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



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

- Ensure you have the latest version of Google Chrome and Adobe Acrobat Reader downloaded.
 - Download the latest version of Google Chrome <u>here</u>
 - Download the latest version of Adobe Acrobat <u>here</u>
- Ensure that you have pop-ups enabled for <u>https://dentalofficetoolkit.com</u> 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 <u>here</u>

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

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User Management

Allow Pop-Ups and Cookies in Google Chrome

DOT Registration



ᡖ HIPAA Privacy 🔚 HIPAA Privacy-DDAZ 🛛 📄 GLB Privacy 💂 GLB Privacy-DDAZ 🛛 Accessibility 🔚 Privacy Policy 🔚 Terms of Use 🔚 Requirements

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"



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"



Contact Us

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



5. Enter the one time passcode you received to the phone number or email address selected 6. Click "Submit"

		2	3			
	Getting Ready	Provider Details	One Time Passcode	User Details		
		Please enter your first and last name First Name Blaine Last Name Milne	below:			2
1 See		Please create your username and pas Username	sword below:			L'
772		Please create a Username with the following ru 1. May be a combination of letters and numb 2. Must start with a letter 3. Must only contain 8 to 14 letters and numb 4. Must NOT contain spaces 5. Must NOT contain spacial characters (@, ?,	iles: ers. Is not case sensitive ers %, etc.)			
		Password				AVER STREET
	18		Hide			
	-	Confirm Password				A THE COM
6			Hide			
		Please create a Password with the following ru 1. Password length greater than 10 character: 2. Contain 4 of the following: - 1 digits (0-9). - 1 symbols (1, @, # \$, %, *, etc.). - 1 uppercase English letters (A-Z). - 1 lowercase English letters (a-z).	iles: s.			
		Cancel Registration		REGI	STER	

7. Ensure the provider completes all fields and meets necessary username and password requirements 8. Click "Register"



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

Reset Password

🛆 DELTA DENTAL
Username
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 CELTA DENTAL **** Verify with your password WERIFY Fordel easeword2	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	7 CELTA DENTAL (****) Reset your password @TEST Password requirements: A I least 10 characters A lowercase letter A number
4 DELTA DENTAL	6 A DELTA DENTAL	A symbol No parts of your username Password can't be the same as your last 4 passwords New password Decoder password
Get a verification email © TEST Send a verification email to	Verify with your email TEST We sent an email to Enter the verification code in the fext box. Enter Code	C Sign me out of all other devices. RESET PASSWORD
by clicking on "Send me an email". SEND ME AN EMAIL Back to sign in	I VERIFY Back to signifi	Reck to sion 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

LOGOUT

SELECTED SERVICE OFF	ICE: 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	Service Office Details			Announcements 02/06/2024	
Search Office Office Details Metrics Scorecard Fee Schedules Direct Deposits	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: Deita Dental PPO® Deita Dental Promier® Show More	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		
1 Member	To access EFT/ERA information from other Delta De Dental Office Toolkit can be utilized to view information	ntal companies on the Delta Dental National Portion and submit claims for the following Delta De	rtal, click HERE. ental states	10/30/2023	
⊘ Admin	Activity Log (0) New Please click each tab to v Information Requests EFTs	Pre-Treatment Estimates	No Pay Processed Claims 🕥	EFT Interest Payments	
	Showing activity for the last 90 days			Show Archived	

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

SELECTED SERVICE OF	FICE: 5 E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE CHANGE OFFIC	E Selected Member ID: Please select a member	CHANGE MEMBER
Standard Programs Federal Government Programs	User Management			
२ Search	Displaying all users that are associated with bu	siness TIN:		1
Office	Username	First Name	Last Name	CLEAR
Member	Page 1 of 1 1-18 of 18 Records			$\ll \langle \underline{1} \rangle \gg$
Admin	Username	First Name	Last Name 🔫	
My Profile	rdotusermi			
User Management	rdotusermi2			VIEW PROFILE
Forms	rdotusermi3			VIEW PROFILE
Help	rdotasdqwedef			VIEW PROFILE
Contact Us	rdotusermi7			VIEW PROFILE
Support Code	rdotusermi9	100		VIEW PROFILE
	ddpauser3	DDPAUser3	Last	VIEW PROFILE
	ddpauser5	DDPAUser5	Last	VIEW PROFILE
	ddpatest12			VIEW PROFILE
		Bulach	Marken -	

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

SELECTED SERVICE OFFICE:	Mile Rd, Eastpointe, MI 48021	HOME OFFICE	CHANGE OFFICE	Selected Member ID: Please select a member	CHANGE MEMBER
O office					
1 Member	First Name:				
0	Last Name:				
O Admin	Email Address:				
	User Role(s):				
	User Manager Users with the User Manager role have access mail address and user roles.	to the User Managem	ent section of the application	where they can view a user's profile as well as update their	r phone number, e-
	EFT User Users with the EFT User role will have access t	o the Direct Deposits	section of the application wh	ere they can view direct deposit accounts and register for	direct deposit.
	DOT User				
	Users with the DOT User role will be able to pe	erform all other DOT a	pplication functionalities.		
	NOTE: Removing this role from a user will prev	vent them from access	ing the application.		
	PLEASE NOTE: EFT access will be revoked upon	the users next login.			

4. To view and change the user role(s) of any individual user based on your preferences, click on "Update Profile"

SELECTED SERVICE OFFICE:

HOME OFFICE	CHANGE OFFIC

Selected Member ID: Please select a member

(517)734-25	52
Email Addre	ess:
nberrie@co	baltcore.io
User Role(s): Dager
Users wi mail add	th 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 ress and user roles.
	ir -
Users wi	th 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.
	er
Users wi	th the DOT User role will be able to perform all other DOT application functionalities.
NOTE: R	emoving this role from a user will prevent them from accessing the application.
PLEASE NO	DTE: 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

✓ △ Dental Offi	ice Toolkit × +			— ť	o x
$\leftrightarrow \rightarrow C$				\$ D	2 :
۵ de	dentalofficetoolkit.com	× fice Toolkit			
	Received (default)				
	😳 Cookies and site data	>			
1	🕼 Site settings	ß			
			Username Keep me signed in NEXT		
			Not Yet Registered? REGISTER How to Register Your Account and Log In		

2. Click on "Site settings"

•	Dental Office Toolkit × Settings	×	+		– 0 ×			
\leftarrow	C > C O Chrome chrome://settings/content/siteDetails?site=https%3A%2F%2Fwww.dentalofficetoolkit.com							
0	Settings	Q Search se	ettings					
G	You and Google	Permission	S	Reset permissions	·			
O -11	Autofill and passwords	Q	Location Riocked by your administrator	Block				
•	Privacy and security		blocked by your administrator					
Ø	Performance		Camera	Ask (default)				
O	Appearance	Ŷ	Microphone	Ask (default)				
Q	Search engine	((*))	Motion sensors	Allow (default)				
	Default browser		Notifications	Ask (default)				
()	On startup	<>	JavaScript	Allow (default)				
Ŕ	Languages		Images	Allow (default)				
<u>↓</u>	Downloads	[2]	Pop-ups and redirects	Allow				
Ť	Accessibility	_		Block (default)				
Z,	System		Block if site shows intrusive or misleading ads	Block				
Q	Reset settings	¢	Background sync	Allow (default)				
Ď	Extensions 🛛	•	Sound	Automatic (default)				
0	About Chrome	±	Automatic downloads	Ask (default)				
		m	MIDL device control & reprogram	Ask (default)				

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

Allow Cookies in Google Chrome



ک DELTA DENTAL
Username
NEXT
Forgot Password?
Not Yet Registered?
How to Register Your Account and Log In

Note: This guide is for any users who are getting redirected back to the login page each time they attempt to log in



ک DELTA DENTAL
Username
Keep me signed in
NEXT
Forgot Password?
Not Yet Registered?
REGISTER
How to Register Your Account and Log In

1. Navigate to https://www.dentalofficetoolkit.com/ in Google Chrome

2. Click on the three vertical dots in the top-right corner





3. Click on "Settings"

- 🗆 🗡

Ctrl+T

Ctrl+N

Ctrl+Shift+N

☆ む | 🖬 😩 🗄

New tab

New window

A New Incognito window

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4. Click on "Privacy and security" on the left-side menu5. Click on "Third-party cookies"

• 2	Dental Office Toolkit × Settings - Third-party cookies × +			
← -	C C Chrome chrome://settings/cookies			
0	Settings	Q Search settings		
G	You and Google	← Third-party cookies ⑦	Q <u>Search</u>	
0-1	Autofill and passwords			
0	Privacy and security	•		
	Performance		\sim	
O	Appearance			
Q	Search engine			
	Default browser			
Ċ	On startup	Manage the types of information sites can use to track you as you browse.		
×A	Languages	Allow third-party cookies	⊞	~
₹	Downloads	Block third-party cookies in Incognito mode	₽	~
Ť	Accessibility			
Z,	System	Block third-party cookies		~
ð	Reset settings	Advanced		
Ď	Extensions	Send a "Do Not Track" request with your browsing traffic Sites use their discretion when responding to this request		
0	About Chrome	See all site data and permissions		۲
		Sites allowed to use third-party cookies Affects the sites listed here. Inserting "[".]" before a domain name creates an entire domain. For example, adding "[".]google.com" means that third-party active for mail.google.com, because it's part of google.com. No sites added	exception for the cookies can also be	Add

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

• • • • • • • • • • • • • • • • • • •	✓ Dental Office Toolkit × Settings - Third-party cookies × +	- @ X
Settings Quantum Vacua Codopie Autofit and passworts	← → C	☆ 요 :
 I hand dioxidge I hand dioxi	© Settings	Q Search settings
in Auroll and parametrix in Nary and security in Arrormance in Arrorman	G You and Google	← Third-party cookies ⑦ Q Search
 Inter masce Appearance Appearance Accessibility System Constatuly Set settings Constatuly Constatuly Set settings Constatuly Constatul	©= Autofill and passwords	
Approxance Approxance Approxance Seach myne Definit frower On startup Anage # Approxance Approxance System Accessibility System Accessibility System Accessibility System System System Startup Extension: Startup Extension: Startup Extension: Startup Startup Accessibility Startup Startup The startup Startup Accessibility Startup Startup Accessibility Startup Startup Startup The startup Startup Startup The startup Startup Startup The startup Startup Startup The startup Startup<	Privacy and security	
 Appearance Search engine Default browser On startup Anguages Journoads Accessibility System Rest stitugs Rest stitugs Association and permissions Seal size data and permissions Sis subced house hand projections Massibility of the size is listed hear. Inserting "Ly before a domain rune ocetaes an exception for the ender stitution of enginge, adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before a domain rune ocetaes an exception for the ender stitution" (Adding "Ly before") (Ly before a domain rune ocetaes an exception for the ender stitution (Ly before") (Ly before a domain rune ocetaes an exception for the ender stitution (Ly before a domain rune ocetaes an exception for the ender stitution") (Adding "Ly before") (Ly before a domain rune ocetaes an exception for the ender stitution") (Ly before a domain rune ocetaes an exception for the ender stitution") (Ly before a domain rune ocetaes an exception for the ender stitution (Ly before") (Ly before a domain rune ocetaes an exception for the ender stitution (Ly before") (Ly before") (Ly before") (Ly before") (Ly before") (Performance	
Q. Search engine Default browser U. On startup Marge tr Add a site Startup Oomboads Comboads Comboads Comboads Reset settings Comboads Comboads Startup Norther added	⑦ Appearance	
 Default browser On startup Manage the Add a site	Q Search engine	
On startup Manget Maget	Default browser	
% Languages Ø Downloads % Accessibility % System Ø Reset settings Ø Reset settings Ø Sold a Tob Not Tack! request with your browsing tasff. Sites use their discretion when responding to this request Ø Reset settings Ø About Chrome Set all ide dats and permissions Sites allowed to use third-party cookies active for mail-google.com. No stes added	பு On startup	Manage the f
	Image: Second	Manage the Add a site Site Site Block Intps://www.dentalofficetoolkit.com/ Block Cancel Advanced 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 '(1)' before a domain name creates an exception for the entrie domain. For example, adding '(7-)google.com' means that third-party cookies can also be active for mail.google.com, because its part of google.com. No sites added

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

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

MEMBER

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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

LOGOUT



1. Click on the "Change Member" button on the top home bar to enter a Member ID
LOGOUT



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



- 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:

Federal

Programs

Standard

Programs

Office

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

16555 E 10 Mile Rd, Eastpointe, MI 48021

16555 E 10 Mile Rd

Eastpointe, MI 48021

Service Office Details

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE



01/22/2024

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 (7) New Please click each tab to view results

 Message Center
 Information Requests
 EFTs
 Pre-Treatment Estimates
 No Pay Processed Claims (2)
 EFT interest Payments

 Showing activity for the last 90 days
 O 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"

A DELTA DENTAL



(P

Welcome,

LOGOUT

3. Navigate to the Member tab in the orange box on the left side of the screen

4. Click "Member Details & Benefits" in the blue box

OFFICE: 16555 E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE CHANGE OFFICE	Selected Member ID: x000x0201 Winston Churchill - Sub	CHANGE MEMBER
PPO Dentist Premier Dentist Nonparticipating Dentist			PRINT ALL
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

 Select the desired Network tab and scroll down to browse the available documents
 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 S Client Benefit Information - Google Chrome

about:blank



7. The desired document will display on another screen8. Click the "Print" button

– 0 ×

Search for Complete Dental History of a Member

SELECTED SERVICE OFFI	CE: E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE CH	IANGE OFFICE	Selected Men xxxxxx3112	n ber ID: IKD TestSubscriber - Sub	Сн.	ANGE MEMBER
Standard Programs Programs	Search						
Search	I'd like to search for:		٦				
Office	All Claims	~					
2 Member	Time Period:		Or: S	tart Date:		End Date:	
⊘ Admin	Last 90 Days	~	l	12/27/2023	То:	03/26/2024	J
	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"

SELECTED SERVICE OFFICE:

xxxxx3112 HKD TestSubscriber - Sub 👻

 $\langle\!\langle \ \langle \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ \rangle \rangle\!\rangle$

| 16555 E 10 Mile Rd, Eastpointe, MI 48021

Search Results

Fuge For S4 F25 OF S44 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	5	2403222136180	xxxxx0410	Paid

5. View search results6. Click on any claim number to view details

Government Programs

Standard Programs 16555 E 10 Mile Rd, Eastpointe, MI 48021

In For Pay Claim

xxxxx3112 HKD TestSubscriber - Sub

*

< BACK TO SEARCH RESULTS

	The second second	Constant of	 -	a france	Annesta	No. of Concession, Name	and the second	-	and a	-	and the second	1.044	and the second	Claim		ALCONG DE	
Other Carrie	Hr:																
Place Of Ser	rvice: Office																
Specialty:	General Practi	tioner															
Dentist TIN:													ring claim carino	n ve canc	ened		
License Nun	nber:									CAN	-m ci	AIM	This shales same	the rear	balled		
Dentist Nam	10:																
Dentist In	nformatio	'n								PRIN	T CLA						
										Other	Carrie	r Paymen	t:				
Subscriber M	Name:									Claim	Status	E Denied					
Relationship	Code: Subs	criber								Claim	Type:	In For Pa	ıy				
Date of Birth	h: 11/20/1982									Claim	Numb	er: 2403	222155035				
Patient Nam	10:									Proce	ss Dat	e: 03/22/	/2024				
Patient Acco	ount Number:	9456058								Recei	pt Dat	e: 03/21/	2024				
Patient In	nformatio	n								Clair	n Inf	ormati	on				

			387838	Cital	Amount	Amount	Amount		1.000		Pmt-	1000	- Breakers		Status Num	and some of	100
						Group 1	Number: 050	003 S.	b-group h	umber 10	00						
			03/21/2024	10206	\$72.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30,00	\$0.00	PPO Dentist	Deits Dental PPO plus Premier	Denied	Provider	
Policy Code(s) ELS	2519																
The following policy	es are applied to e	xplain benefi	ts payable and a	re not intend	ed to after th	e traatment p	plan determi	and by the	dentist an	d patient.							
Policy EL12519: //	uoride treatments	are payable	for age 18 and un	schier.													
										Total	\$30.00	\$0.00					
								Subs	criber De	ductible:	\$0.00						
											Pal	d to Su	becriber				

7. View claim details

Search Sealant History of a Member

△ DELTA DENTAL

SELECTED SERVICE OFFI	C∎: O Mound Rd, Sterling Heights, MI 48310	HOME OFFIC	CHANGE OFF	CE Selected Member ID: xxxxxxIIII Marshall Mole	r - Sub	•	CHANGE MEMBER
Standard Programa Programa	Search						
l Saarch	I'd like to search for:						
Office Member Member	Family Claims History Time Period:		Or:	Start Date:	Ter.	End Date:	
Benefits Enter Claim / Pre- treatment Estimate	Last 90 Days	*		02/22/2024		05/22/2024	8
Family Claims History Processing Policies	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	0		
2 Admin	Procedure Search Options:			Across ALL Businesses (TINs)			
	O For All Procedures			Tooth Number:		Area of Arch:	
	With treatment(s) matching the following Procedure Code(s):			Permanent Teeth 01 02 03 04 05	Î	01 - Upper Arch 02 - Lower Arch 10 - Upper Bight 20 - Upper Left 30 - Lower Left 40 - Lower Right	Ĵ
				(Select multiple using CTRL + click or	SHIFT + click)		
							RESET
						_	

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

A DELTA DENTAL

SE220 Mound Rd, Sterling Heights, MI 48310	HOME OFFICE	CHANGE OFFI	CE Selected Man XXXXXIIII Ma	sber ID: rifnall Jr Molar - Dep	~	CHANGE MEMBER
Search						
If like to search for: Family Claims History Time Period: All Time Member Search Options for Member ID: xxxxx1111 O For the Selected Family Member: Marshall Jr Molar O For ALL Family Members	•	Or:	Start Date: 1209/1971 Business Search Options: For the Selected Provi Across the whole Busi Across ALL Businesser	der ness (TIN) s (TINs)	End Date: 05/22/2024	5
Procedure Search Options: For All Procedures With treatment(s) matching the following Procedure Code(s): D1351			Tooth Search Options: Tooth Number: All Of O2 O3 O3 O4 O5 (Select multiple using CTRL	* click or SHIFT * click)	Ares of Arch: Ares of Arch: 01 - Upper Arch 02 - Lower Arch 10 - Upper Right 20 - Upper Left 30 - Lower Right 40 - Lower Right	

Welcome,

LOGOUT

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

Cont

ECTED SERVICE OFFICE:			Select	ed Member ID:	CHARGE HEHBER	
35220 M	found Rd, Sterling Heights, MI 48310		TXXXXX	Marshall Jr Molar - Dep 💙		
	Procedure Search Options: For All Procedures With treatment(s) matchine D1351	g the following Procedure Code(s):	Tooth Search Opti Tooth Number: All Permanent Teeth 01 02 03 04 05 (Select multiple u	ons: Are 01 02 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	a of Arch: Upper Arch - Lower Arch - Upper Right - Upper Left - Lower Right - Lower Right RESET SEARCH	
s	Gearch Results Page 1 of 1 1-1 of 1 Records			Atoles Monthese	« < <u>1</u> > »	
	02/01/2024 Page 1 of 1 1-1 of 1 Records	05/14/2024	Patient Name Marshall Jr Molar	2405144355983	xxxxxx1111 Paic « < <u>1</u> > »	I
PAA Privacy 🔄 HIPAA Priva PAA Privacy-DDMN set Us	acy-DDAZ 👝 GLB Privacy 🝶 GLB	Privacy-DDAZ Accessibility 👝 Privacy Polic	y 📙 Terms of Use 📙 Requirements			

Click here for your screen sharing code

6. Click into the claim number in the search results

SELECTED SERVICE OFFICE:

Standard Programs 35220 Mound Rd, Sterling Heights, MI 48310

In For Pay Claim

Marshall Jr Molar - Dep

~

Patient Information			Claim Inf	ormation			
Patient Account Number:			Receipt Date	05/14/2024			
Patient Name: Marshall Jr Molar			Process Date	c 05/14/2024			
Date of Birth: 02/01/2020			Claim Numb	er: 240514435	55983		
Relationship Code: Dependent			Claim Type:	In For Pay			
Subscriber Name: Marshall Molar			Claim Status	R Paid			
			Other Carrie	r Payment:			
Dentist Information							
Dentist Name:			PRINT CLA	IN DETAIL			
License Number:							
Dentist TIN:			CANCEL CL	AIM	This claim cannot b	e cancelled.	
Specialty: General Practitioner							
Other Carrier:							
Tooth Number Area of Arch Surface Date of Proc Submit Apprvid Allowed Ded V	file Colley Patient	t Plan Par Prot Network	Product	Claim Line Status	Pay To Issued Date		
Group Number	9700 Sub-group	Number: 11000					
03 02/0/2024 0135 \$2,000.00 \$38.00 \$38.00 \$0.00 \$0	0.00 90% \$3.80	\$34.20 PPO Dentist	Deita Dental PPO (Point-of-Service)	Paid 17826026	Provider 05/13/2024		
	Total: \$3.80	\$34.20					
Subscriber (Deductible: \$0.00						
	P.0	aid to Subscriber					
	et Amount	\$0.00					
	•	Paid to Provider					
Gre	ss Amount:	\$34.20					
	a second designed and the second s	1000					
Réc							

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

MEMBER CLAIMS



Submit a Pre-treatment Estimate (PTE)

A DELTA DENTAL



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





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



Family Claims History

Processing Policies

🛛 Admin

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

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



Claim Submission Reminders

Processing Policies

O Admin

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

OFFICE: 16555 E 10 Mile Rd, Eastpointe,	, MI 48021			HOME	OFFICE	ANGE OFFICE	Select	ated Member ID:	bscriber - Sub 👻	CH	ANGE MEMBER	
Treatment De Please fill out one line for	etails reach treatment.				Requi Pre-Tre	red for atment	:			PROCEDURE CO	DES AND DESCRIPTIONS	
Tooti Numb	ih Area of Arch ser				Estir	nate		Pre- treatment Estimate?	Service Date	Procedure Code	Submit Amount	
\odot		~	~	•	•	~	•		mm/dd/jyyy		\$	
•		~	~	•	•	•	~		mm/dd/jyyy		\$	
•		•	~	•	•	•	~		mm/ddijyyy		5	
•		•	~	•	•	•	~		mm/dd/jyyy		\$	
Add More Tr	reatment Lines									Total Amount:	\$0.00	
Claim Attachr	ments										~	
Electronic Radiogr	raphs						For treatments requiri NEADOOK, RSSDOOK)	ng Electronic Radio	ptaphs, enter reference numbers	here. Use commas to enter multiple n	eference numbers (example:	
Remarks							Please add any treatm	ent related remarks	here, 400 characters max.			
Place Of Service						~	Please enter the place	of service if applica	Die.			

- 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

D SERVICE OFFICE:	HOME OFFICE	CHANGE OFFICE	Selected Member ID: xxxxxx3112 HKD TestSubscriber - Sub 💙	CHANGE MEMBER
 O ■ ■ ■ O ■	• •	~	✓ mm/dd/yyyy	S Total Amount: \$0.00
Claim Attachments Upload Documents CHOOSE OR DROP FILES				^
Electronic Radiographs			For treatments requiring Electronic Radiographs, enter refere multiple reference numbers (example: NEAXXXX, RSSXXXX)	ence numbers here. Use commas to enter
Remarks			Please add any treatment related remarks here, 400 characte	ers max.
Place Of Service		•	Please enter the place of service if applicable.	
Other Claim Datalla				~

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.

SELECTED SERVICE OFFI	HOME OFFICE	CHANGE OFFICE	Selected Member ID: xxxxxx3112 HKD TestSubscriber - Sub	CHANGE MEMBER	
	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 perform necessary in my professional judgment.	ed the procedures as indic	ated by date and/or wish to obt	ain a pre-treatment estimate for the procedures which	are not dated and the procedures were/are
	SUBMIT CLAIM RESET				
🖶 HIPAA Privacy 🔚 HIPAA P HIPAA Privacy-DDMN	Privacy-DDAZ 🛛 😓 GLB Privacy 🚽 GLB Privacy-DDAZ	Accessibility 📙 P	rivacy Policy 📙 Terms o	of Use 🔚 Requirements	
Contact Us					

Click here for your screen sharing code

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)



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



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

TED SERVICE	OFFICE: 6555 E 10 Mile Rd, Eastpoint	te, MI 48021							Selected xxxxx311	Member II	Subscriber	- Şub	×						
rd Governmen Programa	Pre-treat	ment Es	timate	e Clain	n											BACK	TO AC	τινιτγ	LOG
	Patient Info	rmation						Claim	Informa	tion									
	Patient Account	Number:						Receipt	Date: 02/1	4/2024									
	Patient Name: V	Winston Churchill						Process	Date: 03/0	04/2024									
	Date of Birth: 10)/14/1970						Claim N	umber: 24	021440492	33								
	Relationship Cod	le: Subscriber						Claim Ty	ype: Pre-tr	eatment Es	timate								
	Subscriber Name	Winston Church	-					Claim St	tatus: Deni	ed									
	Dentist Info	rmation						Other C	arrier Paym	ent:									
	Dentist Name:								CEAN DEI										
	License Number:							CURMIT		ENT									
	Dentist TIN:							a de la la	FUR PAIR										
	Specialty: Gene Other Carrier:	ral Practitioner						CANCE	L CLAIM	Th	is claim car	nnot be	cancell	led.					
	Tooth Number	Arms of Arch	Sarbers	Date of Service	Proc Code	Submit d Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient	2	Per Network	Product	Claim Line Status	Payment Number	Pay Ib	Dette
						<u>Gr</u>	oup Number: 9998	Sub-group Num	ber 0007				_						
					0000	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	EPO Destinte	Delta Dental	Not		Provider	
	Policy Code(s): AP(5012)	APROOF												Serious	540	projoje			
	Const Strengt Strengt	The following policies		dala hanafite na a	his and an art in	anning in situr the	manufactor alter date	mined by the day	tor and output										
		the rotomory porcer	and appropriately	nam destroits billio	the first size right in	10.000 10 800 010	Carden Presidente	the second read of	the and particular										
	Policy AP15032: This set	rvice is on a claim that is	currently being pr	ocessed.															
	Policy APTIOOT This con	-treatment estimate sur	marines the benef	Its under the area	lee's trimery row	erane. Who will more	ue a tenarate action	the summarizing t	he herefits und	er the encodeur	a secondary								

3. Click "Submit for Payment"

SELECTED SERVICE OF	FICE: IS E 10 Mile Rd, Eastpointe, MI 48021	Selected Member ID: xxxxxx3112 HKD TestSubscriber - Sub 🗸
	Place Of Service N/A Please en	ter 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 estimation judgment.	te for the procedures which are not dated and the procedures were/are necessary in my professional
	SUBMIT CLAIM	
HIPAA Privacy 🔓 HIPAA HIPAA Privacy-DDMN	A Privacy-DDAZ 🔓 GLB Privacy 🔓 GLB Privacy-DDAZ Accessibility 🍃 Privacy Policy 🔓 Terms of Use 🔓 Requireme	ints

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 OFF	ICE: Selected Member ID: E 10 Mile Rd, Eastpointe, Mi 49021 MICD Testbutscriber - Sub - V	
Standard Programa Programa	Claim Submitted Successfully	*
Q. Search	Pre-treatment Estimate In For Pay Claim	< CREATE ANOTHER CLAIN
1 Member	Patient Information Claim Information	
	Patient Account Number: Receipt Date: 03/28/2024	
C Admin	Patient Name: Winston Churchill Process Date: 03/28/2024	
	Date of Birth: 10/14/1970 Claim Number: 2403284628716	
	Relationship Code: Subscriber Claim Type: Pre-treatment Estimate in For Pay	
	Subscriber Name: Winston Churchill Claim Status: Denied	
	Other Carrier Payment:	
	Dentist information	
	Dentist Name:	
	License Number:	
	Dentist TIN: CANCEL CLAIM Select your option	
	Specialty: General Practitioner	
	Other Carrier:	
	Tooth Number Area of Arch. Surface Deta of Proc. Submit Approve Annual A	
	Group Number 1998 Sub-group Number 2007	
	03/06/2024 0200 \$85.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 BPD Destats Deta Detail BPD Nat Billate Provide	
	Putty Coderon APR032	
	The following policies are applied to explain barefits payable and are not interded to after the detrimined by the dential and patient.	
	Peday APISON: This service is on a case that is currently being processed	
	Total: 50:00 50:00	
	Subscribe: Deductible: 5000	

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



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



Welcome,



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



(Select multiple using CTDL + click or SHIET + click)

Welcome,

LOGOUT

Navigate to the "Member" tab
 Click on "Family Claims History"

SELECTED SERVICE OFFI	CE: E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE	CHANGE OFFICE	Selected M xxxxxxX3112	lember ID: HKD TestSubscriber - Sub	~	CHANGE MEMBER
Standard Programs Federal Government Programs	Search						
우 Search ② Office	Pre-treatment Estimates	v					
Member Member Details & Benefits Enter Claim / Pre- treatment Estimate	Time Period: Last 90 Days	¥	Or: St	art Date: 12/29/2023	To:	End Date: 03/28/2024	=
Family Claims History Processing Policies Admin	Claims Search Options: For ALL Claims For the Selected Member ID: xxxxx3112 For a Specific Claim Number:					R	ESET SEARCH

Welcome,

LOGOUT

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"
| SELECTED SERVICE OFFICE: | ile Rd. Eastopinte. MI 48021 | HOME OFFICE | CHANGE OFFICE | Select | ted Member ID:
3112 MKD TestSchr | criber - Sub 👻 | , I | CHANGE MEN | 1BER |
|---|---|--------------------|----------------|--------------|-------------------------------------|----------------|------------|------------|--------|
| | | | | | | | | | |
| Ø Office | Pre-treatment Estimates | v | | | | | | | |
| 1 Member | Time Period: | | Or: | Start Date: | | . , | ind Date: | | |
| 🛇 Admin | Last 90 Days | * | | 12/29/2023 | ē | To: | 03/28/2024 | ā | |
| | Claims Search Options:
For ALL Claims
For the Selected Member ID: xxxxx3112
For a Specific Claim Number: | | | | | | RES | ET SEAR | RCM |
| Sea | arch Results | | | | | | | | |
| Pa | age 1 of 1 1-1 of 1 Records | | | | | | | « < 1) | > >> |
| | Date Received 🔻 | Patient Name | | | Claim Number | | SSN | | Status |
| | 03/26/2024 | HKD TestSubscrit | ber | | 2403264459419 | | xxxxx3112 | | Denied |
| Pa | age 1 of 1 1-1 of 1 Records | | | | | | | ≪ < 1) | > >> |
| 🚔 HIPAA Privacy 📑 HIPAA Privacy
🚽 HIPAA Privacy-DDMN | r-DDAZ 🔓 GLB Privacy 🧁 GLB Privacy-DDAZ Accessibility | 📙 Privacy Policy 🚦 | Terms of Use 🔓 | Requirements | | | | | |
| Contact Us | | | | | | | | | |

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

SERVICE OFF	ICE: E 10 Mile Rd, East	pointe, MI 480											Selected Me xxxxx3112	mber ID: IKD TestSubscrib	er - Sub: 👻			
Federal iovernment Programs	Pre-tre	atmen	t Est	imat	te C	laim										< B	ACK TO SI	EARCH RESULT
	Patient In	formatio	n									Claim II	formatio	on				
	Patient Acco	unt Number:										Receipt D	ite: 03/26/2	024				
	Patient Nam	e: HKD TestS	ubscriber									Process D	ate: 03/26/2	024				
	Date of Birth	: 01/01/2014										Claim Nur	ber: 24032	64459419				
	Relationship	Code: Subsc	riber									Claim Typ	e: Pre-treatr	nent Estimate				
	Subscriber N	ame: HKD Te	stSubscrib	ber.								Claim Stat	us: Denied					
	Dentist In	formatio	n									Other Car	rier Payment					
	Dentist Nam	e:										PRINT CL	AIM DETAIL					
	License Num	ber:									1							
	Dentist TIN:	-										SUBMIT	OR PAYMEN	T				
	Specialty: 0 Other Carrie	Seneral Practit n	ioner									CANCEL		This claim	cannot be cancelled.			
	Tooth Number	Arrest of Arch	Surface	Data of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Ded	office Viet	CoPey	Patient Pier		Per etwork	Product	Claim Line Status	Page To Da	ued sta
								Group	Vumber: 64	H4 Sub	group N	umber: 1000						
					D0340	\$130.00	\$72.00	\$0.00	\$0.00	\$0.00	0.0%	\$72.00 \$0.0	Healthy Kids D	ental/MIChild Derkis	Healthy Kids Dental/MiChild	Denied	Provider	
	Policy Code(s): ELO	0061																
	The following policie	n are applied to ex	plain benefits	payable and	ane not inte	nded to alter t	he treatment	olun determ	ned by the	dentist an	initiant							
	Policy EL00061: 1	This procedure is no	st a benefit un	der the dent	al plan.			10000000000										
											Total:	\$72.00 \$0.0						

10. Click on "Submit for Payment"

SELECTED SERVICE OFFICE:

Con

16555 E	E 10 Mile Rd, Eastpointe, MI 48021	
	Place Of Service 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	
PAA Privacy 🧧 HIPAA P PAA Privacy-DDMN	rivacy-DDAZ 🔚 GLB Privacy 🔚 GLB Privacy-DDAZ Accessibility 🔄 Privacy Policy 📄 Terms of Use 😓 Requirements	
act Us		

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

A DELTA DENTAL



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

▲ DELTA DENTAL[®]



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



Treatment Details

3. Click on "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar4. Select the member you would like to submit the claim for

	ITAL	Welcome, LOGOUT
SELECTED SERVICE OFF	ICE: HOME OFFICE CHANGE OFFICE Selected Member ID: 20 Mound Rd, Sterling Heights, MI 48310 xxxxx1111 Marshall Molar - Sub	CHANGE MEMBER
Standard Programs Federal Government Programs	Enter Claim / Pre-treatment Estimate	
	The claim will be submitted for this treating DDS: 1 35220 Mound Rd, Sterling Heights, MI 48310 (Change above if needed.)	
Q. Search	This provider has multiple specialties. Please select which specialty code to use for this claim:	
O office	~ ·	
Member Member Details & Benefits	Dental Anesthesiologist Endodontist Pediatric Or d'like to submit this claim for a family member not listed.	
Enter Claim / Pre- treatment Estimate		
Family Claims History		
Processing Policies	Claim Submission Reminders	
O Admin	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 NOTE: All Pre-treatment Estimates are processed as Primary.	Lines and submitting the claim.
	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 fr	aud.

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

HOME OFFICE CHANGE OFFICE Selected Member ID:

1111x00000 Marshall Molar - Sub

PROCEDURE CODES AND DESCRIPTIONS

Treatment Details

Please fill out one line for each treatment.

	Tooth Number	Area of Arch			Sur	face(s)			Pre- treatment Estimate?	Service Date		Date ML	JST be	
Θ			•	~	~	•	•	*		mm/ddilyyyy	2	populat order to	eu m submit	
Θ			•	~	•	~	~	*		mm/dd/jyyy		clai	n	
Θ			•	~	~	•	•	~		mm/dd/yyyy	ľ		\$	
Θ			•	~	•	•	~	~		mm/ddilyyyy			s	
⊕ <u>Add</u>	I More Treatm	ent Lines										Total Amount:	\$0.00	
Claim A	Attachment	ts												
Electroni	c Radiographs							For treatments re NEAJOOCK, RSSIO	quiring Electronic Radio COC).	graphs, enter reference num	bers here. Us	e commas to enter multiple rel	erence numbers (exa	mple:
Remarks								Please add any tr	eatment related remarks	here, 400 characters max.				
Place Of N/A	Service						*	Please enter the p	place of service if applica	abie.				

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

SELECTED SERVICE OFFICE: 35220 Mound Rd, Sterling Heights, MI 48310	HOME OFFICE	CHANGE OFFICE	Selected Member ID: xxxxxx1111 Marshall Molar - Sub	CHANGE MEMBER
O ▲ Add More Treatment Lines	~ ~	~	mm/dd/yyyy	S Total Amount: \$0.00
Claim Attachments Upload Documents CHOOSE OR DROP FILES				^
Electronic Radiographs			For treatments requiring Electronic Radiographs, enter refere multiple reference numbers (example: NEAXXXX, RSSXXXX)	ence numbers here. Use commas to enter
Remarks			Please add any treatment related remarks here, 400 characte	ers 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.



SELECTED SERVICE	ICE OFFICE: HOME OFFICE CHANGE OFFICE Se	lected Member ID:	CHANGE MEMBER
	35220 Mound Rd, Sterling Heights, MI 48310 XX	xxx1111 Marshall Molar - Sub 👻	
	Place Of Service Please enter the N/A	e 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 judgment.	the procedures which are not dated and the procedures were/a	re necessary in my professional
	SUBMIT CLAIM		
HIPAA Privacy 📙 H	n HIPAA Privacy-DDAZ 👝 GLB Privacy 🔓 GLB Privacy-DDAZ Accessibility 🎂 Privacy Policy 🔓 Terms of Use 🚔 Requirements		

Contact Us

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

C DELTA DENTAL' Dental Office Toolkit



Welcome,

LOGOUT

10. Review details of your submitted claim

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



	The claim will be submitted for this treating DDS:
	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.
Pre-	Claim Submission Reminders
History	All claims must be filed within 12 months of the service data.
olicies	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.

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 OFFI	I CE: E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE CHANGE (DFFICE Selected Member ID: xxxxxx3112 HKD TestSr	CHANGE MEMBER
Standard Programs Fograms	Search			
Search	I'd like to search for:			
Office	All Claims	ř		
오 Member	Time Period:	Or:	Start Date:	End Date:
⊘ Admin	Last 90 Days	ř	12/29/2023	To: 03/28/2024
	Claims Search Options: For ALL Claims For the Selected Member ID: xxxxx3112 For a Specific Claim Number:			RESET

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

SELECTED SERVICE OFFICE:

HOME OFFICE CHANGE OFFICE

xxxxx3112 HKD TestSubscriber - Sub 👻

CHANGE MEMBER

≪ < 1 2 3 4 5 6 7 8 9 > ≫

| 16555 E 10 Mile Rd, Eastpointe, MI 48021

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

VICE OFFICE:	pointe, MI 480											Se xx	lected Me xxx3112	mber ID: HKD TestSubscriber - Sub					
deral rriment grams Pre-tre	atmen	t Est	tima	te C	laim												< BA	ск то si	EARCH RE
Patient Ir	formatio	n									Clain	n Info	ormatio	on					
Patient Acco	unt Number:	7415349									Receip	t Date:	: 03/27/2	1024					
Patient Nam	P1										Proces	s Date:	03/27/2	024					
Date of Birth	: 03/18/1980										Claim	Numbe	r: 24032	72461884					
Relationship	Code: Subsc	riber									Claim	Type:	Pre-treat	ment Estimate					
Subscriber N	ame:										Claim	Status:	Estimate	ed					
Dentist Ir Dentist Nam License Num Dentist TIN:	formatio	n								ſ	PRINT	CLAIN T FOR	Payment M DETAIL	- 					
Specialty: 0	ieneral Practiti	ioner									CANE			-			5.1		
Place Of Ser Other Carrie	vice: Office										CANC	EL CLA		Select your option			_		
Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submitte Amount	Apprvid Amount	Allowed Amount	Ded	Office Visit	CoPey	Patient Prot	Plan Prot	Per Network	Product	Claim Line Status	Payment Number	Pay To	esued Data	
	1	_		-		_	Group Numb	Ner: 2355	Sub-grou	p Number	5001		_						
				01206	\$72.00	\$30.00	10.00	\$0.00	\$0.00	0.0%	\$30,00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied	1	Provider		
Policy Code(s) ELI	519																		
15				02950	\$446.00	\$199.00	\$199.00	\$0.00	\$0.00	85%	\$29.85	\$100.15	PPO Dentist	Deita Dental PPO (Point-of-Service)	Estimated		Provider		

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)

Place Of Serv Other Carrier	ineral Practition	ner									CANC	EL CL	AIM	Select your option			×
Tooth Number	Arms of Arith	Surface	Dete of Service	Proc Code	Submit d Amount	Apprvd	Allowed	Dest	Office Visit	Colley	Patient Pert	Ĩ	Par	Product	Claim Line	Payment Number	Pag 10
			_				Group Numb	er: 2355	Sub-grou	p Number	5001				No. of Concession, Name		
				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)	Denied		Provider
Policy Code(s): EL125	219 219																
15				02250	\$446.00	\$199.00	\$199.00	\$0.00	\$0.00	85%	\$29.85	\$100.15	PPO Dentist	Delta Dental PPO (Point-of-Service)	Estimated		Provider
									Net	Amount	Pad	d to Sub \$0.00 ild to Pr	acriber ovider				
									Gross	Amount		\$109.15					
									R&D V	Vithhold		\$0.00					

Contact Us

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


```
CHANGE OFFICE
                                                                                               HOME OFFICE
                                                                                                                                                                                                        CHANGE MEMBER
 SELECTED SERVICE OFFICE:
                                                                                                                                            Selected Member ID:
                                                                                                                                            200003112
                  | 16555 E 10 Mile Rd, Eastpointe, MI 48021
                                                                                                                                                       HKD TestSubscriber - Sub
                                                                                                                                                                                ¥
              Federal
                            Search
 Standard
 Programs
             Program
                                   I'd like to search for:
                                   Family Claims History
                            1
Member
                                   Time Period:
                                                                                                                 Or:
                                                                                                                                 Start Date:
                                                                                                                                                                                 End Date:
  Member Details &
                                                                                                                                                                  To:
                                   Last 90 Days
                                                                                                            v
                                                                                                                                    12/29/2023
                                                                                                                                                          03/28/2024
                                                                                                                                                                                                         Benefits
  Enter Claim / Pre-
  treatment Estimate
                            2
                                   Member Search Options for Member ID: xxxxx3112
                                                                                                                                 Business Search Options:
                                   For the Selected Family Member: HKD TestSubscriber
  Processing Policies
                                                                                                                                   For the Selected Provider
                                   For ALL Family Members
                                                                                                                                       Across the whole Business (TIN)
Admin
                                                                                                                                      Across ALL Businesses (TINs)
                                   Procedure Search Options:
                                                                                                                                 Tooth Search Options:
                                   0
                                       For All Procedures
                                                                                                                                   Tooth Number:
                                                                                                                                                                                 Area of Arch:
                                                                                                                                                                                 All
                                       With treatment(s) matching the following Procedure Code(s):
                                                                                                                                    Permanent Teeth
                                                                                                                                                                                 01 - Upper Arch
                                                                                                                                     01
                                                                                                                                                                                 02 - Lower Arch
                                                                                                                                     02
                                                                                                                                                                                 10 - Upper Right
                                                                                                                                     03
                                                                                                                                                                                 20 - Upper Left
                                                                                                                                     04
                                                                                                                                                                                 30 - Lower Left
                                                                                                                                     05
                                                                                                                                                                                 40 - Lower Right
```

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

Welcome,

LOGOUT

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

C DELTA DENTAL Dental Office Toolkit

LOGOUT

ED SERVICE OFFI	ct: E 10 Mile Rd, Eastpointe, MI 48021	HOME OFFICE	HANGE OFFICE Select	ed Member ID: 1112 HKD TestSubscriber + Sub	~	CHANGE MEMBER
Federal Government Programs	Search					
li d	Fd like to search for: Family Claims History	÷				
er r Details & s	Time Period: Last 90 Days	or:	Start Date: 12/29/2023	To:	End Date: 03/28/2024	8
int Estimate Claims History ing Policies	Member Search Options for Member ID: xxxxx3112 For the Selected Family Member: HKD TestSubscriber For ALL Family Members		Business Search Opti For the Selecte Across the who Across ALL Bus	ons: d Provider Ne Business (TIN) sinesses (TINs)		
	Procedure Search Options: For All Procedures With treatment(s) matching the following Procedure Code(s):		Tooth Search Option Tooth Number: All Permonent Teeth 01 02 03 04 05	ы	Area of Arch: All 01 - Upper Arch 02 - Lower Arch 10 - Upper Left 20 - Upper Left 30 - Lower Left 40 - Lower Right	
			(Select multiple usin	g CTRL + click or SHIFT + click)		RESET

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"

SELECTED SERVICE OFFICE:	HOME OFFICE CHANGE OFFICE	Selected Member ID:	CHANGE MEMBER
1 16555 E 10 Mile Rd, Eastpointe, MI 48021		XXXXXX3112 HKD TestSubscriber - Sub	~
Member Search Options for Member ID: xxxxx3112 For the Selected Family Member: HKD TestSubscriber For ALL Family Members	Bus	iness Search Options: For the Selected Provider Across the whole Business (TIN)	
Procedure Search Options: For All Procedures With treatment(s) matching the following Procedure Code	Too To (\$): (\$	th Search Options: ioth Number: Immanent Teeth 01 02 03 04 05 • elect multiple using CTRL + click or SHIFT + click	Area of Arch: 10 - Upper Arch 10 - Upper Arch 10 - Upper Right 20 - Upper Left 30 - Lower Right * 40 - Lower Right *
Search Results			
Page 1 of 1 1-1 of 1 Records			«<1>»
Service Date Date Received 🛩	Patient Name	Claim Number	55N Status
03/06/2024 03/28/2024	HKD TestSubscriber	2403284630428	xxxxx3112 Denied
Page 1 of 1 1-1 of 1 Records			« < <u>1</u> > »
🖶 HIPAA Privacy 🔤 HIPAA Privacy-DDAZ 🔚 GLB Privacy 💩 GLB Privacy-DDAZ Accessibility 🔓 HIPAA Privacy-DDMN	🍓 Privacy Policy 🛛 🚔 Terms of Use 🛛 😓 Req	uirements	
5. View search results			

6. Click on any claim number for details

	SELECTED SERVICE OF	fice: 5 E 10 Mile Rd, Eas	tpointe, MI 48	KO21									Selected xxxxxx3312	Member ID: HKD Testlubscriber - S	ub	*			
Andrew Patient Information Patient Romania Patient Romania <	Standard Programs Programs	In For	Pay C	laim														< BACK TO SEARCH I	RESULTS
Patient Account Number: Patient Account Number: Patient Nume: Patient Nume: Patient Nume: Patient Nume: Patient Nume: Patient Nume: <	9. Search	Patient I	nformati	on									Claim Informatio	on					
Control Peter Nem: Peter Nem: Peter Nem: Peter Ne		Patient Acc	ount Number										Receipt Date: 03/28/2	2024					
Andrew Andrew	3 office	Patient Nan	ne: HKD Test	Subscribe	e :								Process Date: 03/28/2	2024					
Retermine Retermine Retermine Retermine Subscribe Retermine Subscribe Retermine Subscribe Retermine Subscribe Retermine Subscribe </td <td>anikwezh.</td> <td>Date of Birt</td> <td>th: 01/01/201</td> <td>45</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Claim Number: 24032</td> <td>84630428</td> <td></td> <td></td> <td></td> <td></td> <td></td>	anikwezh.	Date of Birt	th: 01/01/201	45									Claim Number: 24032	84630428					
Access Subservice MAX Bestpicablecheber Access Access Subservice MAX Bestpicablecheber Dentist Lane: Line: Dentist Lane: Dentist Maxe: Line: Dentist Maxe: Dentist Maxe: Dentist Maxe: Dentist Maxe:	L Hember	Relationship	p Code: Sub	scriber									Claim Type: In For Pay	1					
Administry Definition Definition Image:	and the second	Subscriber	Name: HKD	TestSubsc	riber								Claim Status: Denied						
Contrast tamm: License Number: Denist Name:	O Admin	Dentist I	nformati										Other Carrier Payment						
Dentist Name: Dentist Tit: Speciality: General Practitioner Other Carrier: Dentist Tit: Speciality: General Practitioner Other Carrier: Dentist Name: Dentist Tit: Speciality: General Practitioner Other Carrier: Dentist Name: Dentist Name: Speciality: General Practitioner Other Carrier: Dentist Name: Dentist Name: Dentist Name: Dentist Name: Speciality: General Practitioner Dentist Name: Dentist Name:		Dentist	mormati	on									PRINT CLAIM DETAIL						
License Number: Dentit Tits: Specialty: General Practitioner Dentit Tits: Dentit T		Dentist Nan	ne:																
Definition The Defin		License Nur	nber:										CANCEL CLAIM	Select your option	n.				
Bytechildry: General Nacconstruction Deter Carrier: The thin handwe Average Bring of Anorenti Statu Indexini Restruction Indexini Restruction Restructi		Dentist TIN											CARCEL CLAIR	Select your option			<u> </u>		
Other Lander Ansatz / Arab. Stellen Data dial		Specialty:	General Pract	otioner															
broch, hander Area of Arch, Brefe Brefe Brefe Arcor, </td <td></td> <td>Other Carne</td> <td>eri</td> <td></td>		Other Carne	eri																
Object		Tests Namber	Area of Arch	Sutem	Date of Service	Proc. Salari Code Amon		Abrend	owe office	•	1 N	11	Per Materia	Product	Chim Line Statu	Pagement Page To	Cutor		
Image: No.				-				0rps	o Number, 8444	Sub-group	Natiber	1000			_		-		
Policy CodeOC: MOTOO The following policies are applied to explain benefits payable and are not intended to abor the treatment pice determined by the dettait and patient: Policy MI007010; Plasse practices response and the need for this services Total One Subscriber Deductible: Do Total One Subscriber Deductible: Do Total One Do Tota					05/06/2024	D2009 \$16.0	0. \$0.00	\$0.00	\$0.00 \$0.0	0.00%	\$0.00	\$0.00	Hearthy Kim Dental/MiChild Dentist	Healthy Hids Dental/MChild	Not Bindo	Provider			
The following policies are applied to explain bandles papels and are not intended to able the treatment pane determined by the dential and patents Policy Mi07010: Preve provide a report for this code indicating the services restrieved and the read for this services. 1000 Subscriber Deductible: 1000 1000		Policy Code(c) MP	07010																
Policy M07010: Plase provide a report for this code indicating the services rendered and the need for this service. 1000 1000 Tetal 1000 1000 Subscriber Deductible: 1000 Net Amount 1000		The following polic	ies are applied to	explain bene	It's parable and a	re not intended to alte	the tradition	ister deberm	ined by the dential	and patient:									
Total 50.00 50.00 Subscriber Deductible: 50.00 Net Amount: 50.00		Policy MI07010:	Paraite provide a r	eport for the	code indicating	the services rendered a	end the rived fo	r this service.											
Subscriber Deductible: 50.00 Net Amount: \$0.00											60.00	10.00							
Subscriber Deductible: 50.00										TOTAL	80.00	80.00							
Net Amount: \$0.00									Subscriber	Deductible:	\$0.00								
Net Amount: \$0.00													Paid to Sulliviriliter						
									N	et Amount:		\$0.00							
											-			1 m					

7. View claim details

Cancel a Claim

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


```
HOME OFFICE
                                                                                              CHANGE OFFICE
                                                                                                                          Selected Member ID:
                                                                                                                                                                             CHANGE MEMBER
 SELECTED SERVICE OFFICE:
                                                                                                                          xxxxxX3112 HKD TestSubscriber - Sub
                  16555 E 10 Mile Rd, Eastpointe, MI 48021
                                                                                                                                                         ¥
                           Search
             Federal
 Standard
 Programs
             Programs
Search
                                 I'd like to search for:
                                 All Claims
                                                                                               ~
2 Member
                                 Time Period:
                                                                                                    Or:
                                                                                                                 Start Date:
                                                                                                                                                         End Date:
                                                                                                                                             To:
                                                                                                                   12/29/2023
                                                                                                                                      03/28/2024
                                                                                                                                                                              Last 90 Days
Admin
                                 Claims Search Options:
                                 0
                                     For ALL Claims
                                     For the Selected Member ID: xxxxx3112
                                     For a Specific Claim Number:
                                                                                                                                                                                  SEARCH
                                                                                                                                                                      RESET
```

Welcome,

LOGOUT

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

SELECTED SERVICE OFFICE:

HOME OFFICE CHANGE OFFICE

Selected Member ID:

xxxxxx3112 HKD TestSubscriber - Sub 👻

| 16555 E 10 Mile Rd, Eastpointe, MI 48021

Search Results

P	age 1 of 35 1-25 of 863	Records		≪ < 1_ 2	3 4 5 6 7 8	9 > >>
	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

both Number

Policy Code(s): EL12519

Area of Arch

vveicome.		_	
	COLUMN 1	146474	

10

Provider

Claim submitted with incorrect information

Other

\$0.00 0.0% \$10.00 \$0.00 PPO Dentist Delta Dental PPO (Point-of-Service) Denied

LOGOUT



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

Submit'd Amount

\$72.00

Accord

\$30.00

......

\$0.00

Group Number 2355

Visit

Sub-group Number: \$001

Ded

\$0.00

Date of

Proc

		Selected Member ID:
Standard Programs Programs	Pre-treatment Estimate Claim	< BACK TO SEA

< BACK TO SEARCH RESULTS

CONTRACTOR OF THE OWNER OWNER OF THE OWNER	and the first state in the second	TRANSPORT.									Desert			20.24				
Patrick Acco	ount number:	1415349									Receip	or Date	· · · · · · · · · · · · · · · · · · ·	20279				
Patient Nam	e:										Proces	ss Date	e 03/27/	2024				
Date of Birth	t 03/38/1980										Claim	Numb	er: 24032	272461684				
Relationship	Code: Subsc	One One	ce a claim	is cancel	ed, it canni	ot be un-c	anceled. 4	Continu	97					×				
Subscriber F	lame:																	
		Ye	IS NO															
Dentist Ir	formatio	n	and busined															
											PRINT	CLA	H DETAIL					
Dentist Nam	0:																	
License Num	iber:											17.50	D BAYMER					
Dentist TIN-											3081	11 90	RPATMER					
CONTRACTOR AND A DESCRIPTION OF A DESCRI																		
Specialty:	Seneral Practit	loner									_							
Specialty:	Seneral Practiti	loner									CANC	EL CL	AIM	Claim submitted in erro	ŵ.		-	
Specialty: Place Of Ser	Seneral Practiti vice: Office r:	loner									CANO	EL CL	AIM	Claim submitted in erro	w		•	
Specialty: Place Of Ser Other Carrie	Seneral Practiti vice: Office r:	ioner									CANC	EL CL	AIM	Claim submitted in erro	H		•	
Specialty: Place Of Ser Other Carrie	Seneral Practiti vice: Office f:	ioner	Data of	Proc.	Submits	Approfil	Alterned	~	Office		CANC	EL CL	AIH	Claim submitted in erro	Cierra Cierra	Payment	*	-
Speciality: Place Of Ser Other Carrie	Seneral Practiti vice: Office r: Xeen/Add	loner	Date of Service	Proc. Carda	Subertid Amount	Apprv'll Amout	Anna	Dedi	Office	-	CANC Pallern Prez	EL CL	AIM Network	Claim submitted in erro	or Liss	Payment	w Pay Ta	
Specialty: Place Of Ser Other Carrie	Seneral Practiti vice: Office r: ?Ave: inf Arch	ioner	Data of Service	Prec	Subset1d Amount	Appril	Alamed Arouant Group North	Ded 1	Office Visit	Coffee D Number	CANC Pallern Prez		AIM Network	Claim submitted in erro	dam. Lite Statut	Payment Namber	v Pay 16	land Data
Specialty: Place Of Ser Other Carrie	Seneral Practiti vice: Office r: Rees of Arch	Santain	Date of Service	Pres	Subset13 Amount \$72.00	Apprv18 Amount 130.00	Arrise Horns Stobo	D+43	Confice Visit	Currey o Number O.Ch	CANC Pellerit Prot	EL CL	AIM Network	Claim submitted in erro	Cherry Line Status Dancez	Payment Shareber	Pay Ta	Banand Datas
Specialty: Place Of Ser Other Carrie	Senaral Practit vice: Office rf Avec of Arch	loner	Data of Service	P. 1. 0	Subset(1) Amount \$72.00	Approfil Amount \$30,00	Group Horns 16100	0+d = 1355 \$500	Office View Sub-prior Sub-prior	Corey o Number 0.0%	CANC Pallert Pres 5007 E30.00	EL CL	AIM	Claim submitted in erro Product	of Claim Status Danied	Payment Hearther	Pay To Provide	land Care
Specialty: Place Of Ser Other Carrie Roth Number	Seneral Practit vice: Office f: Area of Arch	loner	Date of Service	Proc Carda	Subert13 Annualt 152.00	Approvid Amount \$32.005	Aliment Annual Onsia North 10:00	0vd = 2355 \$5000	Office Visit Sub-genus B020	Curry o Number O.Ch	CANC Pellert Prot	EL CL	AIM Second	Claim submitted in erro Prickst Delta Dente PPO (Prot of Service)	Clem Line Status Dervez	Payment Namber	e e e e e e e e e e e e e e e e e e e	1 I
Speciality: Place Of Ser Other Carrie Tech Number Rect Number Rect States Rect States Rect States	Seneral Practit vice: Office ff Arm of Arch	loner Sonton	Date of Service	Pre Calle Date	Subset(1) Annual 112.00 1446.00	Approvid Annovat 130.00 1309.00	Arment Arment Group Horto \$1000	Ded 2355 \$0:00	Comos Visit Sub-grinu Subo Subo Subo	Currey o Number D.Ch 315	CANC Pellent Prez 5007 530.00	EL CL 3000	AIM Second PPO Denset	Claim submitted in erro Pricket Detta Dente PPO (Port-of-Sance)	Clem Line Status Densez	Payment Namber	Provide	12

5. Select "Yes" to confirm claim cancellation

SELECTED S	ERVICE OF	FICE: 5 E 10 Mile Rd, Eastpointe, MI 48021	Selected Member ID: xxxxxx3112 HKD TestSubscriber - Sub
Standard Programs	Federal overnment Programs	Claim Number 2403272461884 has been successfully canceled and will no longer be viewable.	
Q Search	_		

6. Confirm the claim has been cancelled

DDS Office

Select a Service Office

Set a Home Office

 \bigcap

 \bigcap

 \bigcirc

View Activity Log

View and Manage EFTs

Register for Direct Deposit

Select a Service Office





Welcome,

LOGOUT

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

SERVICE OFFIC		HOME OFFICE	CANCEL Selected Member ID:	CH	ANGE MEMBER
1 16555 E	10 Mile Rd, Eastpointe, MI 48021		xxxxxX3112 HKD TestSubs	criber - Sub 👻	
LAST NAME	LICENSE	ZIP CODE		Announcements	
				02/06/2024	
ng your most rece	ently selected Service Offices below			TEST Alert Message DOT	
		16555 E 10 Mile Rd, Eastpointe, MI 48021		01/22/2024	
				Make a difference and some extra cash!	
	Service Office NPI Type 2: Not on file	Business NPI Type 2:		12/27/2023	
201		Payment Method: Dir	ect Deposit	MI Health Link: HAP/UPHP members	
ules	THIS IS YOUR HOME OFFICE 🗸	Par Status: Delta Dental PPO® Delta Dental Premier	D	12/27/2023	
osits				Appointment Scheduling Requirements	
	To access EFT/ERA information from other Dental Office Toolkit can be utilized to view	Delta Dental companies on the Delta Dental National information and submit claims for the following De	al Portal, click HERE. Ita Dental states	10/30/2023	
	Activity Log (0) New Please click eac	n tab to view results			
	Information Requests	Ts Pre-Treatment Estimates	No Pay Processed Claims (7)	EFT Interest Payments	
	Showing activity for the last 90 days				Show Archived
	Page 1 of 1 1-2 of 2 Records			4	< 1 > >>
	Archive Date -	Claim Number	Patient Name		
	03/13/2024	2403132501232			

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



LOGOUT

HOME OFFICE CANCEL Selected Member ID: CHANGE MEMBER SELECTED SERVICE OFFICE: xxxxx3112 HKD TestSubscriber - Sub ~ Announcements LICENSE ZIP CODE DENTIST LAST NAME 48 02/06/2024 Show inactive dentists TEST Alert Message DOT 3670 Woodward Ave Ste 101b. Detroit. MI 48201 01/22/2024 600 Renaissance Ctr Ste R610, Detroit, MI 48243 Make a difference and some extra cash! 32316 5 Mile Rd, Livonia, MI 48154 2425 E 12 Mile Rd Ste A, Warren, MI 48092 MI Health Link: HAP/UPHP members 300 E Long Lake Rd Ste 290, Bloomfield Hills, MI 48304 28304 Telegraph Rd, Southfield, MI 48034 Appointment Scheduling Requirements 22003 Allen Rd. Woodhaven, MI 48183 ₹E. 10/30/2023 6760 Allen Rd Ste 101, Allen Park, MI 48101 23157 Michigan Ave, Dearborn, MI 48124 Activity Log (0) New Please click each tab to view results **Pre-Treatment** No Pay Processed **EFT** Interest Information Requests **EFTs** Estimates Claims ? Payments « (1)» 心 Page 1 of 1 1-2 of 2 Records

Patient Name

4. In the yellow box, you can return back to the home office that has been identified

Claim Number

5. In the purple box, you can cancel out of the search

Date 🕶

- 6. In the orange box, you can include inactive providers in the search
- 7. In the red box, you can view all search results

Archive
Set a Home Office





1. Find the office you would like to set as a home office using the previous directions

2. Click "Set as Home Office"



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

View Activity Log





LOGOUT



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

SELECTED SERVICE OFFICE:	Mile Rd, Eastpointe	», MI 48021	HOME OFFICE CHANGE OF	FICE Selected Mem	ber ID: /inston Churchill - Sub 🛛 👻	CHANGE MEMBER
⊘ Admin	Activity Log (5) Message Center	New Please click each tab to view r	esults EFTs	Pre-Treatment Estimates	No Pay Processed Claims ?	EFT Interest Payments
	Showing activ	ity for the last 90 days				Show Archived
	🔅 Page 1 of 1	1 1-10 of 10 Records				≪ < <u>1</u> > ≫
	Archive	Date 🕶	Claim Number	Patient Name		
		07/20/2024	2407192608594			
		• 07/20/2024	2407192608379			
		• 07/17/2024	2407172463511			
		07/16/2024	2407162389830			
		• 07/16/2024	2407162389734		1	
		• 07/16/2024	2407162389642			
		07/02/2024	2407024707646	Crash Test Dummy		

3. You can toggle between all sections and items in the activity log as desired4. You can easily store any records by clicking the "Archive" check box outlined in blue

View and Manage EFTs

A DELTA DENTAL



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Welcome,

LOGOUT

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

4. Click on "EFTs" in the blue box

SELECTED SERVICE OFFICE			HOME OFFICE CHANGE	OFFICE Selected Me	ember ID:		CHANGE N	IEMBER
16555 E 1	0 Mile Rd, Eastpointe,	MI 48021		Please selec	t a member			
						2.0		
Q. Search			License Number:			06/26/2024		
() attac	Eastpointe, MI 4	a 3021	Tax ID:			Regression Testing -	DOT	
office	Service Office N	PI Type 2: Not on file	Business NPI Type 2:			04/17/2024		
Office Details			Payment Method: Direct D	eposit		New prior authoriza	tion process part 2	
Metrics Scorecard	THIS IS YOUR I	HOME OFFICE 🗸	Par Status: Delta Dental PPO®					
Pee Schedules			Delta Dental Premier® Show Mon			04/17/2024 New prior authoriza	tion process part 1	
Direct Deposits	To second EET/ED/	information from other Dolta Dontal or	mospies on the Delta Dental National Porta			THEN, CLICK STREET, STREET,	COLL OF DOCUME ONE C. I	
오 Member	Deptal Office Tool	information from other Delta Dental co	ompanies on the Deita Dental National Portal	al states		01/22/2024		
	Dental Office Tools	or can be obliged to view information an	is submit claims for the following Deite Deite	a states				
⊘ Admin	Activity Log (994	•) New Please click each tab to view	v results					
			e-					
	Message Center	Information Requests	CPTs .	Pre-Treatment Estimates	No Pay Proces Claims	sed	EFT Interest Payments	
	Showing activit	y for the last 90 days					c) Show Archived
	Page 1 of 40	1-25 of 1000 Records			«	< 1 2 3	4 5 6 7 8 9	• > »
	Archive	Date Issued 🛨	Payment Number	Amount				
		07/22/2024	<u>9909914646</u>	\$2,823.65				
		• 07/22/2024	9909914208	\$222.00				
		. 07/22/2024	9909915500	\$8 665 30				
			2202212000	\$6,003.30				
		• 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

△ DELTA DENTAL[®]

ECTED SERVICE OF	FFICE: 55 E 10 Mile Rd, Eastpointe, Mi 48021			Selected Member ID:	
ndard grams Programs	Payment Details				< BACK TO ACTIVITY LO
	PRINT PAYMENT PRINT ALL EOBS	1			
	Payment Number: 9909914646 Date Issued: 07/22/2024				
	Pay: TWO THOUSAND To the order of:	EIGHT HUNDRED TWENTY THREE DOL	LARS AND SIXTY FIVE CENTS \$2,823.65		
	Claim Number	Patient Name	Member Number	Plan Payment Amount	Net Payment Amount
	2406132033801		xxxxxx IIII	\$137.00	\$137.00
	2407232746211		xxxxx8164	\$292.65	\$292.65
	2407232745335		xxxx5429	\$1,596.00	\$1,596.00
	2407232745289		xxxxx5429	\$798.00	\$798.00
					Total: \$2.823.65
					Garnishment: \$0.00
					Overpayment: \$0.00
					Net Payment: \$2,823.65

Welcome,

LOGOUT

7. View payment details of the EFT8. Click on the claim number to view the associated claim

SELECTED SERVICE OFFICE:

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

SELECTED MEMBER ID:

Please select a member

CHANGE MEMBER

Service O	ffice Deta	ails			Announceme	nts
					01/11/2019	
Ginger Vitis			License Number: 77777		<u>Inced the some bacon</u>	
1100 Rock and Ro	oll Blvd		NPI Type1:		11/13/2018	
Cleveland, OH 44	4114		Tax ID: 197919791		Roosevelt DOT	
			Payment Method: Check			
THIS IS YOUR H	IOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIC	ild	11/13/2018	
			DeltaPremier		Roosevelt DOT	
Dental Office Toolkit	t can be utilized to vi	ew information and sub	nit claims for the following Delta Dent	al states	10/15/2010	
					10/15/2018	
					<u>001</u>	
					10/15/2018	
Information Re	quests	EFTs	Pre-Treatment Estimates	No Pay Processed Claims	EFT Interest Payments	
Showing activ	vity for the last 90 o	days				O Show Archived
Page 1 of	1 1-3 of 3 Record	5				$\ll \langle \underline{1} \rangle \gg$
-			Payment Number	Amount		
Archive	Date Issued 🔻					
Archive	Date Issued -	,	<u>77569</u>	0.36		
Archive	Date Issued • 02/03/2019 • 02/03/2019		<u>77569</u> <u>77568</u>	0.36 4.64		

9. To view EFT interest payments, navigate to the tab on the far right of the activity log table 10. To view specific payments, click on the payment number of an EFT interest payment

Register for Direct Deposit

Provider 555555	I CE: 32624 5 Mile Rd, Livonia, MI 48154		HOME OFFICE CHANGE OFFICE	Selected Member ID: Please select a member	l.	CHANGE MEMBER
Federal Government Programs		tails	License Number: 555555		Announcements 02/06/2024 TEST Alert Message DOT	
h Details	32624 5 Mile Rd Livonia, MI 48154 Service Office NPI Type 2: Not on f	ile	NPI Type 1: Tax ID: 555555555 Business NPI Type 2: Not on file Payment Method: Check		01/22/2024 Make a difference and some extra cas 10/30/2023 Medicare Advantage & Michigan Med	h! icaid Claims ONLY
hedules Deposits er	THIS IS YOUR HOME OFFICE To access EFT/ERA information from Dental Office Toolkit can be utilized f	other Delta Dental compa to view information and sul	Par Status: Non-Participating nies on the Delta Dental National Portal, clici omit claims for the following <u>Delta Dental sta</u>	k HERE. ates	09/07/2023 Understanding the difference betwee Medicare Advantage networks for Mic	n Delta Dental Medicaid and
1	Activity Log (0) New Please Cli	ck each tab to view results	Pre-Treatment	No Pay Processed	EFT Interest	
	Showing activity for the last 90 da	ays	You have no Informatic	on Requests at this time.	Fayments	O Show Archived

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

SELECTED SERVICE OFF Toolkit Provider 555555	HOME OFFICE HOME OFFICE	CHANGE OFFICE SI	elected Member ID: lease select a member	CHANGE MEMBER
Standard Programs Fograms	Direct Deposit Details			⊕ <u>Register for Direct Deposit</u>
Q. Search	There are no Direct Deposit accounts setup for the selec	ted service office. Select the "R	Register for Direct Deposit" link to setu	p Direct Deposit accounts.
Office Office Details				
Fee Schedules • Direct Deposits				
오 Member				
⊘ Admin				

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

SELECTED SERVICE OFF Toolkit Provider 555555	ICE: 32624 5 Mile Rd, Livonia, MI 48154	HOME OFFICE	CHANGE OFFICE	Selected Member ID: Please select a member	CHANGE MEMBER
Standard Programs Search	Direct Deposit Registration Tax ID : 55555555 Newly created Direct Deposit registrations will be activated within ten (10) days. Once yo through the Dental Office Toolkit application and will no longer be mailed.	bur Direct Deposit begir	ns, Pre-treatment Estimat	es, Explanation of Benefits and Information Requests will only be viewal	< BACK TO DIRECT DEPOSIT ACCOUNTS
 Office Office Details Fee Schedules Direct Deposits Member Admin 	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 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				≪ < 1 > ≫
	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 Bank or Financial Institution Information Your Name (person keying in information) Name on Account (as it appears on bank account)				≪ < 1 > ≫

3. Confirm your service office4. Fill out your direct deposit information

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

HOME OFFICE CHANGE OFFICE

Selected Member ID: Please select a member

Routing Number	Confirm Routing Number
00000001	00000001
Account Number	Confirm Account Number
123456789	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.

) 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

🔚 HIPAA Privacy 🔚 HIPAA Privacy-DDAZ 🔚 GLB Privacy 🔚 GLB Privacy-DDAZ Accessibility 🔚 Privacy Policy 🔚 Terms of Use 🔚 Requirements 🔚 HIPAA Privacy-DDMN Contact Us

5. Fill out your direct deposit information6. Click "Continue"

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

:e e Details	Please verify the information you entered is correct.	
Schedules		
t Deposits	Service Office(s) 1100 Rock and Roll Blvd, Cleveland, OH 44114	
ıber	Your Name Ginger Dental	
	Name on Account Ginger Vitis	
	Bank or Financial Institution Name Bank XYZ	
	Account Type Checking	
	Routing Number 00000001	
	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.	

7. Certify your acceptance by clicking the check box 8. Click "Accept"

SELECTED SERVICE OFFI Bradley Brackets 6666 1	ICE: HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: CHANGE MEMBER 1100 Rock and Roll Blvd, Cleveland, OH 44114 Please select a member
Q Search	Direct Deposit Confirmation Sect to Direct Deposit Accounts
Office	
Office Details	Please print this page as a confirmation that you are registered for direct deposit.
Fee Schedules	Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) activiation 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.
 Direct Deposits 	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.
L Member	Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at <u>866-356-0301</u> or email to ToolkitSupport@DentalOfficeToolkit.com.
ට Admin	
	Service Office(s) 1100 Rock and Roll Blvd, Cleveland, OH 44114

👼 HIPAA Privacy 🛛 📙 GLB Privacy 📕 Privacy Policy 🛛 👼 Terms of Use 💂 Requirements

9. View your direct deposit confirmation