a> |
| ddentist123 | Deena      | Dentist   | <a href="#">VIEW PROFILE</a> |
| podontal    | Perry      | ODontal   | <a href="#">VIEW PROFILE</a> |
| ttooth123   | Tammy      | Tooth     | <a href="#">VIEW PROFILE</a> |
| toothhurts1 | DOT        | User      | <a href="#">VIEW PROFILE</a> |

Page 1 of 1 1-5 of 5 Records

<< < 1 > >>

- Search
- Office
- Member
- Admin**
- My Profile
- User Management**
- Forms
- Help
- Contact Us
- Support Code
- OIDC Token

2. Click on "User Management"  
3. View the users associated with your office, and click on "View Profile" for any user you'd like to manage permissions for

User ID: ccuspid123

First Name: Cathy

Last Name: Cuspid

Phone Number: 5173475214

Email Address: nkatti@deltadentalmi.com

**User Role(s):**

User Manager

Users with the User Manager role have access to the User Management section of the application where they can view a user's profile as well as update their phone number, e-mail address and user roles.

EFT User

Users with the EFT User role will have access to the Direct Deposits section of the application where they can view direct deposit accounts and register for direct deposit.

DOT User

Users with the DOT User role will be able to perform all other DOT application functionalities.

**NOTE:** Removing this role from a user will prevent them from accessing the application.

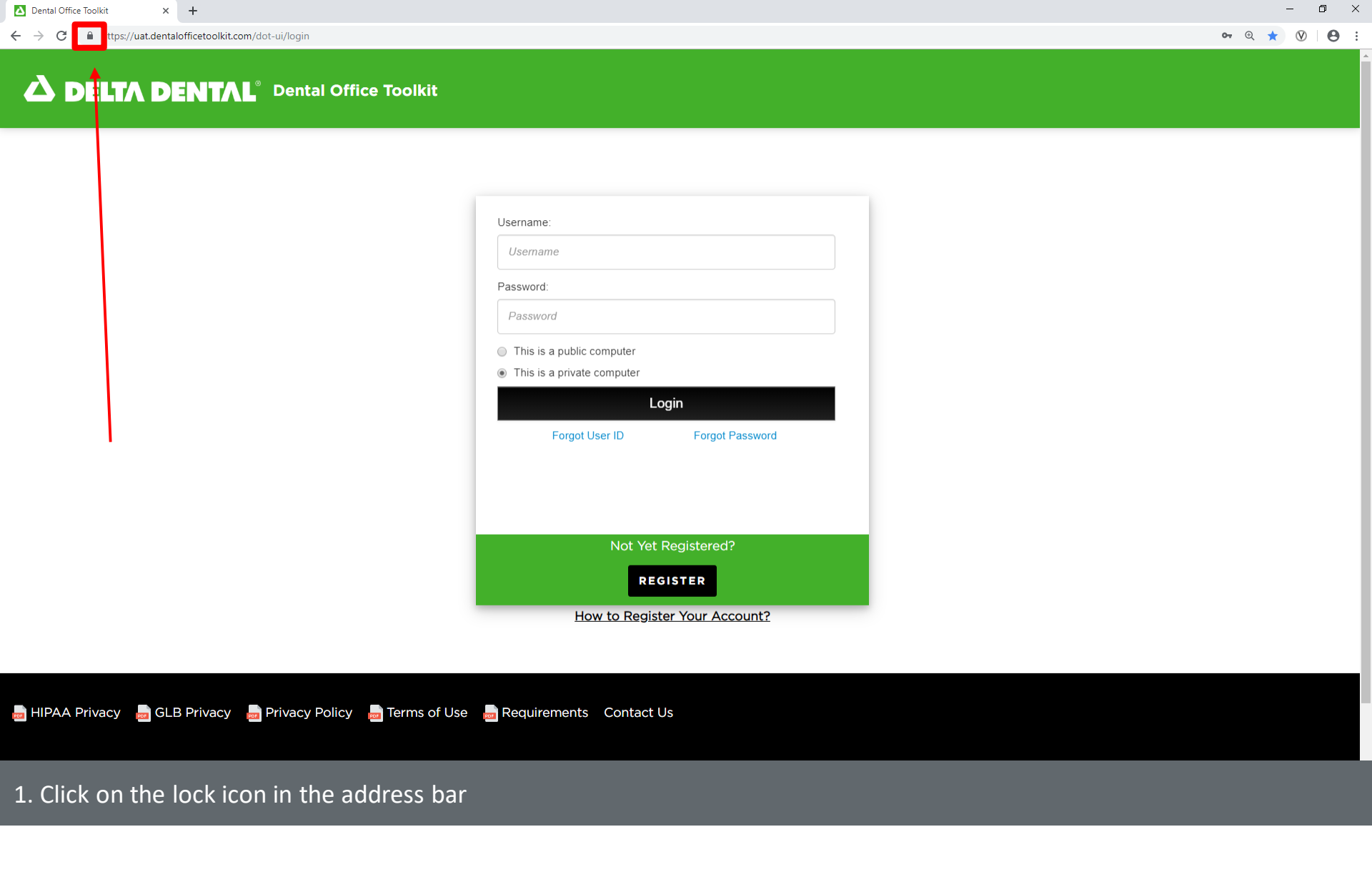
**PLEASE NOTE:** EFT access will be revoked upon the users next login.

**UPDATE PROFILE**

4. View and change the user role(s) of any individual user based on your preferences

5. Click on "Update Profile"

**Allow Pop-ups to Print Member Benefits**

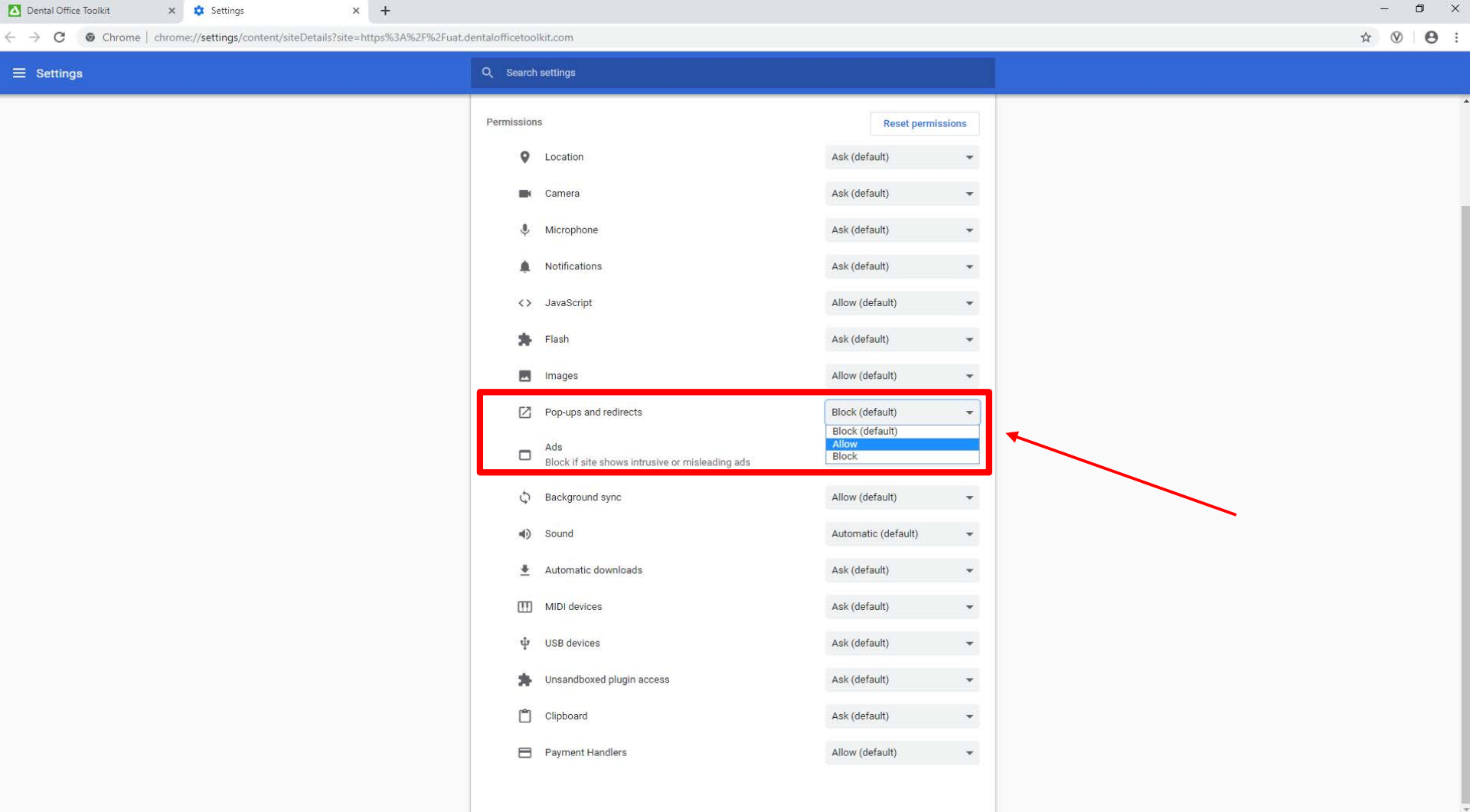


1. Click on the lock icon in the address bar

The screenshot shows a web browser window with the URL <https://uat.dentalofficetoolkit.com/dot-ui/login>. A green header bar at the top contains the "Dental Office Toolkit" logo and name. A security warning box is open in the top left, showing "Connection is secure" and "Your information (for example, passwords or credit card numbers) is private when it is sent to this site." Below this, it lists "Certificate (Valid)", "Cookies (44 in use)", and "Site settings". The "Site settings" option is highlighted with a red box, and a red arrow points from it towards the login form. The login form is centered on the page and includes fields for "Username:" and "Password:", radio buttons for "This is a public computer" and "This is a private computer" (the latter is selected), a "Login" button, and links for "Forgot User ID" and "Forgot Password". Below the form is a green bar with "Not Yet Registered?" and a "REGISTER" button, followed by a link for "How to Register Your Account?". At the bottom of the page, a black footer contains links for "HIPAA Privacy", "GLB Privacy", "Privacy Policy", "Terms of Use", "Requirements", and "Contact Us".

2. Click on "Site settings"





3. Scroll down to “Pop-ups and redirects” and change the setting to “Allow”
4. Refresh the DOT website

# MEMBER

- **Select Member**
- **View and Print Member Benefits**
- **Search for Complete Dental History of a Member**
- **Search Sealant History of a Member**

**Select a Member**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

- Search
- Office
  - Office Details
  - Fee Schedules
  - Direct Deposits
- Member
- Admin
- Logout

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

It's smart to be PPO!

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived



Page 1 of 1 1-5 of 5 Records

Navigation arrows: << < 1 > >>

| Archive                  | Date Received | Claim Number                  | Patient Name |
|--------------------------|---------------|-------------------------------|--------------|
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066570</a> | Tim McGraw   |
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066569</a> | Tim McGraw   |
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066572</a> | Clark Kent   |

1. Click on the “Change Member” button on the top home bar to enter a Member ID

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CANCEL

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

**THIS IS YOUR HOME OFFICE** ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

33355577

SEARCH

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

DOT

### Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

## Member Details & Benefits

[VIEW CLAIM REMINDERS](#)

Gene Kelly

Relationship: Subscriber

Subscriber: Gene Kelly  
Member Number: xxxxx5777  
Alternate ID: N/A

[View All Members](#)

### Networks

PPO Dentist

Premier Dentist

Nonparticipating Dentist

[Coverages](#)

[Exclusions And Limitations](#)

[Maximums and Deductibles](#)

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Print Benefits

Processing Policies

Admin

Logout

3. The orange box on the left-hand navigation bar will direct you to the member details page

4. The blue box will show the member name and relationship

5. The red box shows a quick view of the member you are viewing (by selecting the drop-down arrow, you can select a different member, ex: spouses or dependents)

**[View and Print Member Benefits](#)**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

**CHANGE MEMBER**

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

**THIS IS YOUR HOME OFFICE** ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

It's smart to be PPO!

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

**2**  
Pre-Treatment  
Estimates

**8**  
No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

Page 1 of 1 1-5 of 5 Records

| Archive                  | Date Received | Claim Number                  | Patient Name |
|--------------------------|---------------|-------------------------------|--------------|
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066570</a> | Tim McGraw   |
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066569</a> | Tim McGraw   |
| <input type="checkbox"/> | 02/19/2019    | <a href="#">1902194066572</a> | Clark Kent   |

1. Click on the “Change Member” button on the top home bar
2. Type in the Member ID and click “Search”



SELECTED SERVICE OFFICE:

Cathy Cuspid | 9999 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5444 Bruce Roberts - Sub

CHANGE MEMBER

- Search
- Office
- Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - Family Claims History
  - Print Benefits
  - Processing Policies
- Admin

## Member Details & Benefits

[VIEW CLAIM REMINDERS](#)

Bruce Roberts

Relationship: Subscriber

**Subscriber:** Bruce Roberts  
**Member Number:** xxxxx5444  
**Alternate ID:** N/A

[View All Members](#)

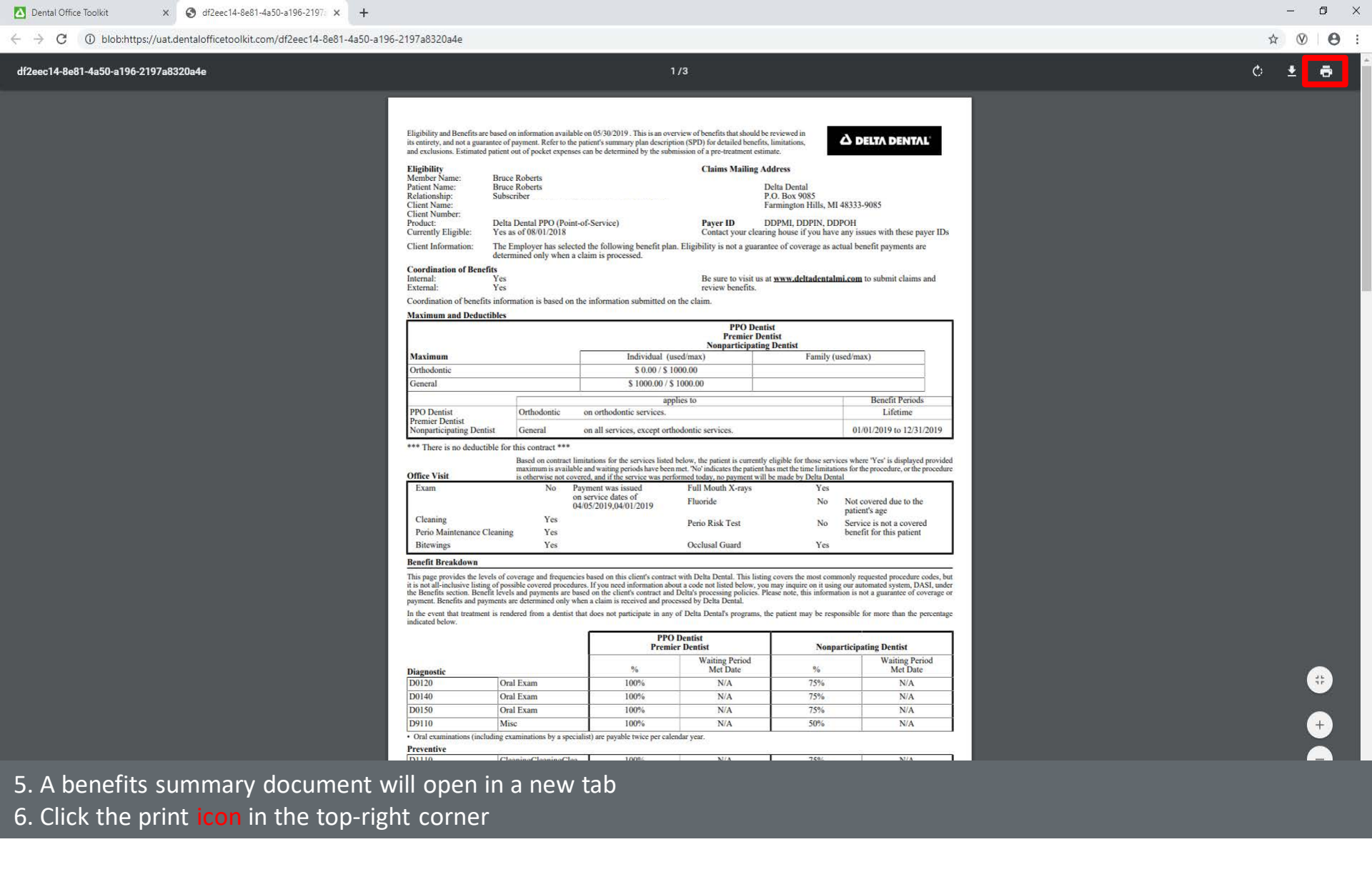
### Networks

- PPO Dentist**
- Premier Dentist
- Nonparticipating Dentist

[Coverages](#)

[Exclusions And Limitations](#)

3. Click the orange box on the left-hand navigation bar to see the member details page
4. Click "Print Benefits" in the blue box



Eligibility and Benefits are based on information available on 05/30/2019. This is an overview of benefits that should be reviewed in its entirety, and not a guarantee of payment. Refer to the patient's summary plan description (SPD) for detailed benefits, limitations, and exclusions. Estimated patient out of pocket expenses can be determined by the submission of a pre-treatment estimate.



**Eligibility**

Member Name: Bruce Roberts  
Patient Name: Bruce Roberts  
Relationship: Subscriber  
Client Name:  
Client Number:  
Product: Delta Dental PPO (Point-of-Service)  
Currently Eligible: Yes as of 08/01/2018

**Claims Mailing Address**

Delta Dental  
P.O. Box 9085  
Farmington Hills, MI 48333-9085

**Payer ID**

DDPML, DDPIN, DDPOH  
Contact your clearing house if you have any issues with these payer IDs

Client Information: The Employer has selected the following benefit plan. Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is processed.

**Coordination of Benefits**

Internal: Yes  
External: Yes

Be sure to visit us at [www.deltadentalmi.com](http://www.deltadentalmi.com) to submit claims and review benefits.

Coordination of benefits information is based on the information submitted on the claim.

**Maximum and Deductibles**

| Maximum                  | PPO Dentist<br>Premier Dentist<br>Nonparticipating Dentist |   |
|--------------------------|--|---|
|                          | Individual (used/max)                                      | Family (used/max)                             |
| Orthodontic              | \$ 0.00 / \$ 1000.00                                       |   |
| General                  | \$ 1000.00 / \$ 1000.00                                    |   |
|                          | applies to   |   |
| PPO Dentist              | Orthodontic  | on orthodontic services.                      |
| Premier Dentist          |  |   |
| Nonparticipating Dentist | General  | on all services, except orthodontic services. |
|                          |  | Benefit Periods                               |
|                          |  | Lifetime                                      |
|                          |  | 01/01/2019 to 12/31/2019                      |

\*\*\* There is no deductible for this contract \*\*\*

Based on contract limitations for the services listed below, the patient is currently eligible for those services where 'Yes' is displayed provided maximum is available and waiting periods have been met. 'No' indicates the patient has met the time limitations for the procedure, or the procedure is otherwise not covered, and if the service was performed today, no payment will be made by Delta Dental.

**Office Visit**

| Exam                       | No  | Payment was issued on service dates of 04/05/2019,04/01/2019 | Full Mouth X-rays<br>Fluoride | Yes<br>No   |
|----------------------------|-----|--|-------------------------------|---|
| Cleaning                   | Yes |  | Perio Risk Test               | No<br>Service is not a covered benefit for this patient |
| Perio Maintenance Cleaning | Yes |  | Occlusal Guard                | Yes   |
| Bitewings                  | Yes |  |                               |   |

**Benefit Breakdown**

This page provides the levels of coverage and frequencies based on this client's contract with Delta Dental. This listing covers the most commonly requested procedure codes, but it is not all-inclusive listing of possible covered procedures. If you need information about a code not listed below, you may inquire on it using our automated system, DASL, under the Benefits section. Benefit levels and payments are based on the client's contract and Delta's processing policies. Please note, this information is not a guarantee of coverage or payment. Benefits and payments are determined only when a claim is received and processed by Delta Dental.

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

| Diagnostic |           | PPO Dentist<br>Premier Dentist |                         | Nonparticipating Dentist |                         |
|------------|-----------|--------------------------------|-------------------------|--------------------------|-------------------------|
|            |           | %                              | Waiting Period Met Date | %                        | Waiting Period Met Date |
| D0120      | Oral Exam | 100%                           | N/A                     | 75%                      | N/A                     |
| D0140      | Oral Exam | 100%                           | N/A                     | 75%                      | N/A                     |
| D0150      | Oral Exam | 100%                           | N/A                     | 75%                      | N/A                     |
| D9110      | Misc      | 100%                           | N/A                     | 50%                      | N/A                     |

\* Oral examinations (including examinations by a specialist) are payable twice per calendar year.

**Preventive**

|       |                        |      |     |     |     |
|-------|------------------------|------|-----|-----|-----|
| D0110 | Cleaning/Cleaning/Clas | 100% | N/A | 75% | N/A |
|-------|------------------------|------|-----|-----|-----|



5. A benefits summary document will open in a new tab
6. Click the print icon in the top-right corner

# Search for Complete Dental History of a Member

*New functionality*

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Logout

## Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

11/28/2018

To:

End Date:

02/26/2019

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx5777



For a Specific Claim Number:

RESET

SEARCH

1. Click on "Search" on the left-hand navigation bar
2. Fill out the data fields outlined in red
3. Enter the desired time period or start/end dates outlined in blue
4. Click "Search"

### Search Results

Page 1 of 1 1-23 of 23 Records

« < 1 > »

| Service Date ▼ | Date Received | Patient Name  | Claim Number                  | SSN       | Status    |
|----------------|---------------|---------------|-------------------------------|-----------|-----------|
|                | 02/25/2019    | Bruce Roberts | <a href="#">1902254133790</a> | xxxxx5444 | Routed    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066572</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066571</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066570</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066569</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Bruce Roberts | <a href="#">1902194066567</a> | xxxxx5444 | Denied    |
| 02/18/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066565</a> | xxxxx5444 | Denied    |
| 02/15/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066566</a> | xxxxx5444 | Denied    |
| 02/13/2019     | 02/19/2019    | Stan Smith    | <a href="#">1902194066579</a> | xxxxx1009 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066576</a> | xxxxx4777 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066575</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099323</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099322</a> | xxxxx4777 | Denied    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133797</a> | xxxxx5444 | Routed    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133796</a> | xxxxx5444 | Denied    |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991419</a> | xxxxx5333 | Paid      |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991418</a> | xxxxx5333 | Paid      |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066574</a> | xxxxx4777 | Denied    |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066573</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066578</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066577</a> | xxxxx4777 | Denied    |

5. View search results

6. Click on any claim number to view details

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

**Patient Account Number:**

**Patient Name:** Clark Kent

**Date of Birth:** 06/01/1970

**Relationship Code:** Subscriber

**Subscriber Name:** Clark Kent

### Dentist Information

**Dentist Name:** Ginger Vitis

**License Number:** 77777

**Dentist TIN:** 197919791

**Specialty:** General Practitioner

**Other Carrier:**

### Claim Information

**Receipt Date:** 02/19/2019

**Process Date:** 02/19/2019

**Claim Number:** 1902194066572

**Claim Type:** Pre-treatment Estimate

**Claim Status:** Denied

**Other Carrier Payment:**

PRINT CLAIM DETAIL

SUBMIT CLAIM QUESTION

| Tooth Number   | Area of Arch | Surface | Date of Service | Proc Code | Submit'd Amount    | Apprv'd Amount | Allowed Amount         | Deid   | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network     | Product                                   | Claim Line Status | Payment Number | Pay To   | Issued Date |  |
|--|--------------|---------|-----------------|-----------|--------------------|----------------|------------------------|--------|--------------|-------|-------------|----------|-----------------|---|-------------------|----------------|----------|-------------|--|
|  |              |         |                 |           | Group Number: 2808 |                | Sub-group Number: 1000 |        |              |       |             |          |                 |   |                   |                |          |             |  |
|  |              |         |                 | D0340     | \$299.00           | \$102.00       | \$0.00                 | \$0.00 | \$0.00       | 0.0%  | \$102.00    | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Denied            |                | Provider |             |  |
| Policy Code(s): AP11002, EL03400   |              |         |                 |           |                    |                |                        |        |              |       |             |          |                 |   |                   |                |          |             |  |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:   |              |         |                 |           |                    |                |                        |        |              |       |             |          |                 |   |                   |                |          |             |  |
| <b>Policy AP11002:</b> This pre-treatment estimate summarizes the benefits under the enrollee's secondary coverage. The estimate summarizing the benefits available under the enrollee's primary coverage was sent to you previously. When treatment is completed, please submit the estimate for payment. |              |         |                 |           |                    |                |                        |        |              |       |             |          |                 |   |                   |                |          |             |  |
| <b>Policy EL03400:</b> Diagnostic photographs and cephalometric films, unless done for covered orthodontics, are not benefits of the dental plan.  |              |         |                 |           |                    |                |                        |        |              |       |             |          |                 |   |                   |                |          |             |  |

**Total:** \$102.00 \$0.00

**Subscriber Deductible:** \$0.00

Paid to Subscriber

# Search Sealant History of a Member

*New functionality*

SELECTED SERVICE OFFICE:  
Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

[HOME OFFICE](#) [CHANGE OFFICE](#)

SELECTED MEMBER ID:  
 xxxxx9888  [CHANGE MEMBER](#)

- Search
- Office
- Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - Family Claims History**
  - Print Benefits
  - Processing Policies
- Admin

## Search

**I'd like to search for:**

**Time Period:**  **Or:** **Start Date:**  **To:** **End Date:**

**Member Search Options for Member ID: xxxxx9888**  
 For the Selected Family Member: Marshall Molar  
 For ALL Family Members

**Procedure Search Options:**  
 For All Procedures  
 With treatment(s) matching the following Procedure Code(s):

**Business Search Options:**  
 For the Selected Provider  
 Across the whole Business (TIN)  
 Across ALL Businesses (TINs)

**Tooth Search Options:**  
**Tooth Number:**   
 Permanent Teeth  
 01  
 02  
 03  
 04  
 05  
**Area of Arch:**   
 01 - Upper Arch  
 02 - Lower Arch  
 10 - Upper Right  
 20 - Upper Left  
 30 - Lower Left  
 40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

[RESET](#) [SEARCH](#)

1. Enter a Member ID in the "Change Member" field
2. Click on "Family Claims History"



SELECTED SERVICE OFFICE:

Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx9888 Marshall Molar - Sp

CHANGE MEMBER

Search

Office

Member

- Member Details & Benefits
- Enter Claim / Pre-treatment Estimate
- Family Claims History
- Print Benefits
- Processing Policies

Admin

## Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

04/12/2019

To:

End Date:

07/11/2019

Member Search Options for Member ID: xxxxx9888

- For the Selected Family Member: Marshall Molar
- For ALL Family Members

Business Search Options:

- For the Selected Provider
- Across the whole Business (TIN)
- Across ALL Businesses (TINs)

Procedure Search Options:

- For All Procedures
- With treatment(s) matching the following Procedure Code(s):

d1351

Tooth Search Options:

Tooth Number:

- All
- Permanent Teeth
- 01
- 02
- 03
- 04
- 05

Area of Arch:

- All
- 01 - Upper Arch
- 02 - Lower Arch
- 10 - Upper Right
- 20 - Upper Left
- 30 - Lower Left
- 40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

3. Select the criteria **noted** above (you can select any time period)
4. Enter the procedure code "D1351" for sealants
5. Click "Search"

xxxxx9888

Marshall Molar - Sp

Time Period:

Last 90 Days

Start Date:

04/12/2019

To:

End Date:

07/11/2019

Member Search Options for Member ID: xxxxx9888

- For the Selected Family Member: Marshall Molar
- For ALL Family Members

Procedure Search Options:

- For All Procedures
- With treatment(s) matching the following Procedure Code(s):

d1351

Business Search Options:

- For the Selected Provider
- Across the whole Business (TIN)
- Across ALL Businesses (TINs)

Tooth Search Options:

Tooth Number:

All

Permanent Teeth

01

02

03

04

05

Area of Arch:

All

01 - Upper Arch

02 - Lower Arch

10 - Upper Right

20 - Upper Left

30 - Lower Left

40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

Search Results

Page 1 of 1 1-1 of 1 Records

Navigation icons: back, forward, page 1, search

| Service Date | Date Received | Patient Name   | Claim Number  | SSN       | Status |
|--------------|---------------|----------------|---------------|-----------|--------|
| 07/06/2019   | 07/10/2019    | Marshall Molar | 1907104459932 | xxxxx9888 | Denied |

Page 1 of 1 1-1 of 1 Records

Navigation icons: back, forward, page 1, search

6. Click into the claim number in the search results

**SELECTED SERVICE OFFICE:**  
Ginger Vitis | 33333 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**  
xxxxx9888 Marshall Molar - Sp

- Search
- Office
- Member
- Admin

## In For Pay Claim

< BACK TO SEARCH RESULTS

### Patient Information

**Patient Account Number:**

**Patient Name:** Marshall Molar

**Date of Birth:** 09/22/1984

**Relationship Code:** Spouse

**Subscriber Name:** Molly Molar

### Dentist Information

**Dentist Name:** Ginger Vitis

**License Number:** 33333

**Dentist TIN:** 333555333

**Specialty:** General Practitioner

**Other Carrier:**

### Claim Information

**Receipt Date:** 07/10/2019

**Process Date:** 07/10/2019

**Claim Number:** 1907104459932

**Claim Type:** In For Pay

**Claim Status:** Denied

**Other Carrier Payment:**

PRINT CLAIM DETAIL

SUBMIT CLAIM QUESTION

CANCEL CLAIM

This claim cannot be cancelled.

| Tooth Number   | Area of Arch | Surface | Date of Service | Proc Code | Submit'd Amount    | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay                  | Patient Pmt   | Plan Pmt | Par Network | Product                             | Claim Line Status | Payment Number | Pay To   | Issued Date |
|--|--------------|---------|-----------------|-----------|--------------------|----------------|----------------|--------|--------------|------------------------|---------------|----------|-------------|-------------------------------------|-------------------|----------------|----------|-------------|
|  |              |         |                 |           | Group Number: 9700 |                |                |        |              | Sub-group Number: 1000 |               |          |             |                                     |                   |                |          |             |
| 21   |              |         | 07/06/2019      | D1351     | \$100.00           | \$30.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%                   | \$30.00       | \$0.00   | PPO Dentist | Delta Dental PPO (Point-of-Service) | Denied            |                | Provider |             |
| Policy Code(s): EL13012  |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
| 22   |              |         | 07/06/2019      | D1351     | \$100.00           | \$30.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%                   | \$30.00       | \$0.00   | PPO Dentist | Delta Dental PPO (Point-of-Service) | Denied            |                | Provider |             |
| Policy Code(s): EL13012  |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
| 23   |              |         | 07/06/2019      | D1351     | \$100.00           | \$30.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%                   | \$30.00       | \$0.00   | PPO Dentist | Delta Dental PPO (Point-of-Service) | Denied            |                | Provider |             |
| Policy Code(s): EL13012  |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
| 24   |              |         | 07/06/2019      | D1351     | \$100.00           | \$30.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%                   | \$30.00       | \$0.00   | PPO Dentist | Delta Dental PPO (Point-of-Service) | Denied            |                | Provider |             |
| Policy Code(s): EL13012  |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
| <b>Policy EL13012:</b> Sealants and sealant repairs are not benefits on this tooth per the dental plan.  |              |         |                 |           |                    |                |                |        |              |                        |               |          |             |                                     |                   |                |          |             |
|  |              |         |                 |           |                    |                |                |        |              |                        | <b>Total:</b> | \$120.00 | \$0.00      |                                     |                   |                |          |             |

7. Review the date of service and claim line status to understand sealant eligibility

# MEMBER CLAIMS

- [Submit a Pre-treatment Estimate \(PTE\)](#)
- [Submit a Pre-treatment Estimate \(PTE\) for Payment](#)
- [Submit a Claim](#)
- [Search for a Claim](#)
- [Search Family Claim History Across Businesses](#)
- [Cancel a Claim](#)

**Submit a Pre-treatment Estimate (PTE)**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CANCEL

## Service Office Details

### Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

**THIS IS YOUR HOME OFFICE** ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

333555777

SEARCH

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

10/15/2018  
[DOT](#)

### Activity Log (10) New

Information Requests

EFTs

2  
Pre-Treatment  
Estimates

8  
No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days.

Show Archived

You have no Information Requests at this time.

1. Enter the member you would like to submit a pre-treatment estimate for

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

## Service Office Details

**Ginger Vitis**

1100 Rock and Roll Blvd

Cleveland, OH 44114

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

**THIS IS YOUR HOME OFFICE** ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

[It's smart to be PPO!](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days.

Show Archived

You have no Information Requests at this time.

2. Once the member has been selected, click the "Member" tab on the left-hand navigation bar

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Ginger Vitis | 77777 | 18290 Bainbridge Ave Livonia, MI 48152** (Change above if needed.)

I'd like to submit this claim for this patient: **Gene Kelly** (Change above if needed.)

I'd like to submit this claim for a **family member not listed**.

### Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.

**NOTE:** All Pre-treatment Estimates are processed as Primary.

### Treatment Details

Please fill out one line for each treatment.

#### PROCEDURE CODES AND DESCRIPTIONS

| Tooth Number         | Area of Arch         | Surface(s)           | Pre-treatment Estimate?  | Service Date                            | Procedure Code       | Submit Amount                   |
|----------------------|----------------------|----------------------|--------------------------|---|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |

3. Click "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar
4. Select the member you would like to submit the Pre-treatment Estimate for



SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Print Benefits

Processing Policies

Admin

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

This provider has multiple specialties. Please select which specialty code to use for this claim:

Dropdown menu with options: Orthodontist, Periodontist

I'd like to submit this claim for a family member not listed.

### Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.

**NOTE:** All Pre-treatment Estimates are processed as Primary.

### Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Note: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

### Treatment Details

Please fill out one line for each treatment.

#### PROCEDURE CODES AND DESCRIPTIONS

| Tooth Number         | Area of Arch         | Surfaces             | Pre-treatment Estimate?  | Service Date                            | Procedure Code       | Submit Amount                   |
|----------------------|----------------------|----------------------|--------------------------|---|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <b>Total Amount:</b> |                      |                      |                          |   |                      | <b>\$0.00</b>                   |

Required for Pre-Treatment Estimate

[Add More Treatment Lines](#)

**Electronic Radiographs**

For treatments requiring Electronic Radiographs, enter reference numbers here. Use commas to enter multiple reference numbers (example: NEAXXXX, RSSXXXX).

**Remarks**

Please add any treatment related remarks here. 400 characters max.

**Type 2 NPI**

5. Enter the "Tooth Number," "Area of Arch," and "Surfaces" fields
6. Select the "Pre-Treatment Estimate" box
7. Enter "Procedure Code" and "Submit Amount" (repeat steps 5-7 if there are multiple treatment lines)
8. Fill in any additional claim details below if they are applicable to the claim you are entering

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details



COB Details



Ortho Details



I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

9. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim” (this is used to submit BOTH pre-treatment estimates and claims)

**SELECTED SERVICE OFFICE:**

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**

xxxxx5777 Gene Kelly - Sub

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

**Patient Information**

**Patient Account Number:**  
**Patient Name:** Tim McGraw  
**Date of Birth:** 05/01/1967  
**Relationship Code:** Subscriber  
**Subscriber Name:** Tim McGraw

**Dentist Information**

**Dentist Name:** Ginger Vitis  
**License Number:** 77777  
**Dentist TIN:** 197919791  
**Specialty:** General Practitioner  
**Other Carrier:**

**Claim Information**

**Receipt Date:** 02/19/2019  
**Process Date:** 02/19/2019  
**Claim Number:** 1902194066569  
**Claim Type:** Pre-treatment Estimate  
**Claim Status:** Estimated  
**Other Carrier Payment:** \$17.00

**PRINT CLAIM DETAIL**

**SUBMIT FOR PAYMENT**

**SUBMIT CLAIM QUESTION**

**CANCEL CLAIM** Select your option

| Tooth Number                              | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay  | Patient Pmt | Plan Pmt | Par Network     | Product                                    | Claim Line Status                          | Payment Number | Pay To   | Issued Date |  |
|---|--------------|---------|-----------------|-----------|----------------|----------------|----------------|--------|--------------|--------|-------------|----------|-----------------|--|--|----------------|----------|-------------|--|
| Group Number: 6753 Sub-group Number: 3502 |              |         |                 |           | D0370          | \$99.00        | \$99.00        | \$0.00 | \$0.00       | \$0.00 | 0.0%        | \$99.00  | \$0.00          | Premier Dentist                            | Delta Dental PPO (Point-of-Service) (copy) | Denied         |          | Provider    |  |
| Policy Code(s): AP11005, EL00034          |              |         |                 |           |                |                |                |        |              |        |             |          |                 |  |  |                |          |             |  |
|   |              |         |                 | D0272     | \$17.00        | \$17.00        | \$17.00        | \$0.00 | \$0.00       | 100%   | \$0.00      | \$17.00  | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Estimated                                  |                | Provider |             |  |
| Policy Code(s): AP11005                   |              |         |                 |           |                |                |                |        |              |        |             |          |                 |  |  |                |          |             |  |

10. Review pre-treatment estimate details

11. There are **options** to "Print Claim Details," "Submit for Payment", or "Submit a Claim Question"

# Convert a Pre-treatment Estimate to a Claim

*Option 1—From the Activity Log*

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

[HOME OFFICE](#) [CHANGE OFFICE](#)

SELECTED MEMBER ID:

xxxxx1111 [Maria Schickert - Sub](#)

[CHANGE MEMBER](#)

## Service Office Details

**Bradley Brackets**  
1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 6666  
NPI Type:  
Tax ID: 777555777  
Payment Method: Check  
Par Status:  
Non-Participating

**THIS IS YOUR HOME OFFICE** ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 06/13/2019  
[Welcome to the new Dental Office Toolkit!](#)
- 05/17/2019  
[Free Continuing Education courses now available!](#)
- 05/15/2019  
[Attention Prescribing Dentists](#)
- 03/29/2019  
[An ALL-NEW Dental Office Toolkit® is coming!](#)
- 01/18/2019

## Activity Log (3) New

Information Requests   EFTs   **2** Pre-Treatment Estimates   **1** No Pay Processed Claims   EFT Interest Payments

Showing activity for the last 90 days [Show Archived](#)

Page 1 of 1 1-2 of 2 Records

| Archive | Date Received | Claim Number         | Patient Name    |
|---------|---------------|----------------------|-----------------|
|         | 06/17/2019    | <b>1906174354632</b> | Maria Schickert |

1. Navigate to the "Pre-Treatment Estimates" tab of the Activity Log
2. Click on the number of the pre-treatment estimate to view it

**SELECTED SERVICE OFFICE:**

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**

xxxxx1111 Maria Schickert - Sub

## Pre-treatment Estimate Claim

[< BACK TO ACTIVITY LOG](#)

### Patient Information

**Patient Account Number:**

**Patient Name:** Maria Schickert

**Date of Birth:** 01/17/1961

**Relationship Code:** Subscriber

**Subscriber Name:** Maria Schickert

### Dentist Information

**Dentist Name:** Bradley Brackets

**License Number:** 6666

**Dentist TIN:** 777555777

**Specialty:** Orthodontist

**Other Carrier:**

### Claim Information

**Receipt Date:** 06/17/2019

**Process Date:** 06/17/2019

**Claim Number:** 1906174354632

**Claim Type:** Pre-treatment Estimate

**Claim Status:** Denied

**Other Carrier Payment:**

**PRINT CLAIM DETAIL**

**SUBMIT FOR PAYMENT**

**CANCEL CLAIM**

Select your option ▼

| Tooth Number   | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount     | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay                  | Patient Pmt | Plan Pmt | Par Network              | Product              | Claim Line Status | Payment Number | Pay To     | Issued Date |
|--|--------------|---------|-----------------|-----------|--------------------|----------------|----------------|--------|--------------|------------------------|-------------|----------|--------------------------|----------------------|-------------------|----------------|------------|-------------|
|  |              |         |                 |           | Group Number: 9998 |                |                |        |              | Sub-group Number: 0003 |             |          |                          |                      |                   |                |            |             |
|  |              |         |                 | D0120     | \$10.00            | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%                   | \$0.00      | \$0.00   | Nonparticipating Dentist | Delta Dental Premier | Not Billable      |                | Subscriber |             |
| Policy Code(s): AP15032  |              |         |                 |           |                    |                |                |        |              |                        |             |          |                          |                      |                   |                |            |             |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: |              |         |                 |           |                    |                |                |        |              |                        |             |          |                          |                      |                   |                |            |             |
| <b>Policy AP15032:</b> This service is on a claim that is currently being processed.   |              |         |                 |           |                    |                |                |        |              |                        |             |          |                          |                      |                   |                |            |             |

Type 2 NPI

If you are a Federally Qualified Health Center (FOHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details



COB Details



Ortho Details



I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

4. Review the details of the pre-treatment estimate and scroll down
5. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim”



# Convert a Pre-treatment Estimate to a Claim

*Option 2—By Searching for the Pre-treatment Estimate*

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

## Service Office Details

**Bradley Brackets**

1100 Rock and Roll Blvd

Cleveland, OH 44114

License Number: 6666

NPI Type:

Tax ID: 777555777

Payment Method: Check

Par Status:

Non-Participating

THIS IS YOUR HOME OFFICE ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

06/13/2019

[Welcome to the new Dental Office Toolkit!](#)

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03/29/2019

[An ALL-NEW Dental Office Toolkit® is coming!](#)

01/18/2019

## Activity Log (3) New

Information Requests

EFTs

2

Pre-Treatment Estimates

1

No Pay Processed Claims

EFT Interest Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

1. Click on “Change Member” to pull up the member associated with the pre-treatment estimate you are looking for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CANCEL

MEMBER ID

1111111111

SEARCH

## Service Office Details

**Bradley Brackets**

1100 Rock and Roll Blvd

Cleveland, OH 44114

License Number: 6666

NPI Type:

Tax ID: 777555777

Payment Method: Check

Par Status:  
Non-Participating

**THIS IS YOUR HOME OFFICE** ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

05/17/2019

[Free Continuing Education courses now available!](#)

05/15/2019

[Attention Prescribing Dentists](#)

03/29/2019

[An ALL-NEW Dental Office Toolkit® is coming!](#)

01/18/2019

### Activity Log (3) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

1

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

2. Enter the member ID of the member associated with the pre-treatment estimate you are looking for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx1111 Maria Schickert - Sub

CHANGE MEMBER

- Search
- Office
- Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - Family Claims History**
  - Print Benefits
  - Processing Policies
- Admin

# Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Member Search Options for Member ID: xxxxx1111

- For the Selected Family Member: Maria Schickert
- For ALL Family Members

Business Search Options:

- For the Selected Provider
- Across the whole Business (TIN)
- Across ALL Businesses (TINs)

Procedure Search Options:

- For All Procedures
- With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All  
Permanent Teeth  
01  
02  
03  
04  
05

Area of Arch:

All  
01 - Upper Arch  
02 - Lower Arch  
10 - Upper Right  
20 - Upper Left  
30 - Lower Left  
40 - Lower Right

3. Navigate to the "Member" tab  
4. Click on "Family Claims History"

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx1111 Maria Schickert - Sub

CHANGE MEMBER

- Search
- Office
- Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - Family Claims History
  - Print Benefits
  - Processing Policies
- Admin

## Search

I'd like to search for:

Pre-treatment Estimates

Time Period:

Last 90 Days

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx1111
- For a Specific Claim Number:

RESET

SEARCH

5. Select "Pre-treatment Estimates" from the "I'd like to search for:" drop down menu
6. Specify the time period you'd like to search inside
7. Select to search for all claims, just those for the member you have selected, or for a specific claim number
8. Click "Search"

Time Period:

Last 90 Days

Or:

Start Date:

03/19/2019

To:

End Date:

06/17/2019

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx1111
- For a Specific Claim Number:

RESET

SEARCH

## Search Results

Page 1 of 1 1-2 of 2 Records

&lt;&lt; &lt; 1 &gt; &gt;&gt;

| Date Received | Patient Name    | Claim Number                  | SSN       | Status    |
|---------------|-----------------|-------------------------------|-----------|-----------|
| 06/17/2019    | Maria Schickert | <a href="#">1906174354632</a> | xxxxx1111 | Denied    |
| 06/17/2019    | Maria Schickert | <a href="#">1906174354609</a> | xxxxx1111 | Estimated |

Page 1 of 1 1-2 of 2 Records

&lt;&lt; &lt; 1 &gt; &gt;&gt;

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx1111

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

**Patient Account Number:**

**Patient Name:** Maria Schickert

**Date of Birth:** 01/17/1961

**Relationship Code:** Subscriber

**Subscriber Name:** Maria Schickert

### Dentist Information

**Dentist Name:** Bradley Brackets

**License Number:** 6666

**Dentist TIN:** 777555777

**Specialty:** Orthodontist

**Other Carrier:**

### Claim Information

**Receipt Date:** 06/17/2019

**Process Date:** 06/17/2019

**Claim Number:** 1906174354632

**Claim Type:** Pre-treatment Estimate

**Claim Status:** Denied

**Other Carrier Payment:**

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

Select your option

| Tooth Number   | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount     | Appry'd Amount | Allowed Amount         | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network              | Product              | Claim Line Status | Payment Number | Pay To     | Issued Date |  |
|--|--------------|---------|-----------------|-----------|--------------------|----------------|------------------------|--------|--------------|-------|-------------|----------|--------------------------|----------------------|-------------------|----------------|------------|-------------|--|
|  |              |         |                 |           | Group Number: 9998 |                | Sub-group Number: 0003 |        |              |       |             |          |                          |                      |                   |                |            |             |  |
|  |              |         |                 | D0120     | \$10.00            | \$0.00         | \$0.00                 | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Nonparticipating Dentist | Delta Dental Premier | Not Billable      |                | Subscriber |             |  |
| Policy Code(s): AP15032  |              |         |                 |           |                    |                |                        |        |              |       |             |          |                          |                      |                   |                |            |             |  |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: |              |         |                 |           |                    |                |                        |        |              |       |             |          |                          |                      |                   |                |            |             |  |
| Policy AP15032: This service is on a claim that is currently being processed.  |              |         |                 |           |                    |                |                        |        |              |       |             |          |                          |                      |                   |                |            |             |  |

10. Click on "Submit for Payment"

Type 2 NPI

If you are a Federally Qualified Health Center (FOHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details



COB Details



Ortho Details



I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

- Review the details of the pre-treatment estimate and scroll down
- If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim"



# Submit a Claim

*Use Case 1—Submit a Single Claim*

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CANCEL

Search

Office

- Office Details
- Fee Schedules
- Direct Deposits

Member

Admin

Logout

## Service Office Details

**Ginger Vitis**  
1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 77777  
NPI Type:  
Tax ID: 197919791  
Payment Method: Check

**THIS IS YOUR HOME OFFICE** ✓

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

333555777

SEARCH

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

10/15/2018  
[DOT](#)

## Activity Log (10) New

Information Requests   EFTs   **2** Pre-Treatment Estimates   **8** No Pay Processed Claims   EFT Interest Payments

Showing activity for the last 90 days. Show Archived

You have no Information Requests at this time.

1. Enter the member you would like to submit a claim for

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

- Search
- Office
  - Office Details
  - Fee Schedules
  - Direct Deposits
- Member**
- Admin
- Logout

## Service Office Details

**Ginger Vitis**  
1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 77777  
NPI Type:  
Tax ID: 197919791  
Payment Method: Check

**THIS IS YOUR HOME OFFICE** ✓

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 11/28/2018  
[It's smart to be PPO!](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 10/15/2018  
[DOT](#)

## Activity Log (10) New

Information Requests   EFTs   **2** Pre-Treatment Estimates   **8** No Pay Processed Claims   EFT Interest Payments

Showing activity for the last 90 days. Show Archived

You have no Information Requests at this time.

2. Once the member has been selected, click on the "Member" tab on the left-hand navigation bar

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Ginger Vitis | 77777 | 18290 Bainbridge Ave Livonia, MI 48152** (Change above if needed.)

- I'd like to submit this claim for this patient: **Gene Kelly** (Change above if needed.)
- I'd like to submit this claim for a **family member not listed**.

### Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.

**NOTE:** All Pre-treatment Estimates are processed as Primary.

### Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

| Tooth Number         | Area of Arch         | Surface(s)           | Pre-treatment Estimate?  | Service Date                            | Procedure Code       | Submit Amount                   |
|----------------------|----------------------|----------------------|--------------------------|---|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |

3. Click on "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar  
4. Select the member you would like to submit the claim for

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

This provider has multiple specialties. **Please select which specialty code to use for this claim:**

Orthodontist  
Periodontist

I'd like to submit this claim for a family member not listed.

### Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.

**NOTE:** All Pre-treatment Estimates are processed as Primary.

### Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Note: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

### Treatment Details

Please fill out one line for each treatment.

| Tooth Number         | Area of Arch         | Surface(s)           |                      |                      |                      |                      |                      | Pre-treatment Estimate?  | Service Date                            | Procedure Code       | Submit Amount                   |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|---|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text" value="\$"/> |
| <b>Total Amount:</b> |                      |                      |                      |                      |                      |                      |                      |                          |   | <b>\$0.00</b>        |                                 |

[Add More Treatment Lines](#)

**PROCEDURE CODES AND DESCRIPTIONS**

**2**  
Date MUST be populated in order to submit claim

**Electronic Radiographs**

For treatments requiring Electronic Radiographs, enter reference numbers here. Use commas to enter multiple reference numbers (example: NEAXXXX, RSSXXXX).

**Remarks**

Please add any treatment related remarks here. 400 characters max.

**Type 2 NPI**

5. Enter the "Tooth Number," "Area of Arch," and "Surfaces" fields
6. "Service Date" box MUST be completed in order to submit claim
7. Enter "Procedure Code" and "Submit Amount" (repeat steps 5-7 if there are multiple treatment lines)
8. Fill in any additional claim details below if they are applicable to the claim you are entering

Type 2 NPI

If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI.

Other Claim Details



COB Details



Ortho Details



I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

9. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim” (this is used to submit BOTH pre-treatment estimates and claims)

# Submit a Claim

*Use Case 2—Submit a Series of Claims*



SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

Claim Submitted Successfully

## In For Pay Claim

[< CREATE ANOTHER CLAIM](#)

### Patient Information

**Patient Account Number:**

**Patient Name:** Maria Schickert

**Date of Birth:** 01/17/1961

**Relationship Code:** Subscriber

**Subscriber Name:** Maria Schickert

### Dentist Information

**Dentist Name:** Bradley Brackets

**License Number:** 6666

**Dentist TIN:** 77755777

**Specialty:** Orthodontist

**Other Carrier:**

### Claim Information

**Receipt Date:** 06/18/2019

**Process Date:** 06/18/2019

**Claim Number:** 1906184450413

**Claim Type:** In For Pay

**Claim Status:** Routed

**Other Carrier Payment:**

PRINT CLAIM DETAIL

CANCEL CLAIM

This claim cannot be cancelled.

| Tooth Number   | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount     | Apprv'd Amount | Allowed Amount         | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt               | Par Network              | Product              | Claim Line Status | Payment Number     | Pay To | Issued Date |  |  |  |
|--|--------------|---------|-----------------|-----------|--------------------|----------------|------------------------|--------|--------------|-------|-------------|------------------------|--------------------------|----------------------|-------------------|--------------------|--------|-------------|--|--|--|
|  |              |         |                 |           | Group Number: 9998 |                | Sub-group Number: 0003 |        |              |       |             |                        |                          |                      |                   |                    |        |             |  |  |  |
|  |              |         | 06/06/2019      | D9999     | \$16.00            | \$0.00         | \$0.00                 | \$0.00 | \$0.00       | 0.0%  | In Process  | In Process             | Nonparticipating Dentist | Delta Dental Premier | Routed            |                    |        |             |  |  |  |
| Policy Code(s): M107010  |              |         |                 |           |                    |                |                        |        |              |       |             |                        |                          |                      |                   |                    |        |             |  |  |  |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: |              |         |                 |           |                    |                |                        |        |              |       |             |                        |                          |                      |                   |                    |        |             |  |  |  |
| Policy M107010: Please provide a report for this code indicating the services rendered and the need for this service.                                  |              |         |                 |           |                    |                |                        |        |              |       |             |                        |                          |                      |                   |                    |        |             |  |  |  |
|  |              |         |                 |           |                    |                |                        |        |              |       |             | Total:                 |                          | \$0.00               | \$0.00            |                    |        |             |  |  |  |
|  |              |         |                 |           |                    |                |                        |        |              |       |             | Subscriber Deductible: |                          | \$0.00               |                   |                    |        |             |  |  |  |
|  |              |         |                 |           |                    |                |                        |        |              |       |             | Net Amount:            |                          |                      |                   | Paid to Subscriber |        |             |  |  |  |
|  |              |         |                 |           |                    |                |                        |        |              |       |             |                        |                          |                      |                   | Paid to Provider   |        |             |  |  |  |

10. Review details of your submitted claim

11. To submit a series of claims for various members, click on "Create Another Claim"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

XXXXX5777 Gene Kelly - Sub

CHANGE MEMBER

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114** (Change above if needed.)

I'd like to submit this claim for this patient: **Joe Cool** (Change above if needed.)

I'd like to submit this claim for a **family member not listed**.

### Claim Submission Reminders

All claims must be filed within **12 months** of the service date.

Do not file claims for **Delta Dental Patient Direct** members.

**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.

**NOTE:** All Pre-treatment Estimates are processed as Primary.

### Treatment Details

Please fill out one line for each treatment.

**PROCEDURE CODES AND DESCRIPTIONS**

| Tooth Number         | Area of Arch         | Surface(s)           | Pre-treatment Estimate?  | Service Date                            | Procedure Code       | Submit Amount           |
|----------------------|----------------------|----------------------|--------------------------|---|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | \$ <input type="text"/> |

12. Enter a new member ID in the "Change Member" field to continue without leaving the claim submission page

**Search for a Claim**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Logout

## Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

11/28/2018

To:

End Date:

02/26/2019

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx5777



For a Specific Claim Number:

RESET

SEARCH

1. Click "Search" on left-hand navigation bar
2. Select your claim search options and time period or start/end date
3. Filter search results by all claims, selected member ID, or by specific claim number
4. Click the "Search" button in the bottom right corner

## Search Results

Page 1 of 1 1-23 of 23 Records

| Service Date ▼ | Date Received | Patient Name  | Claim Number                  | SSN       | Status    |
|----------------|---------------|---------------|-------------------------------|-----------|-----------|
|                | 02/25/2019    | Bruce Roberts | <a href="#">1902254133790</a> | xxxxx5444 | Routed    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066572</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066571</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066570</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066569</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Bruce Roberts | <a href="#">1902194066567</a> | xxxxx5444 | Denied    |
| 02/18/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066565</a> | xxxxx5444 | Denied    |
| 02/15/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066566</a> | xxxxx5444 | Denied    |
| 02/13/2019     | 02/19/2019    | Stan Smith    | <a href="#">1902194066579</a> | xxxxx1009 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066576</a> | xxxxx4777 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066575</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099323</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099322</a> | xxxxx4777 | Denied    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133797</a> | xxxxx5444 | Routed    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133796</a> | xxxxx5444 | Denied    |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991419</a> | xxxxx5333 | Paid      |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991418</a> | xxxxx5333 | Paid      |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066574</a> | xxxxx4777 | Denied    |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066573</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066578</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066577</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/14/2019    | Betty Rubble  | <a href="#">1902144991416</a> | xxxxx7991 | Paid      |
| 12/25/2018     | 02/19/2019    | Santa Claus   | <a href="#">1902194066568</a> | xxxxx9333 | Paid      |

5. Once search results appear, click on any claim number to see a detailed breakdown of the claim

**SELECTED SERVICE OFFICE:**

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**

xxxxx5777 Gene Kelly - Sub

# Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

**Patient Account Number:**

**Patient Name:** Tim McGraw

**Date of Birth:** 05/01/1967

**Relationship Code:** Subscriber

**Subscriber Name:** Tim McGraw

### Dentist Information

**Dentist Name:** Ginger Vitis

**License Number:** 77777

**Dentist TIN:** 197919791

**Specialty:** General Practitioner

**Other Carrier:**

### Claim Information

**Receipt Date:** 02/19/2019

**Process Date:** 02/19/2019

**Claim Number:** 1902194066569

**Claim Type:** Pre-treatment Estimate

**Claim Status:** Estimated

**Other Carrier Payment:** \$17.00

**PRINT CLAIM DETAIL**

**SUBMIT FOR PAYMENT**

**SUBMIT CLAIM QUESTION**

**CANCEL CLAIM**

| Tooth Number                     | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount                            | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network     | Product                                    | Claim Line Status | Payment Number | Pay To   | Issued Date |  |
|----------------------------------|--------------|---------|-----------------|-----------|---|----------------|----------------|--------|--------------|-------|-------------|----------|-----------------|--|-------------------|----------------|----------|-------------|--|
|                                  |              |         |                 |           | Group Number: 6753 Sub-group Number: 3502 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
|                                  |              |         |                 | D0370     | \$99.00                                   | \$99.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$99.00     | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Denied            |                | Provider |             |  |
| Policy Code(s): AP11005, EL00034 |              |         |                 |           |   |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
|                                  |              |         |                 | D0272     | \$17.00                                   | \$17.00        | \$17.00        | \$0.00 | \$0.00       | 100%  | \$0.00      | \$17.00  | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Estimated         |                | Provider |             |  |
| Policy Code(s): AP11005          |              |         |                 |           |   |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |

6. After clicking on a claim number, you can see the full details of the claim

7. There are **options** to "Print Claim Details," "Submit for Payment" (for PTEs), or "Submit a Claim Question"

CANCEL CLAIM

Select your option

| Tooth Number  | Area of Arch | Surface | Date of Service | Proc Code | Submit'd Amount | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network     | Product                                    | Claim Line Status | Payment Number | Pay To   | Issued Date |  |
|---|--------------|---------|-----------------|-----------|-----------------|----------------|----------------|--------|--------------|-------|-------------|----------|-----------------|--|-------------------|----------------|----------|-------------|--|
| Group Number: 6753 Sub-group Number: 3502   |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
|   |              |         |                 | D0370     | \$99.00         | \$99.00        | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$99.00     | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Denied            |                | Provider |             |  |
| Policy Code(s): AP11005, EL00034  |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
|   |              |         |                 | D0272     | \$17.00         | \$17.00        | \$17.00        | \$0.00 | \$0.00       | 100%  | \$0.00      | \$17.00  | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Estimated         |                | Provider |             |  |
| Policy Code(s): AP11005   |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
| The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:  |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
| <b>Policy EL00034:</b> Specialized techniques are not benefits of the dental plan.  |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |
| <b>Policy AP11005:</b> The dental plan contains a non-duplication of benefits (carve-out) clause for coordination of benefits. Therefore, when treatment is completed and the pre-treatment estimate is submitted for payment, if Delta Dental is the secondary carrier, Delta Dental's payment amount will be determined by deducting the primary carrier's payment amount from the estimated plan payment amount shown below. Please indicate the primary carrier's payment when you return this for payment. |              |         |                 |           |                 |                |                |        |              |       |             |          |                 |  |                   |                |          |             |  |

|                               |                           |         |  |
|-------------------------------|---------------------------|---------|--|
| <b>Total:</b>                 | \$99.00                   | \$17.00 |  |
| <b>Subscriber Deductible:</b> | \$0.00                    |         |  |
|                               | <b>Paid to Subscriber</b> |         |  |
| <b>Net Amount:</b>            |                           | \$0.00  |  |
|                               | <b>Paid to Provider</b>   |         |  |
| <b>Gross Amount:</b>          |                           | \$17.00 |  |
| <b>R&amp;D Withhold:</b>      |                           | \$0.00  |  |
| <b>Net Amount:</b>            |                           | \$17.00 |  |

8. Here is another view of the claim breakdown, which displays specifics about tooth number, date of service, and cost amounts

# Search Family Claims History Across Businesses

*New functionality*



SELECTED SERVICE OFFICE:  
Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE CHANGE OFFICE

SELECTED MEMBER ID:  
xxxxx5777 Gene Kelly - Sub CHANGE MEMBER

- Search
- Office
- Member**
- Member Details & Benefits
- Enter Claim / Pre-treatment Estimate
- \* Family Claims History
- Print Benefits
- Processing Policies
- Admin
- Logout

# Search

1

**I'd like to search for:**

2

**Time Period:**

Or:

**Start Date:**

To:

**End Date:**

- Member Search Options for Member ID: xxxxx5777**
- For the Selected Family Member: Gene Kelly
  - For ALL Family Members

- Business Search Options:**
- For the Selected Provider
  - Across the whole Business (TIN)
  - Across ALL Businesses (TINs)

- Procedure Search Options:**
- For All Procedures
  - With treatment(s) matching the following Procedure Code(s):

- Tooth Search Options:**
- Tooth Number:
- All
  - Permanent Teeth**
  - 01
  - 02
  - 03
  - 04
  - 05
- Area of Arch:
- All
  - 01 - Upper Arch
  - 02 - Lower Arch
  - 10 - Upper Right
  - 20 - Upper Left
  - 30 - Lower Left
  - 40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

- Navigate to the "Member" tab in the left-hand navigation bar
- Click on "Family Claims History"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

- Search
- Office
- Member**
  - Member Details & Benefits
  - Enter Claim / Pre-treatment Estimate
  - Family Claims History
  - Print Benefits
  - Processing Policies
- Admin
- Logout

## Search

**I'd like to search for:**

**Time Period:**  Or: **Start Date:**  **To:** **End Date:**

**Member Search Options for Member ID: xxxxx5777**

For the Selected Family Member: Gene Kelly

For ALL Family Members

**Business Search Options:**

For the Selected Provider

Across the whole Business (TIN)

Across ALL Businesses (TINs)

**Procedure Search Options:**

For All Procedures

With treatment(s) matching the following Procedure Code(s):

**Tooth Search Options:**

Tooth Number:   
 Permanent Teeth  
 01  
 02  
 03  
 04  
 05

Area of Arch:   
 01 - Upper Arch  
 02 - Lower Arch  
 10 - Upper Right  
 20 - Upper Left  
 30 - Lower Left  
 40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

3. Fill out and select the options outlined in red

4. Enter your desired time period and start/end dates outlined in blue, and click "Search"

**Member Search Options for Member ID: xxxxx5777**

- For the Selected Family Member: Gene Kelly
- For ALL Family Members

**Procedure Search Options:**

- For All Procedures
- With treatment(s) matching the following Procedure Code(s):

**Business Search Options:**

- For the Selected Provider
- Across the whole Business (TIN)
- Across ALL Businesses (TINs)

**Tooth Search Options:**

Tooth Number:    
 Permanent Teeth   
 01   
 02   
 03   
 04   
 05

Area of Arch:    
 01 - Upper Arch   
 02 - Lower Arch   
 10 - Upper Right   
 20 - Upper Left   
 30 - Lower Left   
 40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

**Search Results**

Page 1 of 1 1-1 of 1 Records

« < 1 > »

| Service Date | Date Received | Patient Name | Claim Number                  | SSN       | Status |
|--------------|---------------|--------------|-------------------------------|-----------|--------|
| 02/26/2019   | 02/26/2019    | Gene Kelly   | <a href="#">1902264143790</a> | xxxxx5777 | Paid   |

Page 1 of 1 1-1 of 1 Records

« < 1 > »

5. View search results

6. Click on any claim number for details

**SELECTED SERVICE OFFICE:**

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**

xxxxx5777 Gene Kelly - Sub

## In For Pay Claim

[< BACK TO SEARCH RESULTS](#)

**Patient Information**

**Patient Account Number:**  
**Patient Name:** Gene Kelly  
**Date of Birth:** 08/23/1912  
**Relationship Code:** Subscriber  
**Subscriber Name:** Gene Kelly

**Dentist Information**

**Dentist Name:** Ginger Vitis  
**License Number:** 77777  
**Dentist TIN:** 197919791  
**Specialty:** General Practitioner  
**Other Carrier:**

**Claim Information**

**Receipt Date:** 02/26/2019  
**Process Date:** 02/26/2019  
**Claim Number:** 1902264143790  
**Claim Type:** In For Pay  
**Claim Status:** Paid  
**Other Carrier Payment:**

**PRINT CLAIM DETAIL**

**CANCEL CLAIM**

Select your option

| Tooth Number                              | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount | Apprv'd Amount | Allowed Amount | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network     | Product                                   | Claim Line Status | Payment Number | Pay To   | Issued Date |
|---|--------------|---------|-----------------|-----------|----------------|----------------|----------------|--------|--------------|-------|-------------|----------|-----------------|---|-------------------|----------------|----------|-------------|
| Group Number: 1238 Sub-group Number: 0001 |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$45.00        | \$45.00        | \$0.00 | \$0.00       | 100%  | \$0.00      | \$45.00  | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Paid              |                | Provider |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Disallowed        |                | Provider |             |
| Policy Code(s): AP15002                   |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Disallowed        |                | Provider |             |
| Policy Code(s): AP15002                   |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Disallowed        |                | Provider |             |
| Policy Code(s): AP15002                   |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Disallowed        |                | Provider |             |
| Policy Code(s): AP15002                   |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |
|   |              |         | 02/26/2019      | D0120     | \$100.00       | \$0.00         | \$0.00         | \$0.00 | \$0.00       | 0.0%  | \$0.00      | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service)(copy) | Disallowed        |                | Provider |             |
| Policy Code(s): AP15002                   |              |         |                 |           |                |                |                |        |              |       |             |          |                 |   |                   |                |          |             |

**Cancel a Claim**

**NOTE: Claims that have already been paid out cannot be cancelled**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

xxxxx5777

Gene Kelly - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Logout

## Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

11/28/2018

To:

End Date:

02/26/2019

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx5777



For a Specific Claim Number:

RESET

SEARCH

1. Search for the claim you would like to cancel
2. Only claims that have **not yet been paid** can be cancelled; narrow your search window as specific as possible

## Search Results

Page 1 of 1 1-23 of 23 Records

&lt;&lt; &lt; 1 &gt; &gt;&gt;

| Service Date ▼ | Date Received | Patient Name  | Claim Number                  | SSN       | Status    |
|----------------|---------------|---------------|-------------------------------|-----------|-----------|
|                | 02/25/2019    | Bruce Roberts | <a href="#">1902254133790</a> | xxxxx5444 | Routed    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066572</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Clark Kent    | <a href="#">1902194066571</a> | xxxxx4777 | Denied    |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066570</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Tim McGraw    | <a href="#">1902194066569</a> | xxxxx5333 | Estimated |
|                | 02/19/2019    | Bruce Roberts | <a href="#">1902194066567</a> | xxxxx5444 | Denied    |
| 02/18/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066565</a> | xxxxx5444 | Denied    |
| 02/15/2019     | 02/19/2019    | Bruce Roberts | <a href="#">1902194066566</a> | xxxxx5444 | Denied    |
| 02/13/2019     | 02/19/2019    | Stan Smith    | <a href="#">1902194066579</a> | xxxxx1009 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066576</a> | xxxxx4777 | Denied    |
| 02/12/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066575</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099323</a> | xxxxx4777 | Denied    |
| 02/08/2019     | 02/21/2019    | Clark Kent    | <a href="#">1902214099322</a> | xxxxx4777 | Denied    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133797</a> | xxxxx5444 | Routed    |
| 02/01/2019     | 02/25/2019    | Bruce Roberts | <a href="#">1902254133796</a> | xxxxx5444 | Denied    |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991419</a> | xxxxx5333 | Paid      |
| 02/01/2019     | 02/14/2019    | Faith Hill    | <a href="#">1902144991418</a> | xxxxx5333 | Paid      |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066574</a> | xxxxx4777 | Denied    |
| 01/22/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066573</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066578</a> | xxxxx4777 | Denied    |
| 01/15/2019     | 02/19/2019    | Clark Kent    | <a href="#">1902194066577</a> | xxxxx4777 | Denied    |

3. After searching, select the claim details to view



SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

# Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

### Patient Information

**Patient Account Number:**

**Patient Name:** Tim McGraw

**Date of Birth:** 05/01/1967

**Relationship Code:** Subscriber

**Subscriber Name:** Tim McGraw

### Dentist Information

**Dentist Name:** Ginger Vitis

**License Number:** 77777

**Dentist TIN:** 197919791

**Specialty:** General Practitioner

**Other Carrier:**

### Claim Information

**Receipt Date:** 02/19/2019

**Process Date:** 02/19/2019

**Claim Number:** 1902194066569

**Claim Type:** Pre-treatment Estimate

**Claim Status:** Estimated

**Other Carrier Payment:** \$17.00

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

SUBMIT CLAIM QUESTION

**CANCEL CLAIM**

- Select your option
- Claim submitted in error
- Claim submitted with incorrect information
- Other

| Tooth Number                              | Area of Arch | Surface | Date of Service | Proc Code | Submt'd Amount | Apprv'd Amount | Allowed Amount | Ded     | Of Y   | ct     | Claim Line Status | Payment Number | Pay To  | Issued Date     |  |           |          |
|---|--------------|---------|-----------------|-----------|----------------|----------------|----------------|---------|--------|--------|-------------------|----------------|---------|-----------------|--|-----------|----------|
| Group Number: 6753 Sub-group Number: 3502 |              |         |                 |           | D0370          | \$99.00        | \$99.00        | \$0.00  | \$0.00 | \$0.00 | 0.0%              | \$99.00        | \$0.00  | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Denied    | Provider |
| Policy Code(s): AP11005, EL00034          |              |         |                 |           | D0272          | \$17.00        | \$17.00        | \$17.00 | \$0.00 | \$0.00 | 100%              | \$0.00         | \$17.00 | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Estimated | Provider |
| Policy Code(s): AP11005                   |              |         |                 |           |                |                |                |         |        |        |                   |                |         |                 |  |           |          |

4. From the claim details page, choose the reason to cancel the claim and select "Cancel Claim"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

# Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

### Patient Information

Patient Account Number:

Patient Name: Tim McGraw

Date of Birth: 05/01/1967

Relationship Code: Subscriber

Subscriber Name: Tim McGraw

### Dentist Information

Dentist Name: Ginger Vitis

License Number: 77777

Dentist TIN: 197919791

Specialty: General Practitioner

Other Carrier:

### Claim Information

Receipt Date: 02/19/2019

Process Date: 02/19/2019

Claim Number: 1902194066569

Claim Type: Pre-treatment Estimate

Claim Status: Estimated

Other Carrier Payment: \$17.00

Once a claim is canceled, it cannot be un-canceled. Continue? X

SUBMIT FOR PAYMENT

SUBMIT CLAIM QUESTION

CANCEL CLAIM

Claim submitted in error

| Tooth Number                    | Area of Arch | Surface | Date of Service | Proc Code | Submit'd Amount     | Apprv'd Amount | Allowed Amount         | Ded    | Office Visit | CoPay | Patient Pmt | Plan Pmt | Par Network     | Product                                    | Claim Line Status | Payment Number | Pay To   | Issued Date |  |
|---------------------------------|--------------|---------|-----------------|-----------|---------------------|----------------|------------------------|--------|--------------|-------|-------------|----------|-----------------|--|-------------------|----------------|----------|-------------|--|
|                                 |              |         |                 |           | .Group Number: 6753 |                | Sub-group Number: 3502 |        |              |       |             |          |                 |  |                   |                |          |             |  |
|                                 |              |         |                 | D0370     | \$99.00             | \$99.00        | \$0.00                 | \$0.00 | \$0.00       | 0.0%  | \$99.00     | \$0.00   | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Denied            |                | Provider |             |  |
| Policy Code(s): AP1005, EL00034 |              |         |                 |           |                     |                |                        |        |              |       |             |          |                 |  |                   |                |          |             |  |
|                                 |              |         |                 | D0271     | \$17.00             | \$17.00        | \$17.00                | \$0.00 | \$0.00       | 100%  | \$0.00      | \$17.00  | Premier Dentist | Delta Dental PPO (Point-of-Service) (copy) | Estimated         |                | Provider |             |  |
| Policy Code(s): AP1005          |              |         |                 |           |                     |                |                        |        |              |       |             |          |                 |  |                   |                |          |             |  |

5. Select "Yes" to confirm claim cancellation

**SELECTED SERVICE OFFICE:**

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

**SELECTED MEMBER ID:**


xxxxx5777

- Search
- Office
- Member
- Admin
- Logout

**Claim Number 1902194066569 has been successfully canceled and will no longer be viewable.**

6. Confirm the claim has been cancelled

# DDS Office

- 
- **Select a Service Office**
  - **Set a Home Office**
  - **View Activity Log**
  - **View and Manage EFTs**
  - **Manage Direct Deposit**

# Select a Service Office

*New functionality*

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

**CHANGE OFFICE**

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

Search

Office

- Office Details
- Fee Schedules
- Direct Deposits

Member

Admin

Logout

## Service Office Details

**Ginger Vitis**  
1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

**THIS IS YOUR HOME OFFICE** ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

[It's smart to be PPO!](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days.

Show Archived

You have no Information Requests at this time.

1. To search for service offices associated with a provider's business, select the "Change Office" button on the top home bar

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE CANCEL

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| DENTIST LAST NAME    | LICENSE              | ZIP CODE             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Displaying your most recently selected Service Offices below...

|               |       |  |
|---------------|-------|--|
| Vitis, Ginger | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114 |
|---------------|-------|--|

Announcements

- 11/28/2018  
[It's smart to be PPO!](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 10/15/2018  
[DOT](#)

- Member
- Admin
- Logout

THIS IS YOUR HOME OFFICE ✓

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

Activity Log (10) New

|                      |      |                           |                           |                       |
|----------------------|------|---------------------------|---------------------------|-----------------------|
| Information Requests | EFTs | 2 Pre-Treatment Estimates | 8 No Pay Processed Claims | EFT Interest Payments |
|----------------------|------|---------------------------|---------------------------|-----------------------|

Showing activity for the last 90 days. Show Archived

You have no Information Requests at this time.

2. Search for any office associated with the business using last name, license, or ZIP Code
3. Search results will appear as the information is being typed in real-time

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 15331 Fairfield St Livonia, MI 48154

HOME OFFICE CANCEL

SELECTED MEMBER ID:

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

DENTIST LAST NAME

LICENSE

ZIP CODE

Show inactive dentists

|                   |       |                                     |
|-------------------|-------|-------------------------------------|
| O'Dontal, Perry   | 99999 | 1111 Dental Blvd. Livonia, MI 48152 |
| O'Dontal, Perry   | 99999 | 1111 Dental Blvd. Livonia, MI 48152 |
| O'Dontal, Perry   | 99999 | 1111 Dental Blvd. Livonia, MI 48152 |
| Toothbrush, Tammy | 88888 | 1112 Dental Blvd. Livonia, MI 48152 |
| Vitis, Ginger     | 77777 | 1113 Dental Blvd. Livonia, MI 48152 |
| Vitis, Ginger     | 77777 | 1113 Dental Blvd. Livonia, MI 48152 |
| Vitis, Ginger     | 77777 | 1113 Dental Blvd. Livonia, MI 48152 |

Announcements

- 11/28/2018  
[It's smart to be PPO!](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 10/15/2018  
[DOT](#)

Activity Log (10) New

Information Requests EFTs Pre-Treatment Estimates No Pay Processed Claims EFT Interest Payments

Showing activity for the last 90 days.  Show Archived

You have no Information Requests at this time.

- In the yellow box, you can return back to the home office that has been identified
- In the purple box, you can cancel out of the search
- In the orange box, you can include inactive providers in the search
- In the red box, you can view all search results



# Set a Home Office

*New functionality*

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

**CHANGE OFFICE**

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Logout

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

**SET AS HOME OFFICE**

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

It's smart to be PPO!

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

1. Find the office you would like to set as a home office using the previous directions
2. Click "Set as Home Office"

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

- Search
- Office**
  - Office Details
  - Fee Schedules
  - Direct Deposits
- Member
- Admin
- Logout

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

**THIS IS YOUR HOME OFFICE ✓**

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018  
It's smart to be PPO!

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

11/13/2018  
[Roosevelt DOT](#)

10/15/2018  
DOT

## Activity Log (10) New

|                             |      |                           |                           |                       |
|-----------------------------|------|---------------------------|---------------------------|-----------------------|
| <b>Information Requests</b> | EFTs | 2 Pre-Treatment Estimates | 8 No Pay Processed Claims | EFT Interest Payments |
|-----------------------------|------|---------------------------|---------------------------|-----------------------|

Showing activity for the last 90 days  Show Archived

You have no Information Requests at this time.

3. You will see a check mark for the home office you have set

**[View Activity Log](#)**

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Logout

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

**THIS IS YOUR HOME OFFICE** ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

11/28/2018

It's smart to be PPO!

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

## Activity Log (10) New

Information Requests

EFTs

2

Pre-Treatment  
Estimates

8

No Pay Processed  
Claims

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

1. Select "Office Details" on the left-hand navigation bar
2. View the Activity Log as shown in red

DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

DOT

## Activity Log (10) New

Information Requests

EFTs

2  
Pre-Treatment  
Estimates8  
No Pay Processed  
ClaimsEFT Interest  
Payments

Showing activity for the last 90 days

 Show Archived

Page 1 of 1 1-5 of 5 Records

| Archive                  | Date Received ▼ | Claim Number                  | Patient Name  |
|--------------------------|-----------------|-------------------------------|---------------|
| <input type="checkbox"/> | 02/19/2019      | <a href="#">1902194066570</a> | Tim McGraw    |
| <input type="checkbox"/> | 02/19/2019      | <a href="#">1902194066569</a> | Tim McGraw    |
| <input type="checkbox"/> | 02/19/2019      | <a href="#">1902194066572</a> | Clark Kent    |
| <input type="checkbox"/> | 02/19/2019      | <a href="#">1902194066571</a> | Clark Kent    |
| <input type="checkbox"/> | 02/19/2019      | <a href="#">1902194066567</a> | Bruce Roberts |

Page 1 of 1 1-5 of 5 Records

3. You can toggle between all sections and items in the activity log as desired

4. You can easily store any records by clicking the "Archive" check box outlined in blue

# View and Manage EFTs

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Logout

## Service Office Details

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:

Healthy Kids Dental/MiChild  
DeltaPremier

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

01/11/2019

[I need me some bacon...](#)

11/13/2018

[Roosevelt DOT](#)

11/13/2018

[Roosevelt DOT](#)

10/15/2018

[DOT](#)

10/15/2018

## Activity Log (42) New

Information Requests

1

EFTs

9+

Pre-Treatment  
Estimates

9+

No Pay Processed  
Claims

2

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

You have no Information Requests at this time.

1. Navigate to the "Office" tab on the left-hand navigation bar in red box
2. Click on "Office Details" to view the details of your designated service office
3. View the table at the bottom of the page titled "Activity Log" in yellow box
4. Click on "EFTs" in the blue box



- Office Details
- Fee Schedules
- Direct Deposits

Member

Admin

Logout

Ginger Vitis

1100 Rock and Roll Blvd  
Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 77777

NPI Type:

Tax ID: 197919791

Payment Method: Check

Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

11/13/2018

Roosevelt DOT

11/13/2018

Roosevelt DOT

10/15/2018

DOT

10/15/2018

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

Activity Log (42) New

Information Requests

1 EFTs

9+ Pre-Treatment Estimates

9+ No Pay Processed Claims

2 EFT Interest Payments

Showing activity for the last 90 days

Show Archived

Page 1 of 2 1-25 of 46 Records

Navigation icons: << < 1 2 > >>

| Archive                  | Date Issued | Payment Number | Amount   |
|--------------------------|-------------|----------------|----------|
| <input type="checkbox"/> | 01/31/2019  | 9300557307     | \$324.00 |
| <input type="checkbox"/> | 02/01/2019  | 9904822931     | \$193.00 |
| <input type="checkbox"/> | 02/01/2019  | 9300558419     | \$73.00  |
| <input type="checkbox"/> | 02/01/2019  | 9300558421     | \$109.00 |

5. View all EFTs

6. To see more details, click on the payment number of the EFT you'd like to view

SELECTED SERVICE OFFICE:

Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

Logout

## Payment Details

PRINT PAYMENT

VIEW SELECTED EOBs

Payment Number: 9300557307

Date Issued: 01/31/2019

Pay: THREE HUNDRED TWENTY FOUR DOLLARS AND ZERO CENTS \$324.00

To the order of:



| <input type="checkbox"/> | Claim Number                  | Patient Name | Member Number | Plan Payment Amount | Net Payment Amount |
|--------------------------|-------------------------------|--------------|---------------|---------------------|--------------------|
| <input type="checkbox"/> | <a href="#">1901312337270</a> |              | xxxxx1338     | \$324.00            | \$324.00           |

|              |          |
|--------------|----------|
| Total:       | \$324.00 |
| Garnishment: | \$0.00   |
| Overpayment: | \$0.00   |
| Net Payment: | \$324.00 |

- 7. View payment details of the EFT
- 8. Click on the claim number to view the associated claim

## Service Office Details

Ginger Vitis  
1100 Rock and Roll Blvd  
Cleveland, OH 44114

License Number: 77777  
NPI Type:  
Tax ID: 197919791  
Payment Method: Check  
Par Status:  
Healthy Kids Dental/MiChild  
DeltaPremier

THIS IS YOUR HOME OFFICE ✓

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 01/11/2019  
[I need me some bacon...](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 11/13/2018  
[Roosevelt DOT](#)
- 10/15/2018  
[DOT](#)
- 10/15/2018

## Activity Log (41) New

Information Requests

EFTs

Pre-Treatment Estimates 9+

No Pay Processed Claims 9+

EFT Interest Payments 2

Showing activity for the last 90 days  Show Archived

Page 1 of 1 1-3 of 3 Records << < 1 > >>

| Archive                  | Date Issued ▼ | Payment Number | Amount |
|--------------------------|---------------|----------------|--------|
| <input type="checkbox"/> | 02/03/2019    | 77569          | 0.36   |
| <input type="checkbox"/> | 02/03/2019    | 77568          | 4.64   |
| <input type="checkbox"/> | 02/03/2019    | 78569          | 1.21   |

- To view EFT interest payments, navigate to the tab on the far right of the activity log table
- To view specific payments, click on the payment number of an EFT interest payment

# Manage Direct Deposit

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

- Office Details
- Fee Schedules
- Direct Deposits**

Member

Admin

## Service Office Details

### Bradley Brackets

1100 Rock and Roll Blvd  
Cleveland, OH 44114

THIS IS YOUR HOME OFFICE ✓

License Number: 6666

NPI Type:

Tax ID: 777555777

Payment Method: Check

Par Status:  
Non-Participating

Dental Office Toolkit can be utilized to view information and submit claims for the following **Delta Dental states**

## Announcements

07/24/2019

[Important announcement about your Dental Office Toolkit® account!](#)

07/18/2019

[Lakshmi testing](#)

07/17/2019

[Get ready for an all-new Dental Office Toolkit!](#)

07/10/2019

[Welcome to the new Dental Office Toolkit!](#)

## Activity Log (4) New

|                      |      |                             |                             |                       |
|----------------------|------|-----------------------------|-----------------------------|-----------------------|
| Information Requests | EFTs | Pre-Treatment Estimates (2) | No Pay Processed Claims (2) | EFT Interest Payments |
|----------------------|------|-----------------------------|-----------------------------|-----------------------|

Showing activity for the last 90 days  Show Archived

Page 1 of 1 1-1 of 1 Records

| Archive | Date ▼ | Claim Number | Patient Name |
|---------|--------|--------------|--------------|
|---------|--------|--------------|--------------|

1. Under the “Office” section of the left-hand navigation, click on “Direct Deposits”

**SELECTED SERVICE OFFICE:**

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

**SELECTED MEMBER ID:**

Please select a member

CHANGE MEMBER

- Search
- Office**
  - Office Details
  - Fee Schedules
  - Direct Deposits
- Member
- Admin

## Direct Deposit Details

[+ Register for Direct Deposit](#)

There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to setup Direct Deposit accounts.

2. If you have not registered, click on "Register for Direct Deposit" in the upper right-hand corner

**SELECTED SERVICE OFFICE:**

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

**SELECTED MEMBER ID:**

Please select a member

CHANGE MEMBER

- Search
- Office**
  - Office Details
  - Fee Schedules
  - Direct Deposits
- Member
- Admin

## Direct Deposit Registration

[< BACK TO DIRECT DEPOSIT ACCOUNTS](#)

Tax ID : 333555333

Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Explanation of Benefits and Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed.

1100 Rock and Roll Blvd, Cleveland, OH 44114

### Bank or Financial Institution Information

Your Name (person keying in information)

Ginger Dental

Name on Account (as it appears on bank account)

Ginger Vitis

Bank or Financial Institution Name

Bank XYZ

Account Type

Select

- 3. Confirm your service office
- 4. Fill out your direct deposit information

Routing Number

Confirm Routing Number

Account Number

Confirm Account Number

National EFT

By enrolling in National EFT, all Delta Dental plans across the U.S. will issue EFT payments to you. You can continue to view your electronic EFT/EOB within this site for the states listed below, however, for all other states, you will access your electronic EFT/EOB by logging into [www.deltadental.com](http://www.deltadental.com).

Non-National EFT

By enrolling in Non-National EFT, only the Delta Dental plans listed below will issue EFT payments to you. All EFT/EOB information for these plans can be viewed within this site (Dental Office Toolkit).

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Arkansas
- Delta Dental of Kentucky
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of North Dakota
- Delta Dental of Minnesota
- Delta Dental of Tennessee
- Delta Dental of Wisconsin
- Federal Government Programs

RESET

CANCEL

CONTINUE

4. Fill out your direct deposit information

5. Click "Continue"



## Direct Deposit Verification

Please verify the information you entered is correct.

**Service Office(s)**

1100 Rock and Roll Blvd, Cleveland, OH 44114

**Your Name**

Ginger Dental

**Name on Account**

Ginger Vitis

**Bank or Financial Institution Name**

Bank XYZ

**Account Type**

Checking

**Routing Number**

000000001

**Account Number**

123456789

By clicking "Accept" below, registrant agrees to all of the foregoing [Terms and Conditions](#). The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

CANCEL EDIT

ACCEPT

6. Certify your acceptance by clicking the check box

7. Click "Accept"

SELECTED SERVICE OFFICE:

Bradley Brackets | 6666 | 1100 Rock and Roll Blvd, Cleveland, OH 44114

HOME OFFICE

CHANGE OFFICE

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

# Direct Deposit Confirmation

PRINT

< [BACK TO DIRECT DEPOSIT ACCOUNTS](#)

Please print this page as a confirmation that you are registered for direct deposit.

Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) activation may take up to ten (10) days. During this time, any existing EFTs will remain active. After this date, payments for claims will be electronically transferred and deposited into your new account, regardless of the method of submission.

**The Patient Protection and Affordable Care Act (ACA) ushers in a new Healthcare EFT Standard.** with the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. [Click here](#) to learn more.

Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at [866-356-0301](tel:866-356-0301) or email to [ToolkitSupport@DentalOfficeToolkit.com](mailto:ToolkitSupport@DentalOfficeToolkit.com).

**Service Office(s)**

**1100 Rock and Roll Blvd, Cleveland, OH 44114**