

# 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: August 2024

# Table of Contents

<b>Common Questions.....</b>	<b>5</b>
I.    DOT Registration.....	6
II.   Reset Password.....	13
III.  User Management.....	16
IV.  Allow Pop-Ups and Cookies in Google Chrome.....	21
<b>Member.....</b>	<b>34</b>
I.    Select a Member.....	35
II.   View and Print Member Benefits.....	39
III.  Search for Complete Dental History of a Member.....	44
IV.  Search Sealant History of a Member.....	48
<b>Member Claims.....</b>	<b>53</b>
I.    Submit a Pre-treatment Estimate (PTE).....	54
II.   Convert a Pre-treatment Estimate to a Claim.....	63
III.  Submit a Claim.....	76
IV.  Search for a Claim.....	87
V.    Search Family Claims History Across Businesses.....	92
VI.  Cancel a Claim.....	97
<b>DDS Office.....</b>	<b>104</b>
I.    Select a Service Office.....	105
II.   Set a Home Office.....	109
III.  View Activity Log.....	112
IV.  View and Manage EFTs.....	115
V.    Register for Direct Deposit.....	120

**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 Nebraska
- Delta Dental of New Mexico
- Delta Dental of Minnesota (Individual ONLY)
- Delta Dental of Tennessee
- Delta Dental of Wisconsin (CMS ONLY)
- Delta Dental of South Dakota (CMS ONLY)

# COMMON QUESTIONS

- 
- DOT Registration
  - Reset Password
  - User Management
  - Allow Pop-Ups and Cookies in Google Chrome

# DOT Registration



**Am I ready to register?**

In order to register, you must know the following information for your Dental Provider:

- Do I know my Provider License Number?
- Do I know the State in which my Provider is Licensed?
- Do I know my business Tax Identification Number?
- Do I know my Service Office ZIP Code?
- Do I have access to the E-mail Address on file with our Provider Records Department?\*

If you have all of the above information, then you can continue the registration process by selecting the **NEXT STEP** button below.

**\* NOTE FOR LARGE CORPORATIONS WITH A CENTRALIZED E-MAIL ADDRESS:**

As part of the registration process, a one-time passcode is sent to the E-mail Address on file with our Provider Records Department. You must have access to the E-mail Address on file, directly or through another person, to complete registration.

[Cancel Registration](#)

**NEXT STEP**



1. Navigate to your local Delta Dental website and click Sign Up under the Dental Office Toolkit section
2. Make sure the provider has their license number, state in which provider is Licensed, TIN, service office ZIP code, and contact information before clicking on “Next Step”



Please enter your registration details below...

**License Number**

**License State**

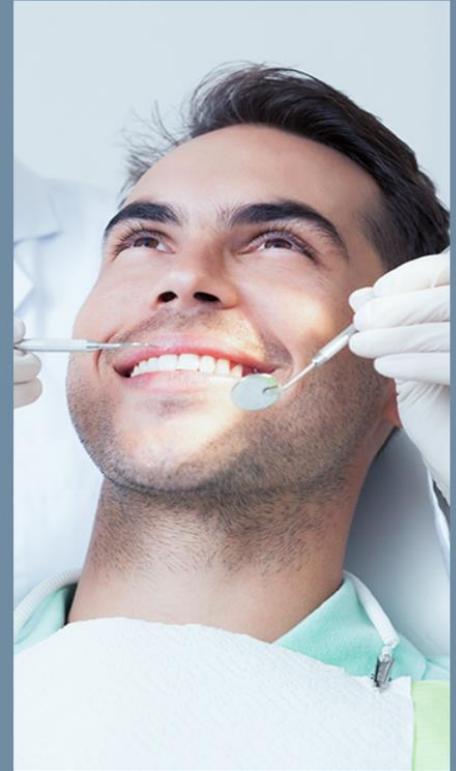
**Tax Identification Number**

**Service Office ZIP Code**

**Note:**Your stored license number may not contain the state-specific prefix. If you are unable to register using your doctor's full license number, please remove the state-specific prefix and try again. If you continue to have "Provider not found" issues when registering, please contact Customer Service.

[Cancel Registration](#)

**BACK** **NEXT STEP**



3. 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.

Your One Time Passcode will be sent to the following e-mail address: **(user's email address on file)**

When you are ready, select the "SEND PASSCODE NOW" button to receive your passcode.

**Requester Name:**

[Cancel Registration](#)

**SEND PASSCODE NOW**



4. Enter your name in the "Requester Name" box and click "Send Passcode Now"



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](#)

5. Enter the one time passcode you received to the phone number or email address selected  
6. 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
5. Must NOT contain special characters (@, ?, %, etc.)

**Password**

Hide

**Confirm Password**

Hide

Please create a Password with the following rules:

1. Password length greater than 10 characters.
2. Contain 4 of the following:
  - 1 digits (0-9).
  - 1 symbols (!, @, #, \$, %, \*, etc.).
  - 1 uppercase English letters (A-Z).
  - 1 lowercase English letters (a-z).

[Cancel Registration](#)

REGISTER



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

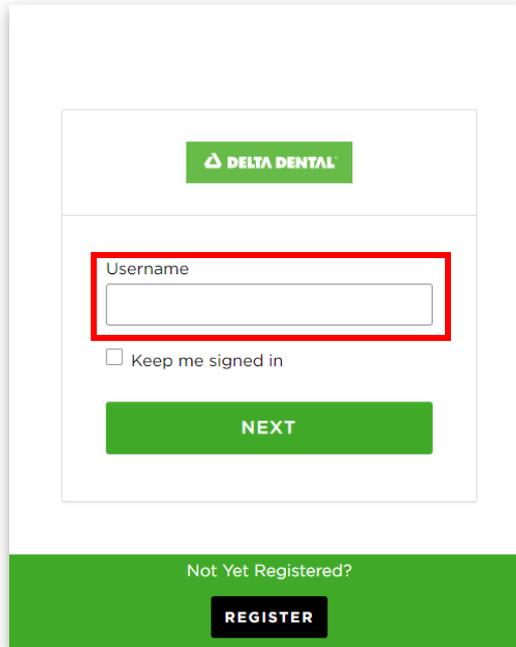
**Zip Code:** 55555

**PROCEED TO LOGIN**



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

**Reset Password**



DELTA DENTAL

Username

Keep me signed in

NEXT

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

1. Navigate to your local Delta Dental website and click Log In under the Dental Office Toolkit section
2. On the DOT login screen, enter your Username, and click "Next"

3 DELTA DENTAL

Verify with your password

TEST

Password

VERIFY

Forgot password?

Back to sign in

5 Provider Application and Credentialing  
Password Reset Requested

A password reset request was made for your Provider Application and Credentialing Toolkit account. If you did not make this request, please contact Customer Service at the phone number listed in the Contact Us section of your Provider Application and Credentialing Toolkit.

Enter this code to verify your password reset request:

214184

Please note: This code is only valid for 5 minutes after being requested. After 5 minutes, you will be required to request a new code.

If you experience difficulties accessing your account, please contact Customer Service at the phone number listed in the Contact Us section of your Provider Application and Credentialing Toolkit.

This is an automatically generated message. Replies are not monitored or processed.

7 DELTA DENTAL

Reset your password

TEST

Password requirements:

- At least 10 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username
- Password can't be the same as your last 4 passwords

New password

Re-enter password

Sign me out of all other devices.

RESET PASSWORD

Back to sign in

4 DELTA DENTAL

Get a verification email

TEST

Send a verification email to [redacted] by clicking on "Send me an email".

SEND ME AN EMAIL

Back to sign in

6 DELTA DENTAL

Verify with your email

TEST

We sent an email to [redacted]. Enter the verification code in the text box.

Enter Code

VERIFY

Back to sign in

3. Click "Forgot Password?"
4. Click the "Send Me An Email" and the authentication code will be sent to the email listed
5. An email will be sent to the email address listed in Step 3
6. Enter the code from the email
7. Enter and re-enter your new password

# User Management

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:

Please select a member

[CHANGE MEMBER](#)

## Service Office Details

[Redacted]

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]

NPI Type 1: [Redacted]

Tax ID: [Redacted]

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

12/27/2023

[MI Health Link: HAP/UPHP members](#)

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment  
Estimates

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

⏪ < 1 > ⏩

1. After logging into DOT, navigate to the Admin tab on the left-hand navigation bar

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:  
Please select a member

[CHANGE MEMBER](#)

[Standard Programs](#) [Federal Government Programs](#)

[Search](#)

[Office](#)

[Member](#)

[Admin](#)

[My Profile](#)

[User Management](#)

[Forms](#)

[Help](#)

[Contact Us](#)

[Support Code](#)

## User Management

Displaying all users that are associated with business TIN: [Redacted]

FILTER BY

[CLEAR](#)

Page 1 of 1 1-18 of 18 Records

« < 1 > »

Username	First Name	Last Name	
rdotusermi	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotusermi12	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotusermi2	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotusermi3	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotasdqwedef	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotusermi7	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
rdotusermi9	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>
ddpauser3	DDPAUser3	Last	<a href="#">VIEW PROFILE</a>
ddpauser5	DDPAUser5	Last	<a href="#">VIEW PROFILE</a>
ddpatest12	[Redacted]	[Redacted]	<a href="#">VIEW PROFILE</a>

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

Office

Member

Admin

First Name: Last Name: Email Address: **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. To view and change the user role(s) of any individual user based on your preferences, click on "Update Profile"

**Email Address:****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.

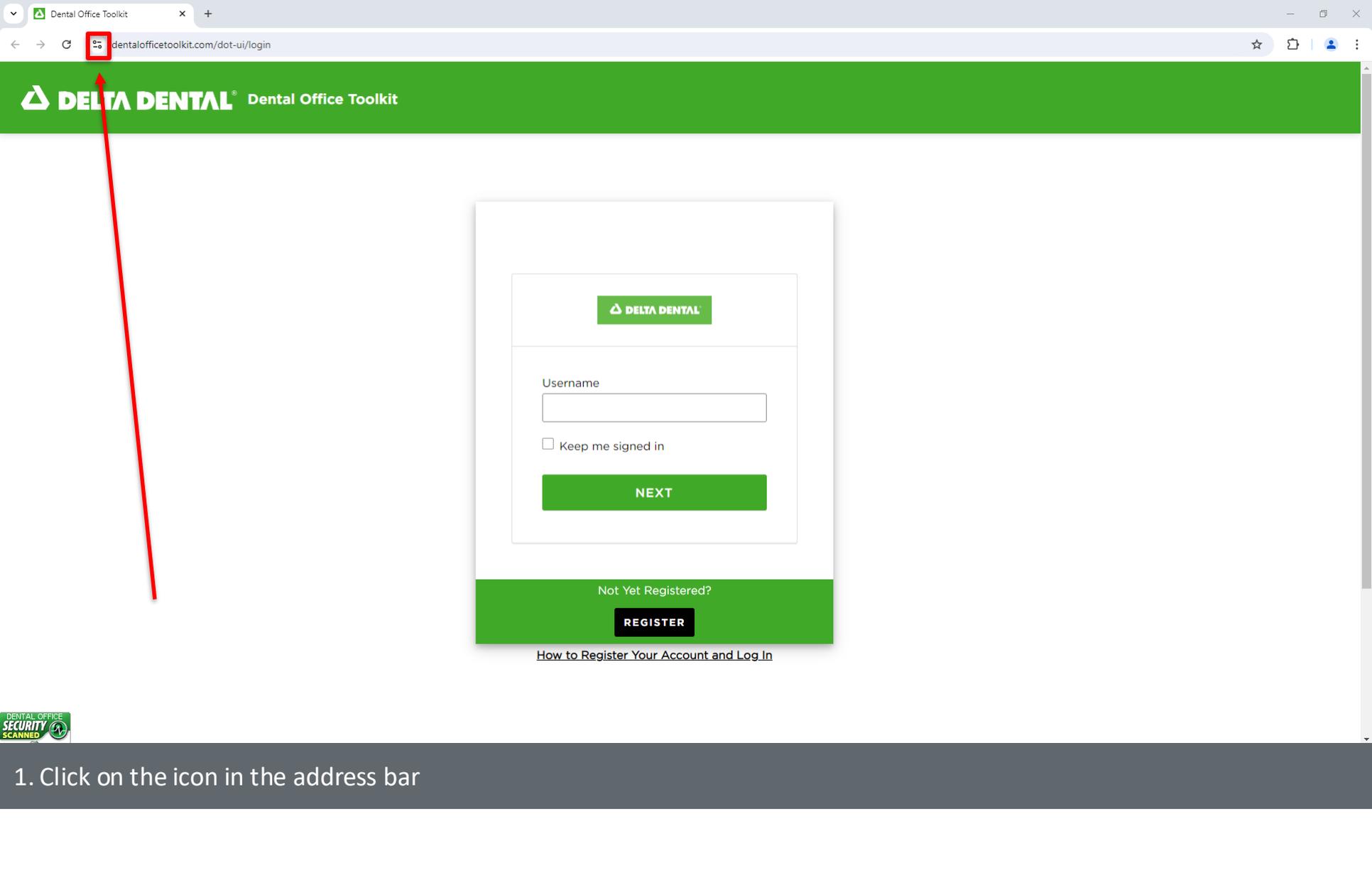
**UPDATE**

CANCEL

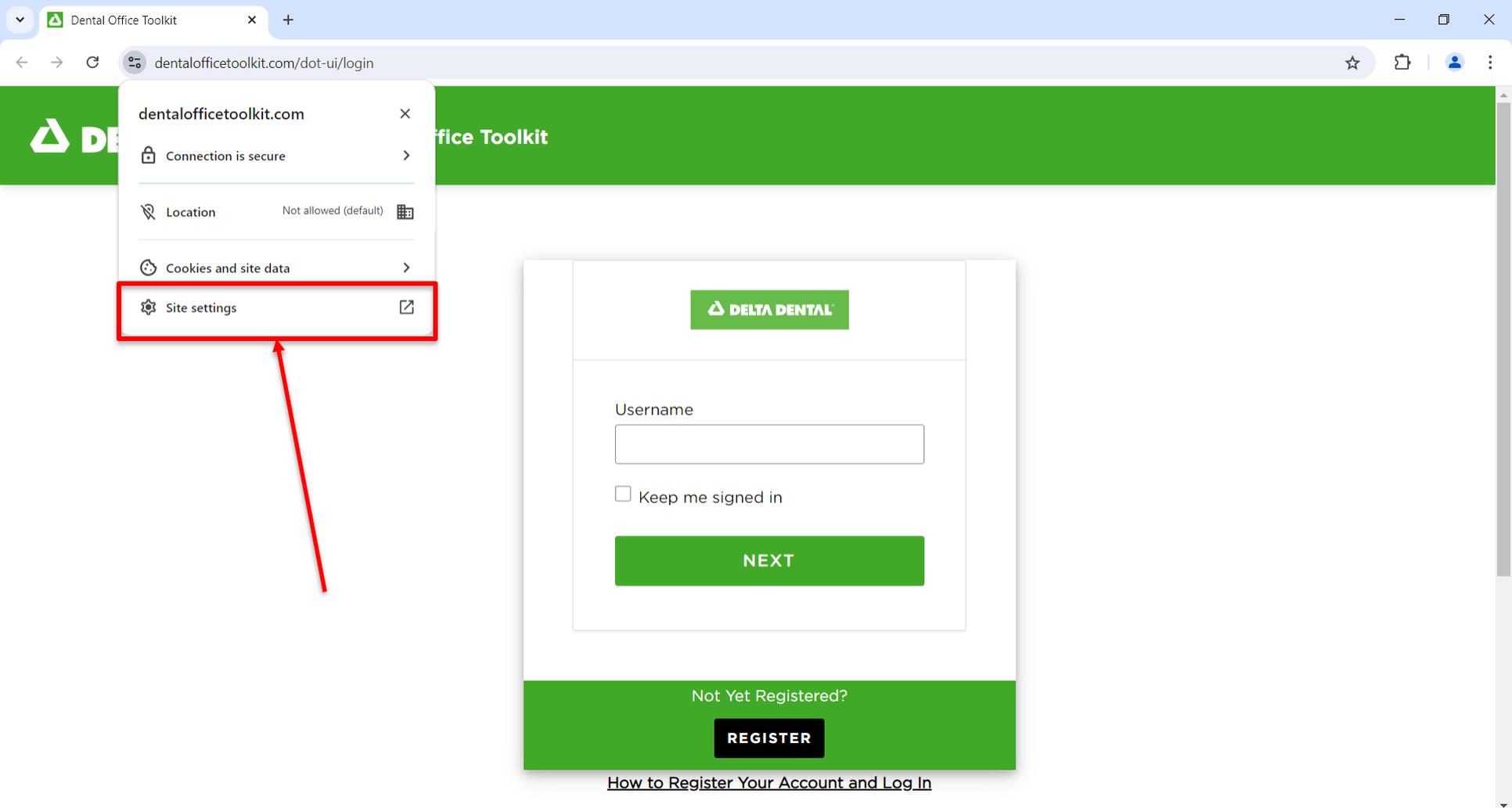
5. Select or deselect the user roles based on your preference, then click "Update"

# Allow Pop-Ups and Cookies in Google Chrome

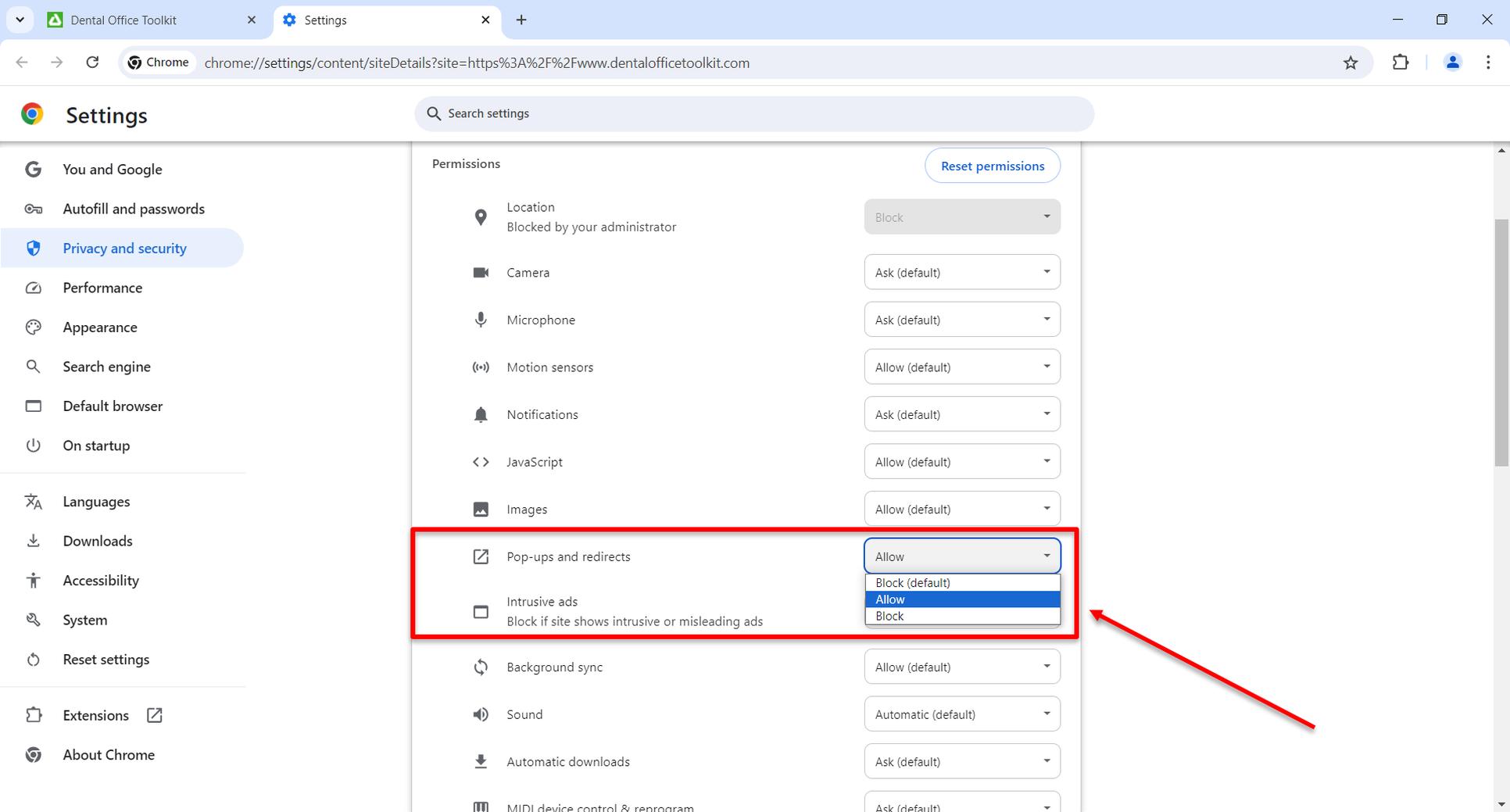
# Allow Pop-Ups in Google Chrome



1. Click on the icon in the address bar



2. Click on "Site settings"



3. On the Privacy and security tab, scroll down to "Pop-ups and redirects" and change the setting to ALLOW  
4. Refresh the DOT website

**Allow Cookies in Google Chrome**



Username

Keep me signed in

**NEXT**

Forgot Password?  
Not Yet Registered?

**REGISTER**

[How to Register Your Account and Log In](#)



The image shows a web browser window with the URL `dentalofficetoolkit.com/dot-ui/login`. The page features the Delta Dental logo and a login form with a "Username" field, a "Keep me signed in" checkbox, and a green "NEXT" button. Below the form are links for "Forgot Password?" and "Not Yet Registered?" with a black "REGISTER" button. A red box highlights the "Settings" option in the Chrome menu on the right side of the browser.

**DELTA DENTAL** Dental Office Toolkit

Username

Keep me signed in

**NEXT**

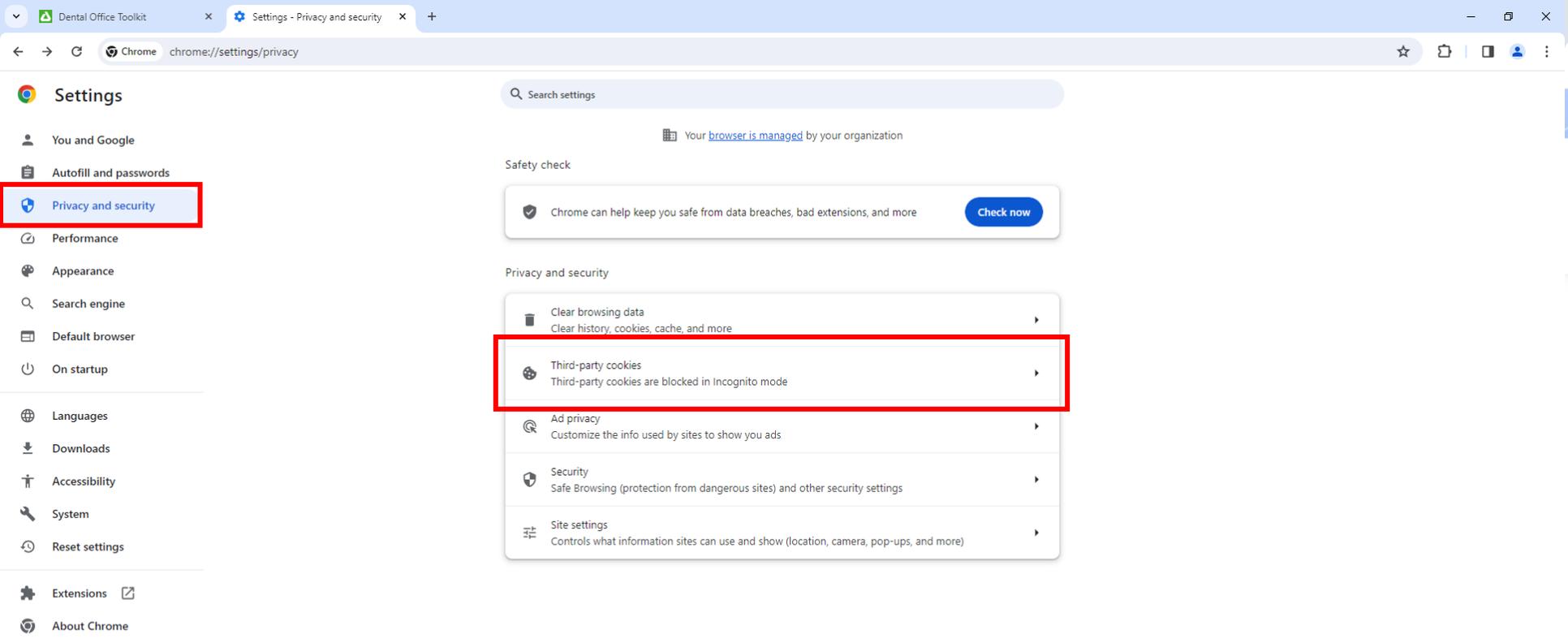
Forgot Password?  
Not Yet Registered?

**REGISTER**

How to Register Your Account and Log In

- New tab Ctrl+T
- New window Ctrl+N
- New Incognito window Ctrl+Shift+N
- Person 1 Person 1
- Passwords and autofill
- History
- Downloads Ctrl+J
- Bookmarks and lists
- Extensions
- Clear browsing data... Ctrl+Shift+Del
- Zoom 100%
- Print... Ctrl+P
- Search this page with Google...
- Translate...
- Find and edit
- Save and share
- More tools
- Help
- Settings**
- Exit

3. Click on "Settings"



4. Click on "Privacy and security" on the left-side menu
5. Click on "Third-party cookies"

Dental Office Toolkit x Settings - Third-party cookies x +

chrome://settings/cookies

# Settings

Search settings

- You and Google
- Autofill and passwords
- Privacy and security
- Performance
- Appearance
- Search engine
- Default browser
- On startup
- Languages
- Downloads
- Accessibility
- System
- Reset settings
- Extensions
- About Chrome

## Third-party cookies

Manage the types of information sites can use to track you as you browse.

- Allow third-party cookies
- Block third-party cookies in Incognito mode
- Block third-party cookies

Advanced

- Send a "Do Not Track" request with your browsing traffic  
Sites use their discretion when responding to this request

See all site data and permissions

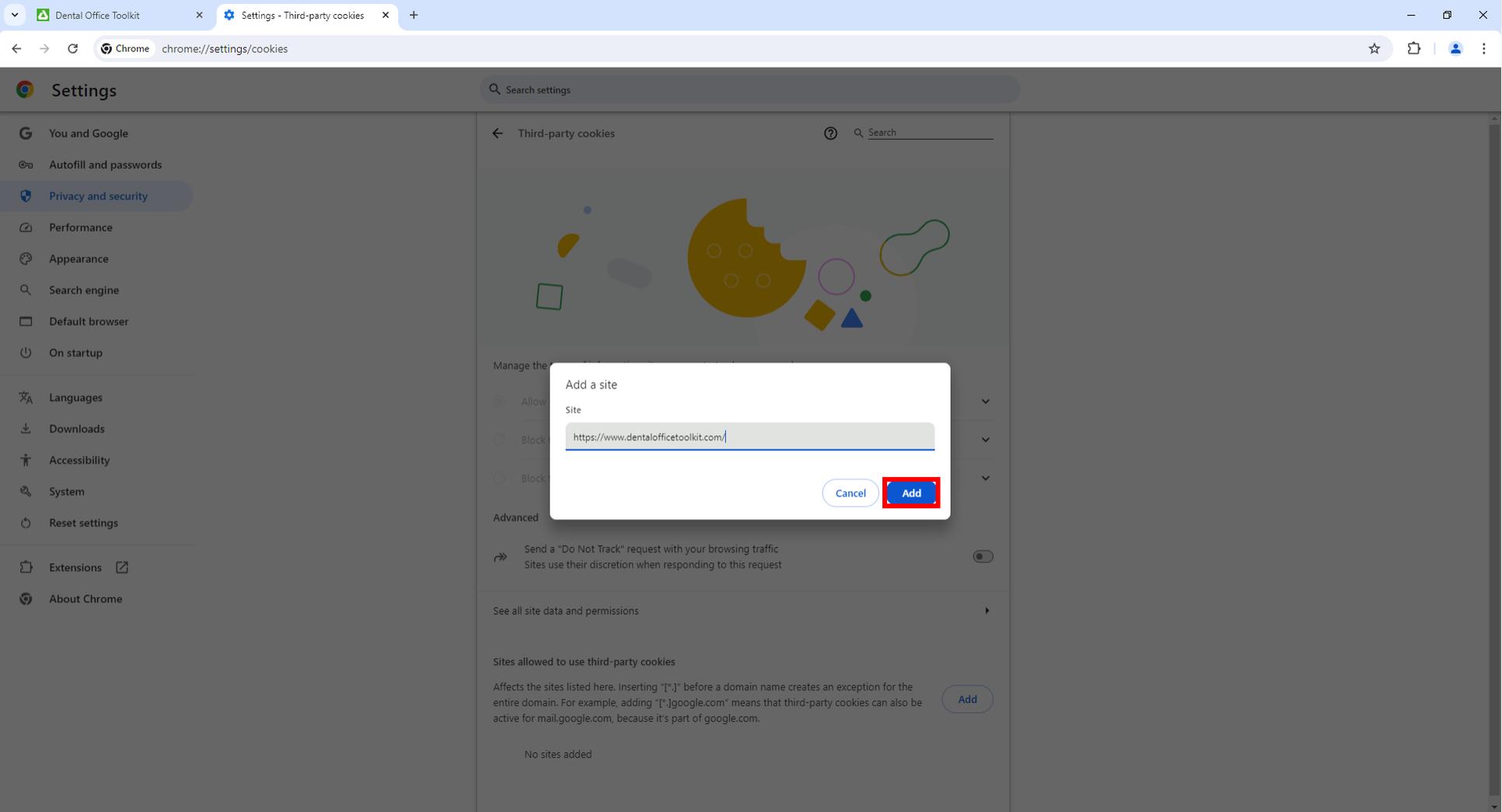
Sites allowed to use third-party cookies

Affects the sites listed here. Inserting "[\*]" before a domain name creates an exception for the entire domain. For example, adding "[\*].google.com" means that third-party cookies can also be active for mail.google.com, because it's part of google.com.

[Add](#)

No sites added

6. Under Sites allowed to use third-party cookies click "Add"



7. Enter <https://www.dentalofficetoolkit.com/> and click "Add"

Close out of Google Chrome and re-open it. Navigate back to <https://www.dentalofficetoolkit.com/>

# MEMBER

- [Select a 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:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:  
Please select a member

**CHANGE MEMBER**

## Service Office Details

[Redacted]

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]

NPI Type 1: [Redacted]

Tax ID: [Redacted]

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

12/27/2023

[MI Health Link: HAP/UPHP members](#)

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment  
Estimates

No Pay Processed  
Claims 2

EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived

Page 1 of 1 1-2 of 2 Records

Navigation arrows: << < 1 > >>

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

SELECTED SERVICE OFFICE:

[Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:  
Please select a member

[CANCEL](#)

- Standard Programs
- Federal Government Programs

- Search
- Office
  - Office Details
  - Metrics Scorecard
  - Fee Schedules
  - Direct Deposits
- Member
- Admin

## Service Office Details

[Redacted]  
16555 E 10 Mile Rd  
Eastpointe, MI 48021  
Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]  
NPI Type 1: [Redacted]  
Tax ID: [Redacted]  
Business NPI Type 2: [Redacted]  
Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

DATE OF BIRTH

FIRST NAME

LAST NAME

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

12/27/2023  
[Appointment Scheduling Requirements](#)  
10/30/2023

Activity Log (0) New Please click each tab to view results

- Information Requests**
- EFTs
- Pre-Treatment Estimates
- 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

Navigation arrows: << < 1 > >>

2. Type in the Member First Name, Last Name, Date of Birth, and Member ID or SSN in the appropriate fields and click "Search"

SELECTED SERVICE OFFICE:

  |   | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub ▼

[CHANGE MEMBER](#)

## Member Details & Benefits

### All Family Members

Member Alternate ID: 9453782931

Patient Name	Birthdate	Relationship	Eligibility <span style="font-size: 0.8em;">?</span>	Effective Date
HKD TestSubscriber	01/01/2014	Subscriber	Active	02/01/2024

### Networks

Healthy Kids Dental/MiChild Dentist Nonparticipating Dentist

[PRINT ALL](#)

### Claim Reminders

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

Pre-treatment Estimates are not required, but recommended. You can create a Pre-treatment Estimate when entering a Claim by checking the "Pre-treatment Estimate" box for some or all Treatment Lines and submitting the claim. All Pre-treatment Estimates are processed as Primary.

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:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Standard Programs

Federal Government Programs

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

## Service Office Details

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: [Redacted]

NPI Type 1: [Redacted]

Tax ID: [Redacted]

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

06/28/2024

[DDAR message](#)

06/26/2024

[Regression Testing - DOT](#)

04/17/2024

[New prior authorization process part 2](#)

04/17/2024

[New prior authorization process part 1](#)

01/22/2024

Activity Log (7) New [Please click each tab to view results](#)

Message Center

Information Requests (7)

EFTs

Pre-Treatment Estimates

No Pay Processed Claims (7)

EFT Interest Payments

Showing activity for the last 90 days

 Show Archived

1. Click on the “Change Member” button on the top home bar
2. Type in the Member First Name, Last Name, Date of Birth, and Member ID or SSN in the appropriate fields and click “Search”

SELECTED SERVICE OFFICE:  
 [Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

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

Selected Member ID:  
 xxxxx0201 Winston Churchill - Sub

[CHANGE MEMBER](#)

[Standard Programs](#) [Federal Government Programs](#)

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

## Member Details & Benefits

### All Family Members

Member Alternate ID: N/A

Patient Name	Birthdate	Relationship	Eligibility ?	Effective Date
Winston Churchill	10/14/1970	Subscriber	Active	01/01/2020
Jane Churchill	03/12/1973	Spouse	Inactive	03/11/2022
lizzy churchill	03/12/1973	Spouse	Active	03/11/2022
James Churchill	10/03/1990	Dependent	Inactive	01/01/2020
Annie Churchill	05/14/2018	Dependent	Active	01/01/2020
test test	03/01/2000	Dependent	Active	04/01/2022

### Fee Search

### Networks

[EPO Dentists](#)
[PPO Dentist](#)
[Premier Dentist](#)
[Nonparticipating Dentist](#)

[PRINT ALL](#)

- Navigate to the Member tab in the orange box on the left side of the screen
- Click "Member Details & Benefits" in the blue box

## Networks

PRINT ALL

EPO Dentists

PPO Dentist

Premier Dentist

Nonparticipating Dentist

## Claim Reminders



## Routine Procedures

PRINT SECTION



## Coverages

PRINT SECTION



## Exclusions And Limitations

PRINT SECTION



## Maximums and Deductibles

PRINT SECTION



## Copay Schedule

PRINT SECTION



## More Information

## Client Benefit Information

PRINT SECTION



5. Select the desired Network tab and scroll down to browse the available documents
6. Click the "Print Section" button of your desired document, or click the "Print All" button located on the right side of the Networks header to print documents from all sections

**Patient Name: Winston Churchill**

Eligibility and Benefits are based on information available on 07/17/2024. 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

Network: **PPO Dentist** Birthdate: **10/14/1970**  
Eligibility: **Active** Effective Date: **01/01/2020**

**Client Benefit 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.

Plan: **DDPMI**  
Product: **Delta Dental EPO**  
Payor ID: **DDPMI**

7/17/24, 10:41 AM

Client Benefit Information

**Patient Name: Winston Churchill**

Eligibility and Benefits are based on information available on 07/17/2024. 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

Network: **PPO Dentist** Birthdate: **10/14/1970** Relationship: **Subscriber**  
Eligibility: **Active** Effective Date: **01/01/2020**

**Client Benefit 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.

Plan: <b>DDPMI</b>	Group Number: <b>0000</b>
Product: <b>Delta Dental EPO</b>	Sub Group Number: <b>0000</b>
Payor ID: <b>DDPMI</b>	Group Name: <b>ABC Toolkit Company</b>
	Sub Group Name: <b>Delta Toolkit, Inc.</b>

about:blank

1/1

Print

1 sheet of paper

Destination

Printer

Pages

All

Copies

1

Layout

Portrait

Color

Color

More settings

Print

Cancel

ts, limitations, and exclusions. Estimated

7. The desired document will display on another screen
8. Click the "Print" button

# Search for Complete Dental History of a Member

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

[CHANGE MEMBER](#)

Standard Programs  
Federal Government Programs

[Search](#)

[Office](#)

[Member](#)

[Admin](#)

## Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

12/27/2023

To:

End Date:

03/26/2024

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx3112
- 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"

16555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx3112

HKD TestSubscriber - Sub

## Search Results

Page 1 of 34 1-25 of 844 Records

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
03/25/2024	03/25/2024		2403262368290	xxxxx8524	Paid
03/25/2024	03/25/2024		2403262368282	xxxxx8537	Paid
03/25/2024	03/26/2024		2403262368246	xxxxx2865	Paid
03/25/2024	03/25/2024		2403262368212	xxxxx2865	Paid
03/25/2024	03/25/2024		2403262368180	xxxxx6803	Paid
03/25/2024	03/25/2024		2403262368003	xxxxx0457	Paid
03/25/2024	03/25/2024		2403262367997	xxxxx8504	Paid
N/A	03/25/2024		2403262367994	xxxxx0457	Estimated
03/21/2024	03/21/2024		2403222155130	xxxxx9432	Paid
03/21/2024	03/21/2024		2403222155109	xxxxx4661	Paid
03/21/2024	03/21/2024		2403222155035	xxxxx2125	Denied
03/21/2024	03/21/2024		2403222136777	xxxxx0181	Paid
03/21/2024	03/21/2024		2403222136238	xxxxx1745	Paid
03/21/2024	03/21/2024		2403222136207	xxxxx8537	Paid
03/21/2024	03/21/2024		2403222136203	xxxxx8030	Paid
03/21/2024	03/21/2024		2403222136196	xxxxx0609	Paid
03/21/2024	03/21/2024		2403222136180	xxxxx0410	Paid

5. View search results

6. Click on any claim number to view details

Standard  
ProgramsFederal  
Government  
Programs

## In For Pay Claim

[< BACK TO SEARCH RESULTS](#)

## Patient Information

Patient Account Number: 9456058

Patient Name:

Date of Birth: 11/20/1982

Relationship Code: Subscriber

Subscriber Name:

## Dentist Information

Dentist Name:

License Number:

Dentist TIN:

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

## Claim Information

Receipt Date: 03/21/2024

Process Date: 03/22/2024

Claim Number: 2403222155035

Claim Type: In For Pay

Claim Status: Denied

Other Carrier Payment:

[PRINT CLAIM DETAIL](#)[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	Den	Office Visit	CoPay	Patient Pmt	Plan Pmt	Per Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 050803 Sub-group Number: 1000																		
			03/21/2024	D0206	\$72.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO plus Premier	Denied		Provider	
Policy Code(s): EL12519																		
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 EL12519:</b> Fluoride treatments are payable for age 18 and under.																		

Total: \$30.00 \$0.00

Subscriber Deductible: \$0.00

[Paid to Subscriber](#)

**Search Sealant History of a Member**

SELECTED SERVICE OFFICE:

[Address] | 35220 Mound Rd, Sterling Heights, MI 48310

HOME OFFICE CHANGE OFFICE

Selected Member ID:

xxxxx1111 Marshall Molar - Sub

CHANGE MEMBER

Standard Programs Federal Government Programs

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

# Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

02/22/2024

To:

End Date:

05/22/2024

Member Search Options for Member ID: xxxxx1111

- 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):

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

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

SELECTED SERVICE OFFICE:

[Address] | 35220 Mound Rd, Sterling Heights, MI 48310

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx1111

Marshall Jr Molar - Dep

CHANGE MEMBER

Standard Programs

Federal Government Programs

Search

Office

Member

Admin

## Search

I'd like to search for:

Family Claims History

Time Period:

All Time

Or:

Start Date:

12/09/1971

To:

End Date:

05/22/2024

Member Search Options for Member ID: xxxxx1111

- For the Selected Family Member: Marshall Jr 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"

35220 Mound Rd, Sterling Heights, MI 48310

xxxxx1111

Marshall Jr Molar - Dep

## 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

## Search Results

Page 1 of 1 1-1 of 1 Records

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

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
02/01/2024	05/14/2024	Marshall Jr Molar	2405144355983	xxxxx1111	Paid

Page 1 of 1 1-1 of 1 Records

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

6. Click into the claim number in the search results

Standard Programs  
Federal Government Programs

# In For Pay Claim

< BACK TO SEARCH RESULTS

- Search
- Office
- Member
- Admin

## Patient Information

**Patient Account Number:** [Redacted]  
**Patient Name:** Marshall Jr Molar  
**Date of Birth:** 02/01/2020  
**Relationship Code:** Dependent  
**Subscriber Name:** Marshall Molar

## Dentist Information

**Dentist Name:** [Redacted]  
**License Number:** [Redacted]  
**Dentist TIN:** [Redacted]  
**Specialty:** General Practitioner  
**Other Carrier:**

## Claim Information

**Receipt Date:** 05/14/2024  
**Process Date:** 05/14/2024  
**Claim Number:** 2405144355983  
**Claim Type:** In For Pay  
**Claim Status:** Paid  
**Other Carrier Payment:**

**PRINT CLAIM DETAIL**

**CANCEL CLAIM**

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appr'd Amount	Allowed Amount	Deid	Office Visit	CoPay	Patient Post	Plan Post	Per Network	Product	Claim Line Status	Payment Number	Pay To	Insd Date
					Group Number: 9700 Sub-group Number: 1000													
03			02/01/2024	D330	\$2,000.00	\$38.00	\$38.00	\$0.00	\$0.00	90%	\$3.80	\$54.20	PPO Dentist	Delta Dental PPO (Point-of-Service)	Paid	17826026	Provider	05/13/2024
											<b>Total:</b>	\$3.80	\$54.20					
											<b>Subscriber Deductible:</b>	\$0.00						
											<b>Net Amount:</b>		\$0.00					
											<b>Gross Amount:</b>		\$54.20					
											<b>R&amp;D Withhold:</b>		\$0.00					
											<b>Net Amount:</b>		\$54.20					

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

# MEMBER CLAIMS

- **Submit a Pre-treatment Estimate (PTE)**
- **Convert a Pre-treatment Estimate to a Claim**
- **Submit a Claim**
- **Search for a Claim**
- **Search Family Claims History Across Businesses**
- **Cancel a Claim**

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

SELECTED SERVICE OFFICE:

[REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

## Service Office Details

[REDACTED]

35220 Mound Rd

Sterling Heights, MI 48310

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: [REDACTED]

NPI Type 1: [REDACTED]

Tax ID: [REDACTED]

Business NPI Type 2: [REDACTED]

Payment Method: Check

Par Status:  
Delta Dental Premier®  
Healthy Kids Dental/MiChild  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

10/30/2023

[Medicare Advantage & Michigan Medicaid Claims ONLY](#)

09/07/2023

[Understanding the difference between Delta Dental Medicaid and Medicare Advantage networks for Michigan](#)Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment  
EstimatesNo 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:

[REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx1111 Marshall Molar - Sub

CHANGE MEMBER

## Service Office Details

[REDACTED]  
35220 Mound Rd  
Sterling Heights, MI 48310  
Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: [REDACTED]  
NPI Type 1: [REDACTED]  
Tax ID: [REDACTED]  
Business NPI Type 2: [REDACTED]  
Payment Method: Check  
Par Status:  
Delta Dental Premier®  
Healthy Kids Dental/MiChild  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

10/30/2023

[Medicare Advantage & Michigan Medicaid Claims ONLY](#)

09/07/2023

[Understanding the difference between Delta Dental Medicaid and Medicare Advantage networks for Michigan](#)

Activity Log (0) New [Please click each tab to view results](#)

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.

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

SELECTED SERVICE OFFICE:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx1111

Marshall Molar - Sub

CHANGE MEMBER

[REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: [REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310 (Change above if needed.)

- I'd like to submit this claim for this patient: **Marshall Molar** (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.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

### Treatment Details

Please fill out one line for each treatment.

Standard  
ProgramsFederal  
Government  
Programs

Search

Office

Member

Member Details &  
Benefits• Enter Claim / Pre-  
treatment Estimate

Family Claims History

Processing Policies

Admin

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:

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

Selected Member ID:

[CHANGE MEMBER](#)

| | 35220 Mound Rd, Sterling Heights, MI 48310

xxxxxxTITI Marshall Molar - Sub

[Standard Programs](#)
[Federal Government Programs](#)

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: | | 35220 Mound Rd, Sterling Heights, MI 48310 (Change above if needed.)

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

- Dental Anesthesiologist
- Endodontist
- Pediatric

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.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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"/>
<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"/>
<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"/>
					Total Amount:	\$0.00

[Add More Treatment Lines](#)

Required for  
Pre-Treatment  
Estimate

## Claim Attachments

## 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.

## Place Of Service

Please enter the place of service if applicable.

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

16555 E 10 Mile Rd, Eastpointe, MI 48021

XXXXX3112

HKD TestSubscriber - Sub

Total Amount: \$0.00

[+ Add More Treatment Lines](#)

## Claim Attachments

### Upload Documents

 OR DROP FILES

### 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.

### Place Of Service

Please enter the place of service if applicable.

## Other Claim Details

NOTE: Claim Attachments is a new functionality where users can upload documents by searching their File Explorer or dropping the file from the users' desktop.

16555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx3112 HKD TestSubscriber - Sub ▼

## 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:  
 [Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:  
 xxxxx3T12 HKD TestSubscriber - Sub [Dropdown]

Standard Programs | Federal Government Programs

Claim Submitted Successfully X

- Search
- Office
- Member
- Admin

## Pre-treatment Estimate Claim

[< CREATE ANOTHER CLAIM](#)

### Patient Information

Patient Account Number: [Field]  
 Patient Name: HKD TestSubscriber  
 Date of Birth: 01/01/2014  
 Relationship Code: Subscriber  
 Subscriber Name: HKD TestSubscriber

### Claim Information

Receipt Date: 03/26/2024  
 Process Date: 03/26/2024  
 Claim Number: 2403264459419  
 Claim Type: Pre-treatment Estimate  
 Claim Status: Denied  
 Other Carrier Payment: [Field]

### Dentist Information

Dentist Name: [Field]  
 License Number: [Field]  
 Dentist TIN: [Field]  
 Specialty: General Practitioner  
 Other Carrier: [Field]

[PRINT CLAIM DETAIL](#)

[SUBMIT FOR PAYMENT](#)

[CANCEL CLAIM](#) Select your option [Dropdown]

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Del	Office Visit	CofPay	Patient Post	Plan Post	Pat Network	Product	Claim Line Status	Payment Number	Pay To	Interest Date
Group Number: 8444 Sub-group Number: 1000					00340	\$72.00	\$72.00	\$0.00	\$0.00	0.00	\$72.00	\$0.00	Healthy Kids Dental/MChild Dentist	Healthy Kids Dental/MChild	Denied		Provider	
Policy Code(s): E00061 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 E00061: This procedure is not a benefit under the dental plan.																		
<b>Total:</b>											\$72.00	\$0.00						

10. Review pre-treatment estimate details
11. There are **options** to "Print Claim Detail" or "Submit for Payment"

# Convert a Pre-treatment Estimate to a Claim

*Option 1—From the Activity Log*

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

x00003112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs

Federal Government Programs

## Service Office Details

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]

NPI Type 1: [Redacted]

Tax ID: [Redacted]

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

12/27/2023

[MI Health Link: HAD/IDPH members](#)

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (99+) New [Please click each tab to view results](#)

Information Requests

EFTs

9+  
Pre-Treatment Estimates

No Pay Processed Claims 7

EFT Interest Payments

Showing activity for the last 90 days

Show Archived

Page 1 of 22 1-25 of 534 Records

Navigation: << < 1 2 3 4 5 6 7 8 9 >>

Archive	Date Received	Claim Number	Patient Name
<input type="checkbox"/>	03/27/2024	2403272461884	Kashawna Greene

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:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxxx3112 HKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

## Pre-treatment Estimate Claim

[< BACK TO ACTIVITY LOG](#)

### Patient Information

**Patient Account Number:** [Field]  
**Patient Name:** Winston Churchill  
**Date of Birth:** 10/14/1970  
**Relationship Code:** Subscriber  
**Subscriber Name:** Winston Churchill

### Dentist Information

**Dentist Name:** [Field]  
**License Number:** [Field]  
**Dentist TIN:** [Field]  
**Specialty:** General Practitioner  
**Other Carrier:** [Field]

### Claim Information

**Receipt Date:** 02/14/2024  
**Process Date:** 03/04/2024  
**Claim Number:** 2402144049233  
**Claim Type:** Pre-treatment Estimate  
**Claim Status:** Denied  
**Other Carrier Payment:** [Field]

[PRINT CLAIM DETAIL](#)

[SUBMIT FOR PAYMENT](#)

[CANCEL CLAIM](#)

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appt'd Amount	Allowed Amount	Den	Office Visit	CoPay	Patient Pmt	Plan Pmt	Plan Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date	
					Group Number: 9998	Sub-group Number: 0007													
				D000	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	EPO Dentists	Delta Dental EPO	Not Billable		Provider		

Policy Code(s): AP15032, AP11001

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.

**Policy AP11001:** This pre-treatment estimate summarizes the benefits under the enrollee's primary coverage. You will receive a separate estimate summarizing the benefits under the enrollee's secondary

3. Click "Submit for Payment"

## Place Of Service

N/A

Please enter the place of service if applicable.

## 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”

SELECTED SERVICE OFFICE:  
 [Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:  
 XXXXX3112 HKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

- Search
- Office
- Member
- Admin

Claim Submitted Successfully

## Pre-treatment Estimate In For Pay Claim

[< CREATE ANOTHER CLAIM](#)

### Patient Information

**Patient Account Number:** [Field]  
**Patient Name:** Winston Churchill  
**Date of Birth:** 10/14/1970  
**Relationship Code:** Subscriber  
**Subscriber Name:** Winston Churchill

### Dentist Information

**Dentist Name:** [Field]  
**License Number:** [Field]  
**Dentist TIN:** [Field]  
**Specialty:** General Practitioner  
**Other Carrier:** [Field]

### Claim Information

**Receipt Date:** 03/28/2024  
**Process Date:** 03/28/2024  
**Claim Number:** 2403284628716  
**Claim Type:** Pre-treatment Estimate In For Pay  
**Claim Status:** Denied  
**Other Carrier Payment:** [Field]

[PRINT CLAIM DETAIL](#)

[CANCEL CLAIM](#)

Select your option

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submittl Amount	Apprv'd Amount	Allowed Amount	Dest	Office Visit	CoPay	Patient Pmt	Plan Pmt	Pr Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
			Group Number: 9998 Sub-group Number: 0007															
			03/06/2024	0000	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00	EPO Dentist	Delta Dental EPO	Not Billable		Provider	
Policy Code:00 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.																		
											<b>Total:</b>	\$0.00	\$0.00					
											Subscriber Deductible:	\$0.00						

NOTE: This is what your screen should look like after submission. There is additional information on the Claim if you scroll down towards the bottom of the page

# Convert a Pre-treatment Estimate to a Claim

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

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:  
Please select a member

[CHANGE MEMBER](#)

Standard Programs

Federal Government Programs

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

## Service Office Details

[Redacted]

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]

NPI Type 1: [Redacted]

Tax ID: [Redacted]

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

12/27/2023

[MI Health Link: HAP/UPHP members](#)

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment Estimates

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

Navigation arrows

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

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:  
Please select a member

CANCEL

## Service Office Details

[Address]  
16555 E 10 Mile Rd  
Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: [Field]  
NPI Type 1: [Field]  
Tax ID: [Field]  
Business NPI Type 2: [Field]  
Payment Method: Direct Deposit  
Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

SSN or Alt ID

DATE OF BIRTH

mm/dd/yyyy

FIRST NAME

FIRST NAME

LAST NAME

LAST NAME

SEARCH

RESET

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (0) New Please click each tab to view results

Information Requests

EFTs

Pre-Treatment  
Estimates

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

Navigation arrows

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

SELECTED SERVICE OFFICE:

16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs

Federal Government Programs

Search

Office

**Member**

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

**Family Claims History**

Processing Policies

Admin

## Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

12/29/2023

To:

End Date:

03/28/2024

Member Search Options for Member ID: xxxxx3112

- For the Selected Family Member: HKD TestSubscriber
- 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)

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

SELECTED SERVICE OFFICE:

16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs  
Federal Government Programs

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

## Search

I'd like to search for:

Pre-treatment Estimates

Time Period:

Last 90 Days

Or:

Start Date:

12/29/2023

To:

End Date:

03/28/2024

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx3112
- 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"

16555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx3112

HKD TestSubscriber - Sub

Pre-treatment Estimates

## Time Period:

Last 90 Days

Or:

## Start Date:

12/29/2023

To:

## End Date:

03/28/2024

## Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx3112
- For a Specific Claim Number:

RESET

SEARCH

## Search Results

Page 1 of 1 1-1 of 1 Records

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

Date Received	Patient Name	Claim Number	SSN	Status
03/26/2024	HKD TestSubscriber	2403264459419	xxxxx3112	Denied

Page 1 of 1 1-1 of 1 Records

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

9. Click on the number of the pre-treatment estimate you are searching for from the results

SELECTED SERVICE OFFICE:

16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxxx312 HKD-TestSubscriber - Sub

Standard Programs  
Federal Government Programs

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

**Patient Account Number:** [Redacted]  
**Patient Name:** HKD TestSubscriber  
**Date of Birth:** 01/01/2014  
**Relationship Code:** Subscriber  
**Subscriber Name:** HKD TestSubscriber

### Dentist Information

**Dentist Name:** [Redacted]  
**License Number:** [Redacted]  
**Dentist TIN:** [Redacted]  
**Specialty:** General Practitioner  
**Other Carrier:** [Redacted]

### Claim Information

**Receipt Date:** 03/26/2024  
**Process Date:** 03/26/2024  
**Claim Number:** 2403264459419  
**Claim Type:** Pre-treatment Estimate  
**Claim Status:** Denied  
**Other Carrier Payment:** [Redacted]

[PRINT CLAIM DETAIL](#)

[SUBMIT FOR PAYMENT](#)

[CANCEL CLAIM](#)

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appn'd Amount	Allowed Amount	Den	Office Visit	CoPay	Patient Pmt	Plan Pmt	Per Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 8444 Sub-group Number: 1000																		
				D0310	\$130.00	\$72.00	\$0.00	\$0.00	\$0.00	0.0%	\$72.00	\$0.00	Healthy Kids Dental/MiChild Dentist	Healthy Kids Dental/MiChild	Denied		Provider	
Policy Code(s): ELO0061																		
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 ELO0061:</b> This procedure is not a benefit under the dental plan.																		
<b>Total:</b>											\$72.00	\$0.00						

10. Click on "Submit for Payment"

Place Of Service

N/A

Please enter the place of service if applicable.

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

11. Review the details of the pre-treatment estimate and scroll down
12. 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:

| | 35220 Mound Rd, Sterling Heights, MI 48310

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

Selected Member ID:

Please select a member

[CANCEL](#)

## Service Office Details

35220 Mound Rd  
Sterling Heights, MI 48310  
Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number:   
NPI Type 1:   
Tax ID:   
Business NPI Type 2:   
Payment Method: Check  
Par Status:  
Delta Dental Premier®  
Healthy Kids Dental/MiChild  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

MEMBER ID

DATE OF BIRTH

FIRST NAME

LAST NAME




09/07/2023

[Understanding the difference between Delta Dental Medicaid and Medicare Advantage networks for Michigan](#)

Activity Log (0) New Please click each tab to view results

[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.

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

SELECTED SERVICE OFFICE:

[redacted] | [redacted] | 35220 Mound Rd, Sterling Heights, MI 48310

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx1111 Marshall Molar - Sub

CHANGE MEMBER

## Service Office Details

[redacted]  
35220 Mound Rd  
Sterling Heights, MI 48310  
Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: [redacted]  
NPI Type 1: [redacted]  
Tax ID: [redacted]  
Business NPI Type 2: [redacted]  
Payment Method: Check  
Par Status:  
Delta Dental Premier®  
Healthy Kids Dental/MiChild  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

10/30/2023

[Medicare Advantage & Michigan Medicaid Claims ONLY](#)

09/07/2023

[Understanding the difference between Delta Dental Medicaid and Medicare Advantage networks for Michigan](#)

Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment  
EstimatesNo 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:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

[REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310

xxxxx1111

Marshall Molar - Sub

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: [REDACTED] | [REDACTED] | 35220 Mound Rd, Sterling Heights, MI 48310 (Change above if needed.)

I'd like to submit this claim for this patient: **Marshall Molar** (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.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

### Treatment Details

Please fill out one line for each treatment.

Standard Programs

Federal Government Programs

Search

Office

Member

Member Details &amp; Benefits

• Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

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:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

  |   | 35220 Mound Rd, Sterling Heights, MI 48310

xxxxxIII Marshall Molar - Sub

Standard Programs | Federal Government Programs

Search

Office

Member

Member Details & Benefits

• Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS:   |   | 35220 Mound Rd, Sterling Heights, MI 48310 (Change above if needed.)

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

Dental Anesthesiologist  
Endodontist  
Pediatric

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.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

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	Surface(s)	Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
<input type="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<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="\$"/>

[Add More Treatment Lines](#)

Total Amount: \$0.00

2  
Date MUST be populated in order to submit claim

### Claim Attachments

**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.

**Place Of Service**

Please enter the place of service if applicable.

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

Total Amount: \$0.00

[+ Add More Treatment Lines](#)

## Claim Attachments

### Upload Documents

OR DROP FILES

### 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.

### Place Of Service

Please enter the place of service if applicable.

## Other Claim Details

NOTE: Claim Attachments is a new functionality where users can upload documents by searching their File Explorer or dropping the file from the users' desktop.

35220 Mound Rd, Sterling Heights, MI 48310

xxxxx1111

Marshall Molar - Sub

## Place Of Service

N/A

Please enter the place of service if applicable.

## 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:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxxx3112 HKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

- Search
- Office
- Member
- Admin

Claim Submitted Successfully

## In For Pay Claim

[← CREATE ANOTHER CLAIM](#)

### Patient Information

**Patient Account Number:** [Redacted]  
**Patient Name:** HKD TestSubscriber  
**Date of Birth:** 01/01/2014  
**Relationship Code:** Subscriber  
**Subscriber Name:** HKD TestSubscriber

### Dentist Information

**Dentist Name:** [Redacted]  
**License Number:** [Redacted]  
**Dentist TIN:** [Redacted]  
**Specialty:** General Practitioner  
**Other Carrier:** [Redacted]

### Claim Information

**Receipt Date:** 03/28/2024  
**Process Date:** 03/28/2024  
**Claim Number:** 2403284630428  
**Claim Type:** In For Pay  
**Claim Status:** Denied  
**Other Carrier Payment:** [Redacted]

[PRINT CLAIM DETAIL](#)

[CANCEL CLAIM](#)

Select your option

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appr'd Amount	Allowed Amount	Den'd	Office Visit	CoPay	Patient Prft	Plan Prft	Per Network	Product	Claim Line Status	Payment Number	Pay To	Invoice Date	
					Group Number: 8444 Sub-group Number: 1000														
			03/06/2024	C2000	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Healthy Kids Dental/MCHld Dentist	Healthy Kids Dental/MCHld	Not Billable		Provider		
Policy Code(s): MI07010																			
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 MI07010:</b> Please provide a report for this code indicating the services rendered and the need for this service.																			
												<b>Total:</b>	\$0.00	\$0.00					
Subscriber Deductible: \$0.00																			

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:

HOME OFFICE CHANGE OFFICE

16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs Federal Government Programs

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

## Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: 16555 E 10 Mile Rd, Eastpointe, MI 48021 (Change above if needed.)

I'd like to submit this claim for this patient: HKD TestSubscriber (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.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

### 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
--------------	--------------	------------	-------------------------	--------------	----------------	---------------

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:

  |   | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

[CHANGE MEMBER](#)

[Standard Programs](#) [Federal Government Programs](#)

[Search](#)

[Office](#)

[Member](#)

[Admin](#)

## Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

12/29/2023

To:

End Date:

03/28/2024

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx3112
- 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 35 1-25 of 863 Records

Service Date	Date Received ▾	Patient Name	Claim Number	SSN	Status
03/06/2024	03/28/2024	HKD TestSubscriber	2403284630428	xxxxx3112	Denied
03/06/2024	03/28/2024	Winston Churchill	2403284628716	xxxxx0201	Denied
03/27/2024	03/28/2024	██████████	2403282578861	xxxxx5744	Paid
03/27/2024	03/28/2024	██████████	2403282577020	xxxxx1950	Paid
03/27/2024	03/28/2024	██████████	2403282576644	xxxxx3573	Paid
03/27/2024	03/27/2024	██████████	2403282576618	xxxxx3573	Paid
03/27/2024	03/27/2024	██████████	2403282576598	xxxxx4270	Paid
03/27/2024	03/27/2024	██████████	2403282576596	xxxxx9642	Paid
03/27/2024	03/27/2024	██████████	2403282576546	xxxxx6490	Paid
03/27/2024	03/27/2024	██████████	2403282576542	xxxxx6490	Paid
03/27/2024	03/27/2024	██████████	2403282576494	xxxxx0742	Denied
03/26/2024	03/27/2024	██████████	2403272470445	xxxxx8478	Denied
03/26/2024	03/27/2024	██████████	2403272470443	xxxxx6523	Paid
03/26/2024	03/27/2024	██████████	2403272470413	xxxxx0562	Paid
03/26/2024	03/27/2024	██████████	2403272470365	xxxxx0439	Paid
03/26/2024	03/27/2024	██████████	2403272470357	xxxxx6776	Paid
03/26/2024	03/27/2024	██████████	2403272470313	xxxxx8975	Paid

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

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

XXXXX3112 HKD TestSubscriber - Sub

Standard Programs | Federal Government Programs

Search

Office

Member

Admin

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

Patient Account Number: 7415349  
 Patient Name: [Redacted]  
 Date of Birth: 03/18/1980  
 Relationship Code: Subscriber  
 Subscriber Name: [Redacted]

### Dentist Information

Dentist Name: [Redacted]  
 License Number: [Redacted]  
 Dentist TIN: [Redacted]  
 Specialty: General Practitioner  
 Place Of Service: Office  
 Other Carrier:

### Claim Information

Receipt Date: 03/27/2024  
 Process Date: 03/27/2024  
 Claim Number: 2403272461884  
 Claim Type: Pre-treatment Estimate  
 Claim Status: Estimated  
 Other Carrier Payment:

[PRINT CLAIM DETAIL](#)

[SUBMIT FOR PAYMENT](#)

[CANCEL CLAIM](#)

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit Amount	Appr'd Amount	Allowed Amount	Den	Office Visit	CoPay	Patient Pmt	Plan Pmt	Per Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
					Group Number: 2355		Sub-group Number: 5001											
				02006	\$72.00	\$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): EL12519																		
				02050	\$446.00	\$199.00	\$199.00	\$0.00	\$0.00	85%	\$29.85	\$169.15	PPO Dentist	Delta Dental PPO (Point-of-Service)	Estimated		Provider	
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 EL12519:</b> Fluoride treatments are payable for age 18 and under.																		

- 6. After clicking on a claim number, you can see the full details of the claim
- 7. There are **options** to "Print Claim Detail," "Submit for Payment" (for PTEs), or "Cancel Claim" (see page 97)

**Specialty:** General Practitioner

**Place Of Service:** Office

CANCEL CLAIM

Select your option

**Other Carrier:**

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Dist	Office Visit	CoPay	Patient Pmt	Plan Pmt	Per Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date	
					Group Number: 2355					Sub-group Number: 5001									
				01206	\$72.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denial		Provider		
Policy Code(s): EL12519																			
15				02250	\$446.00	\$199.00	\$199.00	\$0.00	\$0.00	85%	\$29.85	\$169.15	PPO Dentist	Delta Dental PPO (Point-of-Service)	Estimated		Provider		
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 EL12519:</b> Fluoride treatments are payable for age 18 and under																			

**Total:** \$59.85 \$169.15

**Subscriber Deductible:** \$0.00

Paid to Subscriber

**Net Amount:** \$0.00

Paid to Provider

**Gross Amount:** \$169.15

**R&D Withhold:** \$0.00

**Net Amount:** \$169.15

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**

SELECTED SERVICE OFFICE:

16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs  
Federal Government Programs

## Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

12/29/2023

To:

End Date:

03/28/2024

Member Search Options for Member ID: xxxxx3112

- For the Selected Family Member: HKD TestSubscriber
- 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)

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

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

SELECTED SERVICE OFFICE:  
 [Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

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

Selected Member ID:  
 xxxxx3112 HKD TestSubscriber - Sub

[CHANGE MEMBER](#)

- [Standard Programs](#)
- [Federal Government Programs](#)
- [Search](#)
- [Office](#)
- Member**
  - [Member Details & Benefits](#)
  - [Enter Claim / Pre-treatment Estimate](#)
  - [Family Claims History](#)
  - [Processing Policies](#)
- [Admin](#)

## Search

**I'd like to search for:**  
 Family Claims History

**Time Period:** Last 90 Days **Or:** **Start Date:** 12/29/2023 **To:** **End Date:** 03/26/2024

**Member Search Options for Member ID: xxxxx3112**  
 For the Selected Family Member: HKD TestSubscriber  
 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](#)

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"

36555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx312

HKD TestSubscriber - Sub

## Member Search Options for Member ID: xxxxx3112

- For the Selected Family Member: HKD TestSubscriber
- 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:

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

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
03/06/2024	03/28/2024	HKD TestSubscriber	2403284630428	xxxxx3112	Denied

Page 1 of 1 1-1 of 1 Records

5. View search results

6. Click on any claim number for details

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

XXXXX312 HKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

## In For Pay Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

**Patient Account Number:** [Redacted]  
**Patient Name:** HKD TestSubscriber  
**Date of Birth:** 01/01/2014  
**Relationship Code:** Subscriber  
**Subscriber Name:** HKD TestSubscriber

### Dentist Information

**Dentist Name:** [Redacted]  
**License Number:** [Redacted]  
**Dentist TIN:** [Redacted]  
**Specialty:** General Practitioner  
**Other Carrier:** [Redacted]

### Claim Information

**Receipt Date:** 03/28/2024  
**Process Date:** 03/28/2024  
**Claim Number:** 2403284630428  
**Claim Type:** In For Pay  
**Claim Status:** Denied  
**Other Carrier Payment:** [Redacted]

[PRINT CLAIM DETAIL](#)

[CANCEL CLAIM](#)

Select your option

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Subst'd Amount	Appr'd Amount	Advised Amount	Dist	Office Visit	CoPay	Patient Post	Plan Post	Per Network	Product	Claim Line Status	Payment Number	Pay To	Invoiced Date	
					Group Number: 8444		Sub-group Number: 1000												
			03/06/2024	72029	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Healthy Kids Dental/MChild Dental	Healthy Kids Dental/MChild	Not Billable		Provider		

Policy Code(s): M07010

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 M07010:** Please provide a report for this code indicating the services rendered and the need for this service.

<b>Total:</b>	\$0.00	\$0.00
<b>Subscriber Deductible:</b>	\$0.00	
		<b>Paid to Subscriber</b>
<b>Net Amount:</b>	\$0.00	

## 7. View claim details

**Cancel a Claim**

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

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

[CHANGE MEMBER](#)

## Search

[Standard Programs](#) [Federal Government Programs](#)

[Search](#)

[Office](#)

[Member](#)

[Admin](#)

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

12/29/2023

To:

End Date:

03/28/2024

Claims Search Options:

- For ALL Claims
- For the Selected Member ID: xxxxx3112
- 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

16555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx3112

HKD TestSubscriber - Sub

## Search Results

Page 1 of 35 1-25 of 863 Records

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
03/06/2024	03/28/2024	HKD TestSubscriber	2403284630428	xxxxx3112	Denied
03/06/2024	03/28/2024	Winston Churchill	2403284628716	xxxxx0201	Denied
03/27/2024	03/28/2024		2403282578861	xxxxx5744	Paid
03/27/2024	03/28/2024		2403282577020	xxxxx1950	Paid
03/27/2024	03/28/2024		2403282576644	xxxxx3573	Paid
03/27/2024	03/27/2024		2403282576618	xxxxx3573	Paid
03/27/2024	03/27/2024		2403282576598	xxxxx4270	Paid
03/27/2024	03/27/2024		2403282576596	xxxxx9642	Paid
03/27/2024	03/27/2024		2403282576546	xxxxx6490	Paid
03/27/2024	03/27/2024		2403282576542	xxxxx6490	Paid
03/27/2024	03/27/2024		2403282576494	xxxxx0742	Denied
03/26/2024	03/27/2024		2403272470445	xxxxx8478	Denied
03/26/2024	03/27/2024		2403272470443	xxxxx6523	Paid
03/26/2024	03/27/2024		2403272470413	xxxxx0562	Paid
03/26/2024	03/27/2024		2403272470365	xxxxx0439	Paid
03/26/2024	03/27/2024		2403272470357	xxxxx6776	Paid
03/26/2024	03/27/2024		2403272470313	xxxxx8975	Paid

3. After searching, select the claim details to view

SELECTED SERVICE OFFICE:

[Address] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

## Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

### Patient Information

Patient Account Number: 7415349  
 Patient Name: [Redacted]  
 Date of Birth: 03/18/1980  
 Relationship Code: Subscriber  
 Subscriber Name: [Redacted]

### Dentist Information

Dentist Name: [Redacted]  
 License Number: [Redacted]  
 Dentist TIN: [Redacted]  
 Specialty: General Practitioner  
 Place Of Service: Office  
 Other Carrier:

### Claim Information

Receipt Date: 03/27/2024  
 Process Date: 03/27/2024  
 Claim Number: 2403272461884  
 Claim Type: Pre-treatment Estimate  
 Claim Status: Estimated  
 Other Carrier Payment:

**PRINT CLAIM DETAIL**

**SUBMIT FOR PAYMENT**

**CANCEL CLAIM** [Dropdown Menu]

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

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	Pt Network	Pay To	Issued Date	
					Q1206	\$72.00	\$30.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPD Dentist	Delta Dental PPO (Point-of-Service)	Denied	Provider
					Group Number: 2355		Sub-group Number: 5001									
Policy Code(s): EL12519																

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

SELECTED SERVICE OFFICE:

[Address] 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

xxxxx312 AKD TestSubscriber - Sub

- Standard Programs
- Federal Government Programs

## Pre-treatment Estimate Claim

[← BACK TO SEARCH RESULTS](#)

### Patient Information

Patient Account Number: 7415349

Patient Name: [Redacted]

Date of Birth: 03/18/1980

Relationship Code: Subscriber

Subscriber Name: [Redacted]

### Claim Information

Receipt Date: 03/27/2024

Process Date: 03/27/2024

Claim Number: 2403272461884

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

### Dentist Information

Dentist Name: [Redacted]

License Number: [Redacted]

Dentist TIN: [Redacted]

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

[PRINT CLAIM DETAIL](#)

[SUBMIT FOR PAYMENT](#)

[CANCEL CLAIM](#)

Claim submitted in error

Tooth Number	Area of Arch	Surface	Date of Service	Proc. Code	Submit's Amount	Appn's Amount	Allowed Amount	Ded.	Office Visit	CoPay	Patient Pmt.	Plan Pmt.	Plan Network	Product	Claim Line Status	Payment Number	Pay To	Issued Date
					Group Number: 2355		Sub-group Number: 5001											
				22218	\$72.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied		Provider	
				22220	\$446.00	\$199.00	\$199.00	\$0.00	\$0.00	88%	\$29.65	\$189.15	PPO Dentist	Delta Dental PPO (Point-of-Service)	Estimated		Provider	
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 EL12519:</b> Fluoride treatments are payable for age 18 and under.																		

5. Select "Yes" to confirm claim cancellation

**SELECTED SERVICE OFFICE:**

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

**Selected Member ID:**

xxxxx3112 HKD TestSubscriber - Sub ▼

**Standard Programs**  
Federal Government Programs

**Claim Number 2403272461884 has been successfully canceled and will no longer be viewable.**

- Search
- Office
- Member
- Admin

6. Confirm the claim has been cancelled

# DDS Office

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

**Select a Service Office**

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE

**CHANGE OFFICE**

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

Standard Programs

Federal Government Programs

## Service Office Details

[Redacted]  
 16555 E 10 Mile Rd  
 Eastpointe, MI 48021  
 Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]  
 NPI Type 1: [Redacted]  
 Tax ID: [Redacted]  
 Business NPI Type 2: [Redacted]  
 Payment Method: Direct Deposit  
 Par Status:  
 Delta Dental PPO®  
 Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
 Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 02/06/2024  
[TEST Alert Message DOI](#)
- 01/22/2024  
[Make a difference and some extra cash!](#)
- 12/27/2023  
[MI Health Link: HAP/3JHP members](#)
- 12/27/2023  
[Appointment Scheduling Requirements](#)
- 10/30/2023

Activity Log (0) New Please click each tab to view results:

Information Requests	EFTs	Pre-Treatment Estimates	No Pay Processed Claims <span style="color: green;">2</span>	EFT Interest Payments
Showing activity for the last 90 days <span style="float: right;">Show Archived</span>				
Page 1 of 1 1-2 of 2 Records <span style="float: right;">Navigation icons</span>				
Archive	Date	Claim Number	Patient Name	
<input type="checkbox"/>	03/13/2024	2401132501232	[Redacted]	

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:

HOME OFFICE

CANCEL

Selected Member ID:

CHANGE MEMBER

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

xxxxx3112 HKD TestSubscriber - Sub

DENTIST LAST NAME

LICENSE

ZIP CODE

Displaying your most recently selected Service Offices below...

[Redacted] | [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

### Announcements

- 02/06/2024  
[TEST Alert Message DOT](#)
- 01/22/2024  
[Make a difference and some extra cash!](#)
- 12/27/2023  
[MI Health Link: HAP/UPHP members](#)
- 12/27/2023  
[Appointment Scheduling Requirements](#)
- 10/30/2023

Service Office NPI Type 2: Not on file

Business NPI Type 2: [Redacted]

Payment Method: Direct Deposit

**THIS IS YOUR HOME OFFICE** ✓

Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

Activity Log (0) New Please click each tab to view results

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

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

Page 1 of 1 1-2 of 2 Records

Archive	Date	Claim Number	Patient Name
<input type="checkbox"/>	03/13/2024	2403132501232	[Redacted]

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:

16555 E 10 Mile Rd, Eastpointe, MI 48021

**HOME OFFICE**

**CANCEL**

Selected Member ID:

xxxxx312 HKD TestSubscriber - Sub

**CHANGE MEMBER**

DENTIST LAST NAME

LICENSE

ZIP CODE

Show inactive dentists

		3670 Woodward Ave Ste 101b, Detroit, MI 48201
		600 Renaissance Ctr Ste R610, Detroit, MI 48243
		32316 5 Mile Rd, Livonia, MI 48154
		2425 E 12 Mile Rd Ste A, Warren, MI 48092
		300 E Long Lake Rd Ste 290, Bloomfield Hills, MI 48304
		28304 Telegraph Rd, Southfield, MI 48034
		22003 Allen Rd, Woodhaven, MI 48183
		6760 Allen Rd Ste 101, Allen Park, MI 48101
		23157 Michigan Ave, Dearborn, MI 48124

**Announcements**

- 02/06/2024 [TEST Alert Message DOT](#)
- 01/22/2024 [Make a difference and some extra cash!](#)
- 12/27/2023 [MI Health Link: HAP/PHP members](#)
- 12/27/2023 [Appointment Scheduling Requirements](#)
- 10/30/2023

Activity Log (0) New Please click each tab to view results

Information Requests

EFTs

Pre-Treatment Estimates

No Pay Processed Claims 2

EFT Interest Payments

Showing activity for the last 90 days  Show Archived

Page 1 of 1 1-2 of 2 Records << < 1 > >>

Archive	Date	Claim Number	Patient Name
<input type="checkbox"/>	03/13/2024	240332501232	

- 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

SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] 3670 Woodward Ave Ste 101b, Detroit, MI 48201

HOME OFFICE

**CHANGE OFFICE**

Selected Member ID:

xxxxx3112 HKD TestSubscriber - Sub

CHANGE MEMBER

## Service Office Details

[Redacted]  
3670 Woodward Ave Ste 101b  
Detroit, MI 48201  
Service Office NPI Type 2: Not on file

**SET AS HOME OFFICE**

License Number: [Redacted]  
NPI Type 1: [Redacted]  
Tax ID: [Redacted]  
Business NPI Type 2: [Redacted]  
Payment Method: Direct Deposit  
Par Status:  
Delta Dental EPO®  
Delta Dental PPO®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 02/06/2024  
[TEST Alert Message DOT](#)
- 01/22/2024  
[Make a difference and some extra cash!](#)
- 12/27/2023  
[MI Health Link: HAP/UPHP members](#)
- 12/27/2023  
[Appointment Scheduling Requirements](#)
- 10/30/2023

Activity Log (0) New Please click each tab to view results

Information Requests

EFTs

Pre-Treatment Estimates

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. 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:

[Redacted] | [Redacted] | 3670 Woodward Ave Ste 101b, Detroit, MI 48201

[HOME OFFICE](#)

[CHANGE OFFICE](#)

Selected Member ID:  
Please select a member

[CHANGE MEMBER](#)

Standard Programs

Federal Government Programs

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

## Service Office Details

[Redacted]  
3670 Woodward Ave Ste 101b  
Detroit, MI 48201

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE ✓**

License Number: [Redacted]  
NPI Type 1: [Redacted]  
Tax ID: [Redacted]  
Business NPI Type 2: [Redacted]  
Payment Method: Direct Deposit

Par Status:  
Delta Dental EPO®  
Delta Dental PPO®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

12/27/2023

[MI Health Link: HAP/UPHP members](#)

12/27/2023

[Appointment Scheduling Requirements](#)

10/30/2023

Activity Log (0) New [Please click each tab to view results](#)

Information Requests

EFTs

Pre-Treatment Estimates

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.

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

**View Activity Log**

SELECTED SERVICE OFFICE: [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

HOME OFFICE CHANGE OFFICE

Selected Member ID: xxxxxx0201 Winston Churchill - Sub CHANGE MEMBER

Standard Programs Federal Government Programs

Search

- Office
- Office Details
- Metrics Scorecard
- Fee Schedules
- Direct Deposits

Member

Admin

## Service Office Details

[Redacted]  
16555 E 10 Mile Rd  
Eastpointe, MI 48021  
Service Office NPI Type 2: Not on file  
**THIS IS YOUR HOME OFFICE** ✓

License Number: [Redacted]  
NPI Type 1: [Redacted]  
Tax ID: [Redacted]  
Business NPI Type 2: [Redacted]  
Payment Method: Direct Deposit  
Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

## Announcements

- 06/28/2024  
[DDAR message](#)
- 06/26/2024  
[Regression Testing - DOT](#)
- 04/17/2024  
[New prior authorization process part 2](#)
- 04/17/2024  
[New prior authorization process part 1](#)
- 01/22/2024

Activity Log (5) New Please click each tab to view results

Message Center	<b>Information Requests</b> (5)	EFTs	Pre-Treatment Estimates	No Pay Processed Claims (?)	EFT Interest Payments
----------------	---------------------------------	------	-------------------------	-----------------------------	-----------------------

Showing activity for the last 90 days Show Archived

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

Activity Log (5) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment  
EstimatesNo Pay Processed  
ClaimsEFT Interest  
Payments

Showing activity for the last 90 days

 Show Archived

Page 1 of 1 1-10 of 10 Records

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

Archive	Date	Claim Number	Patient Name
<input type="checkbox"/>	07/20/2024	<a href="#">2407192608594</a>	
<input type="checkbox"/>	• 07/20/2024	<a href="#">2407192608379</a>	
<input type="checkbox"/>	• 07/17/2024	<a href="#">2407172463511</a>	
<input type="checkbox"/>	07/16/2024	<a href="#">2407162389830</a>	
<input type="checkbox"/>	• 07/16/2024	<a href="#">2407162389734</a>	
<input type="checkbox"/>	• 07/16/2024	<a href="#">2407162389642</a>	
<input type="checkbox"/>	07/02/2024	<a href="#">2407024707646</a>	Crash Test Dummy

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:

| | 16555 E 10 Mile Rd, Eastpointe, MI 48021

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

Selected Member ID:

Please select a member

[CHANGE MEMBER](#)

## Service Office Details

16555 E 10 Mile Rd  
 Eastpointe, MI 48021  
 Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number:   
 NPI Type 1:   
 Tax ID:   
 Business NPI Type 2:   
 Payment Method: Direct Deposit  
 Par Status:  
 Delta Dental PPO®  
 Delta Dental Premier®  
[Show More](#)

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

06/28/2024

[DDAR message](#)

06/26/2024

[Recession Testing - DOT](#)

04/17/2024

[New prior authorization process part 2](#)

04/17/2024

[New prior authorization process part 1](#)

01/22/2024

Activity Log (0) New Please click each tab to view results

[Message Center](#)
[Information Requests](#)
[EFTs](#)
[Pre-Treatment Estimates](#)
[No Pay Processed Claims ?](#)
[EFT Interest Payments](#)
[+ NEW CONVERSATION](#)

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

16555 E 10 Mile Rd, Eastpointe, MI 48021

16555 E 10 Mile Rd  
Eastpointe, MI 48021

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number:   
NPI Type 1:   
Tax ID:   
Business NPI Type 2:   
Payment Method: Direct Deposit  
Par Status:  
Delta Dental PPO®  
Delta Dental Premier®  
[Show More](#)To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

06/26/2024

[Regression Testing - DOT](#)

04/17/2024

[New prior authorization process part 2](#)

04/17/2024

[New prior authorization process part 1](#)

01/22/2024

Activity Log (99+) New [Please click each tab to view results](#)

Message Center

Information Requests

9+

EFTs

Pre-Treatment  
EstimatesNo Pay Processed  
Claims 2EFT Interest  
Payments

Showing activity for the last 90 days

 Show Archived

Page 1 of 40 1-25 of 1000 Records

Archive	Date Issued	Payment Number	Amount
<input type="checkbox"/>	07/22/2024	9909914646	\$2,823.65
<input type="checkbox"/>	07/22/2024	9909914208	\$222.00
<input type="checkbox"/>	07/22/2024	9909915600	\$8,665.30
<input type="checkbox"/>	07/22/2024	9909914991	\$6,317.65

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:  
 [Redacted] | 16555 E 10 Mile Rd, Eastpointe, MI 48021

Selected Member ID:

Standard Programs  
 Federal Government Programs

## Payment Details

[← BACK TO ACTIVITY LOG](#)

**PRINT PAYMENT** **PRINT ALL EOBs**

Payment Number: 9909914646  
 Date issued: 07/22/2024  
 Pay: TWO THOUSAND EIGHT HUNDRED TWENTY THREE DOLLARS AND SIXTY FIVE CENTS \$2,823.65  
 To the order of: [Redacted]

Claim Number	Patient Name	Member Number	Plan Payment Amount	Net Payment Amount
<a href="#">2406132033601</a>	[Redacted]	xxxxx1111	\$137.00	\$137.00
<a href="#">2407232746211</a>	[Redacted]	xxxxx8164	\$292.65	\$292.65
<a href="#">2407232745335</a>	[Redacted]	xxxxx5429	\$1,596.00	\$1,596.00
<a href="#">2407232745286</a>	[Redacted]	xxxxx5429	\$798.00	\$798.00

<b>Total:</b>	\$2,823.65
Garnishment:	\$0.00
Overpayment:	\$0.00
<b>Net Payment:</b>	\$2,823.65

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

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 (41) New

Information Requests

EFTs

9+

Pre-Treatment  
Estimates

9+

No Pay Processed  
Claims

2

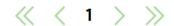
EFT Interest  
Payments

Showing activity for the last 90 days

Show Archived



Page 1 of 1 1-3 of 3 Records



Archive	Date Issued ▼	Payment Number	Amount
<input type="checkbox"/>	02/03/2019	<a href="#">77569</a>	0.36
<input type="checkbox"/>	02/03/2019	<a href="#">77568</a>	4.64
<input type="checkbox"/>	02/03/2019	<a href="#">78569</a>	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

**Register for Direct Deposit**

SELECTED SERVICE OFFICE:

Toolkit Provider | 555555 | 32624 5 Mile Rd, Livonia, MI 48154

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Standard Programs

Federal Government Programs

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

## Service Office Details

### Toolkit Provider

32624 5 Mile Rd

Livonia, MI 48154

Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE** ✓

License Number: 555555

NPI Type 1:

Tax ID: 55555555

Business NPI Type 2: Not on file

Payment Method: Check

Par Status:  
Non-Participating

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

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

## Announcements

02/06/2024

[TEST Alert Message DOT](#)

01/22/2024

[Make a difference and some extra cash!](#)

10/30/2023

[Medicare Advantage & Michigan Medicaid Claims ONLY](#)

09/07/2023

[Understanding the difference between Delta Dental Medicaid and](#)

[Medicare Advantage networks for Michigan](#)

Activity Log (0) New Please click each tab to view results

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.

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

SELECTED SERVICE OFFICE:

Toolkit Provider | 555555 | 32624 5 Mile Rd, Livonia, MI 48154

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Standard Programs

Federal Government Programs

## 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.

Search

Office

Office Details

Fee Schedules

• Direct Deposits

Member

Admin

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

SELECTED SERVICE OFFICE:

Toolkit Provider | 555555 | 32624 5 Mile Rd, Livonia, MI 48154

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Standard Programs

Federal Government Programs

# Direct Deposit Registration

< BACK TO DIRECT DEPOSIT ACCOUNTS

Tax ID : 55555555

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.

32624 5 Mile Rd, Livonia, MI 48154-3044

Select any other offices you would like to register for direct deposit:

Page 1 of 1 1-6 of 6 Records

<< < 1 > >>

Select All Offices

2138 Michigan Ave, Detroit, MI 48216-1305

225 S East St, Indianapolis, IN 46202-4002

27500 Stansbury Blvd, Farmington Hills, MI 48334-3811

3554 Okemos Rd, Okemos, MI 48864-3926

4100 Okemos Rd Ste Ab, Okemos, MI 48864-3215

5600 Blazer Pkwy, Dublin, OH 43017-3554

Page 1 of 1 1-6 of 6 Records

<< < 1 > >>

## Bank or Financial Institution Information

Your Name (person keying in information)

Name on Account (as it appears on bank account)

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

## Routing Number

000000001

## Confirm Routing Number

000000001

## Account Number

123456789

## Confirm Account Number

123456789



## 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 Minnesota
- Delta Dental of Tennessee
- Delta Dental of Arizona
- Delta Dental of Wisconsin
- Federal Government Programs

Please review and acknowledge receipt of the accompanying procedure to follow in the event of a missing or late EFT/ERA [Missing Provider EFT Procedure](#)

RESET

CANCEL

CONTINUE

5. Fill out your direct deposit information

6. 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

7. Certify your acceptance by clicking the check box
8. 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**