DENTAL OFFICE TOOLKIT *How-to Guides*

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

Last Revised: July 2019



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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>

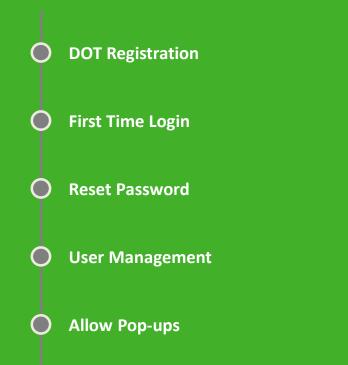
The Dental Office Toolkit[®] (DOT) can be utilized to view information and submit claims for the following Delta Dental entities:

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

New Functionality

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

COMMON QUESTIONS



DOT Registration

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Getting Ready



Provider Details On

One Time Passcode

User Details

NEXT STEP

Done



Am I ready to register?

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

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

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

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

1. Your License Number

2. State in which Provider is Licensed

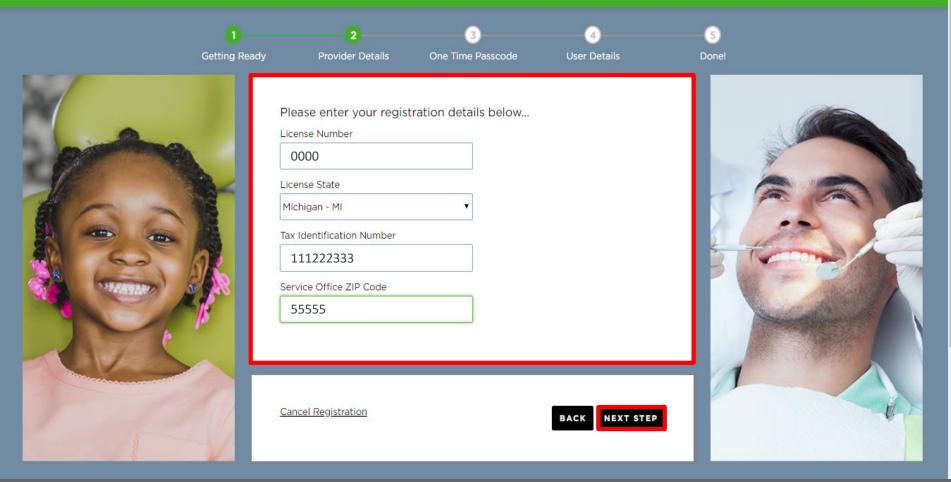
- 3. Your Tax Identification Number
- 4. Your Service Office ZIP Code

Cancel Registration

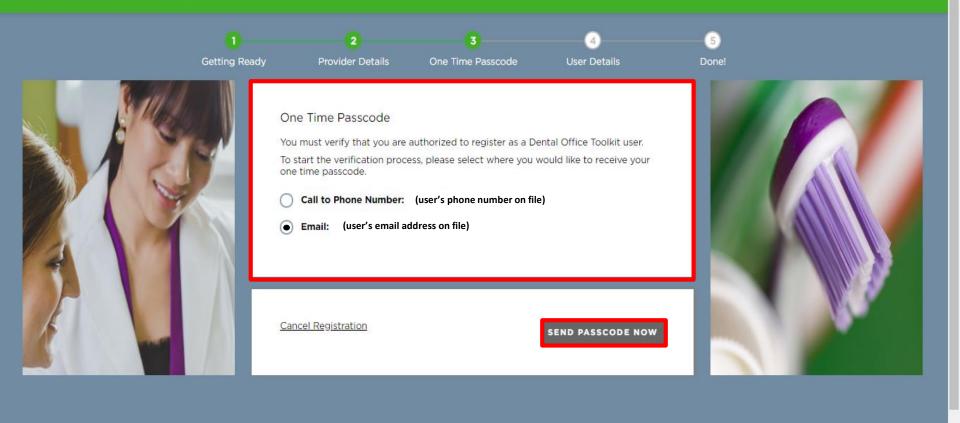


1. Make sure the provider has their license number, state in which Provider is Licensed, TIN, and service office ZIP code before clicking on "Next Step"

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



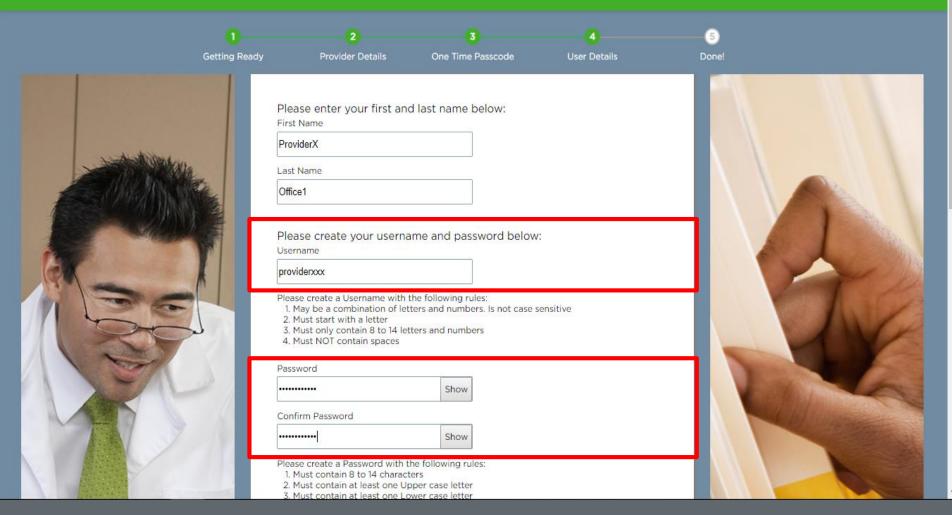
3. Select which contact information you would like the one time passcode to be sent to (select the option you can most easily access)

	1 Getting Ready	2 Provider Details	3 One Time Passcode	(4) User Details	5 Done!	
		inter one time passcode: 99	user's email address on file) ter it below and click "SUBMIT" 99999 to receive another code or to c			
🚍 HIPAA Privacy 📄 GLB Privacy 🚔 Priva	cy Policy 📄 Terms	of Use 📄 Requirements Co	ontact Us			

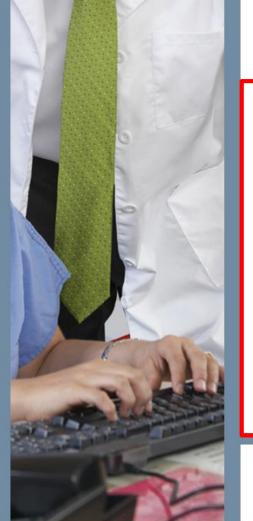
4. Enter the one time passcode you received to the phone number or email address selected

5. Click "Submit"

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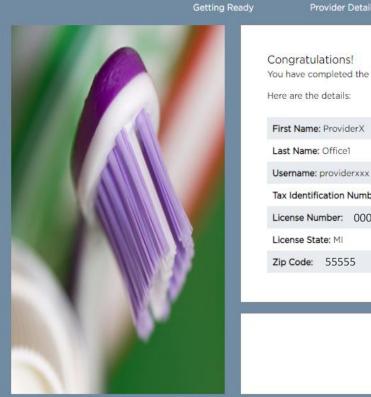
6. Ensure the provider completes all fields and meets necessary username and password requirements



Please choose your security questions and ans Question 1	wers below:		11-P	-
In what city were you born?	*			
Answer 1				UPP)
Detroit				diffee 1
Question 2				0
Who is your personal hero?				A COMPANY
Answer 2		6		
Tooth Fairy				
Question 3				
What is your favorite hobby?	۲			
Answer 3				11 17
Cleaning Teeth			• •	17
		1		
			1	1

7. Ensure the provider creates and answers three security questions

8. Click "Register"



Congratulations! /ou have completed the DOI fere are the details:	T Registration and can login now for th	e first time.		
First Name: ProviderX				× 10 -
Last Name: Office1				
Username: providerxxx				1
Tax Identification Number:	111222333			
License Number: 0000				
License State: MI				
Zip Code: 55555			-	
		PROCEED TO LOGIN		

One Time Passcod

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

First Time Login

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

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

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

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

First Name Ginger	Last Name
Email Address:	Phone Number:
GAle@deltadentalmi.com	(555) 555-5555
lease choose your new security questions an	d anguars balaur
lease choose your new security questions an	
Question 1	Answer 1
Select a question	▼ Letters and numbers only
Question 2	Answer 2
Select a question	▼ Letters and numbers only
Question 3	Answer 3
Select a question	▼ Letters and numbers only
	UPDATE AND CONTI
	UPDATE AND CONT



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

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

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

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

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

First Name	1	Last Name
Ginger		Ale

 Email Address:
 Phone Number:

 GAle@deltadentalmi.com
 (555) 555-5555

Please choose your new security questions and answers below:

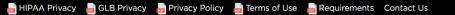
Question 1		Answer 1
What was your dream job as a child?	•	Dentist
Question 2		Answer 2
Who is your personal hero?	•	Delta Dental
Question 3		Answer 3
What is your favorite hobby?	•	Cleaning Teeth
		UPDATE AND CONTINUE

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2. Click "Update and Continue" to proceed to the Dental Office Toolkit

Reset Password

Jsername: GingerAle1		
Password:		
Password		
	Login	
	Forgot Password	
	Not Yet Registered?	?
	REGISTER	

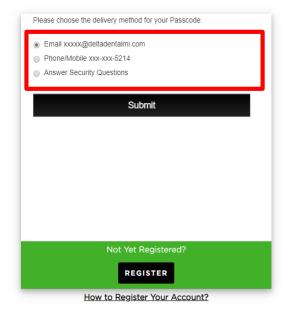


1. On the DOT login screen, click "Forgot Password"

Usemame:
GingerAle1
Submit
Not Yet Registered?
REGISTER
How to Register Your Account?

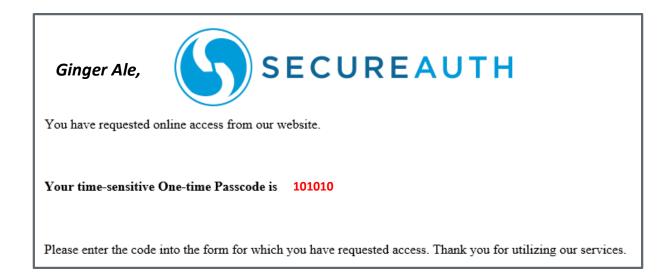
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2. Enter the username associated with the account you would like to reset the password for

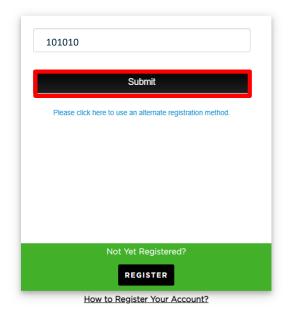


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3. Specify your delivery preference (email, phone call, or security questions) for a one-time passcode, and click "Submit"



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



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5. Enter the unique passcode and click "Submit"

Please enter a n	ew password below.			
User ID:	GingerAle1			
New Password:	******			
Confirm Password:	*****			
	Submit			
Password must of	differ from previous password by 1 password(s).			
Password length	Password length greater than 10 characters. Contain 4 of the following:			
Contain 4 of the				
- 1 digits (0-9).	- 1 digits (0-9).			
- 1 symbols (!, @), #, \$, %, *, etc.).			
- 1 uppercase Er	nglish letters (A-Z).			
- 1 lowercase En	ıglish letters (a-z).			
	Not Yet Registered?			
	REGISTER			
	How to Register Your Account?			



6. Enter a new password that follows the requirements listed7. Click "Submit"

Username:	
GingerAle1	
Password:	
*******	*
	Login
	Forgot Password
	Not Yet Registered?
	REGISTER
Hov	v to Register Your Account?



8. Enter your username and new password, and click "Login"

User Management

New functionality

SELECTED SERVICE OFF Bradley Brackets 6666	FICE: 1100 Rock and Roll Blvd, Cleveland, OH	44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
Q Search	Service Office [Details			Announcements	
Office					06/13/2019 Welcome to the new Dental Offi	<u>ce Toolkit!</u>
 Office Details Fee Schedules Direct Deposits 	Bradley Brackets 1100 Rock and Roll Blvd Cleveland, OH 44114		License Number: 6666 NPI Type1: Tax ID: 777555777		05/17/2019 Eree Continuing Education cour	ses now available!
L Member	THIS IS YOUR HOME OFFIC	E 🗸	Payment Method: Check Par Status: Non-Participating		05/15/2019 Attention Prescribing Dentists	
⊘ Admin	Dental Office Toolkit can be utilized to view infor		on and submit claims for the following Delta Dental	states	03/29/2019 An ALL-NEW Dental Office Tool 01/18/2019	kit® is coming!
	Activity Log (5) New		0			
	Information Requests	EFTs	(2) Pre-Treatment Estimates	(3) No Pay Processed Claims	EFT Interest Payments	
	Showing activity for the last !	90 days				Show Archived
			You have no Information Req	uests at this time.		

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

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SELECTED SERVICE OF Bradley Brackets 6666	FICE: 1100 Rock and Roll Blvd, Cleveland, OH 44114 	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member	CHANGE MEMBER
Q Search	User Management			
Office	Displaying all users that are associated with busine	ess TIN: 777555777		
Member	FILTER BY			
Admin	Username	First Name	Last Name	CLEAR
My Profile	Page 1 of 1 1-5 of 5 Records			$\ll \langle \underline{1} \rangle \gg$
User Management	Username	First Name	Last Name 🔻	
Forms	ccuspid123	Cathy	Cuspid	VIEW PROFILE
Help	ddentist123	Deena	Dentist	VIEW PROFILE
Contact Us	podontal	Perry	ODontal	VIEW PROFILE
Support Code	ttooth123	Tammy	Tooth	VIEW PROFILE
OIDC Token	toothhurts1	DOT	User	VIEW PROFILE
	Page 1 of 1 1-5 of 5 Records			<u> </u>

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 Bradley Brackets 6666 1100	: D Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member	CHANGE MEMBER				
2	User ID: ccuspid123							
🕗 Admin	First Name: Cathy							
	Last Name: Cuspid							
	Phone Number: 5173475214							
	Email Address: nkatti@deltadentalmi.com							
ſ	User Role(s):							
	🖉 User Manager							
	Users with the User Manager role have access to the User Management section of the application where they can view a user's profile as well as update their phone number, e-mail address and user roles.							
	EFT User							
	Users with the EFT User role will have access to	the Direct Deposits section of the application wh	nere they can view direct deposit accounts and re	egister for direct deposit.				
	🖉 DOT User							
	Users with the DOT User role will be able to perfe	orm all other DOT application functionalities.						
	NOTE: Removing this role from a user will prever	nt them from accessing the application.						
	PLEASE NOTE: EFT access will be revoked upon th	ie users next login.						
	UPDATE PROFILE							

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

5. Click on "Update Profile"

Allow Pop-ups to Print Member Benefits

 ▲ Dental Office Toolkit
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 ttps://uat.dentalofficetoolkit.com/dot-ui/login

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A DILTA DENTAL[®] Dental Office Toolkit

	Username:
	Usemame Password:
	Password
	 This is a public computer This is a private computer
	Forgot User ID Forgot Password
	Not Yet Registered?
	REGISTER
	How to Register Your Account?
rivacy 🔚 GLB Privacy 😓 Privacy Policy 😓 Terms of Use	Requirements Contact Us

1. Click on the lock icon in the address bar

POP

		· · · ·
C https://uat.dentalofficetoolkit.com/dot-ui/login		* 🛛
Connection is secure Your information (for example, passwords or credit card numbers) is private when it is sent to this site. Learn more	kit	
Certificate (Valid)		
Site settings	Username:	
	Password: Password This is a public computer This is a private computer Login Forgot User ID Forgot Password	
1	Not Yet Registered? REGISTER	
	How to Register Your Account?	

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2. Click on "Site settings"

▲ Dental Office Toolkit × Settings × +			- 0 ×
C O Chrome chrome://settings/content/siteDetails?site=https%3A%2F%2Fuat.d	dentalofficetoolkit.com		☆ 🛛 🕲 🗌 😆 🗄
≡ Settings	Q Search settings		
	Permissions	Reset permissions	
	Location	Ask (default)	
	Camera	Ask (default)	
	🌷 Microphone	Ask (default)	
	A Notifications	Ask (default)	
	<>> JavaScript	Allow (default)	
	🗯 Flash	Ask (default)	
	Images	Allow (default)	
	Pop-ups and redirects	Block (default)	
	Ads Block if site shows intrusive or misleading ads	Allow Block	
	A Background sync	Allow (default)	
	Sound	Automatic (default)	
	🛓 Automatic downloads	Ask (default)	
	MIDI devices	Ask (default) 👻	
	ឃុំ USB devices	Ask (default)	
	Unsandboxed plugin access	Ask (default)	
	📋 Clipboard	Ask (default) 👻	
	Payment Handlers	Allow (default)	

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

MEMBER

Select Member

View and Print Member Benefits

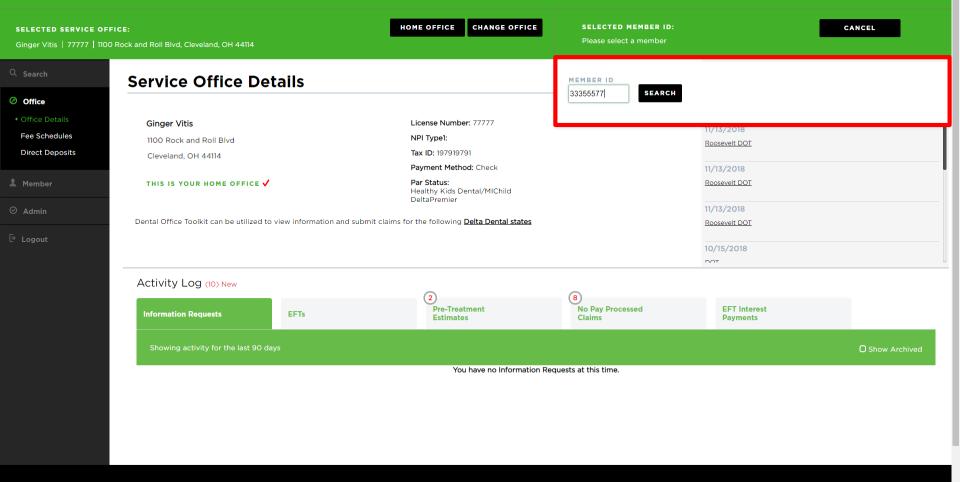
Search for Complete Dental History of a Member

Search Sealant History of a Member

Select a Member

OFFICE: 1100 Rock	and Roll Blvd, Clevel	and, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
S	Service O	ffice Deta	nils			Announcements	
_						It's smart to be PPO!	
	Ginger Vitis			License Number: 77777		11/13/2018	
	1100 Rock and R	Roll Blvd		NPI Type1:		Roosevelt DOT	
	Cleveland, OH 4	4114		Tax ID: 197919791			
				Payment Method: Check		11/13/2018	
	THIS IS YOUR H	HOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIChild		Roosevelt DOT	
				DeltaPremier		11/13/2018	
	Dental Office Toolki	t can be utilized to vie	w information and subm	it claims for the following Delta Dental states		Roosevelt DOT	
						10/15/2018 DOT	
	Activity Log	(10) New					
	Information Requ	iests	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activit	y for the last 90 days					O Show Archived
	🍄 Page 1 of 1	1-5 of 5 Records					« < <u>1</u> > »
	Archive	Date Received 🔻		Claim Number	Patient Name		
		02/19/2019		<u>1902194066570</u>	Tim McGraw		
		02/19/2019		<u>1902194066569</u>	Tim McGraw		
		02/19/2019		<u>1902194066572</u>	Clark Kent		

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



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2. Type the Member ID number in the box and click "Search"

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SELECTED SERVICE OFF Ginger Vitis 77777 1100	Rock and Roll Blvd, Cleveland, OH 44114	CE SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	CHANGE MEMBER
익 Search	Member Details & Benefits		VIEW CLAIM REMINDERS
⊘ Office			
 Member Member Details & Benefits 	Gene Kelly Relationship: Subscriber		Subscriber: Gene Kelly Member Number: xxxxx5777 Alternate ID: N/A
Enter Claim / Pre- treatment Estimate			
Family Claims History Print Benefits Processing Policies	View All Members		~
⊘ Admin ⊡ Logout	PPO Dentist Premier Dentist Nonparticipating Dentist		
	Coverages		~
	Exclusions And Limitations		~
	Maximums and Deductibles		~

- 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 OFI Ginger Vitis 77777 1100		land, OH 44114	HOME OF	FICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
ද Search	Service O	ffice Det	ails			Announcements	
Office	Service O	fince Det	u115			11/28/2018 It's smart to be PPO!	
Office Details	Ginger Vitis		License	Number: 77777			
Fee Schedules	1100 Rock and F	Roll Blvd	NPI Typ			11/13/2018 Roosevelt DOT	
Direct Deposits	Cleveland, OH 4	14114	Tax ID: 1	97919791		Roosevent DOT	
-				t Method: Check		11/13/2018	
L Member	THIS IS YOUR	HOME OFFICE 🗸		Kids Dental/MIChild		Roosevelt DOT	
∅ Admin			DeltaPre	emier		11/13/2018	
	Dental Office Toolki	it can be utilized to vi	iew information and submit claims for the fol	lowing <u>Delta Dental states</u>		Roosevelt DOT	
						10/15/2018	
						DOT	U
	Activity Log	(10) New					
	Information Requ	uests		re-Treatment stimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activit	y for the last 90 days					O Show Archived
	Page 1 of 1	1-5 of 5 Records					$\ll \langle \underline{1} \rangle \gg$
	Archive	Date Received 🔻	Claim N	umber	Patient Name		
		02/19/2019		<u>1902194066570</u>	Tim McGraw		
		02/19/2019		<u>1902194066569</u>	Tim McGraw		
		02/19/2019		<u>1902194066572</u>	Clark Kent		
	the "Change he Member		' button on the top ho k "Search"	ome bar			

SELECTED SERVICE OFF Cathy Cuspid 9999 110	ICE: D Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5444 Bruce Roberts - Sub	CHANGE MEMBER
Q Search	Member Details & Benefits	s		VIEW CLAIM REMINDERS
Office				
 Member Member Details & Benefits 	Bruce Roberts Relationship: Subscriber			Subscriber: Bruce Roberts Member Number: xxxxx5444 Alternate ID: N/A
Enter Claim / Pre- treatment Estimate				
Family Claims History Print Benefits Processing Policies	View All Members			~
⊖ Admin	PPO Dentist Premier Dentist Nonparticipating Der	ntist		
	Coverages			~
	Exclusions And Limitations			~

3. Click the orange box on the left-hand navigation bar to see the member details page4. Click "Print Benefits" in the blue box

← → C ① blob:https://uat.dentalofficetoolkit.com/df2eec14-8e81-4a50-a196-2197a8320a4e

df2eec14-8e81-4a50-a196-2197a8320a4e

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

Claims Mailing Address

	Delta Dental P.O. Box 908	
	1.0. Dox 700	

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

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

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

Coordination of Benefits Internal: Y

Currently Eligible:

Eligibility Member Name:

Patient Name:

Relationship:

Client Name: Client Number: Product:

Internal:	Yes	Be sure to visit us at www.deltadentalmi.com to submit claims and
External:	Yes	review benefits.

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

Delta Dental PPO (Point-of-Service)

Bruce Roberts

Bruce Roberts

Yes as of 08/01/2018

Subscriber

Maximum and Deductibles

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

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

Based on contract limitations for the services listed below, the patient is currently eligible for those services where 'Yes' is displayed provided maximum is available and waiting periods have been met. No indicates the patient has met the time limitations for the procedure, or the procedure is the maximum and it displayed periods have been met. No indicates the patient has met the time limitations for the procedure, or the procedure is the maximum and the service mean data of the procedure is the maximum and the service is the service is the service is the service of the service is the service is

onice visit g	s otherwise not a	covered, and if the service was	schormen today, no payment will be i	nade by Dena Denia	
Exam	No	Payment was issued	Full Mouth X-rays	Yes	
		on service dates of 04/05/2019,04/01/2019	Fluoride	No	Not covered due to the patient's age
Cleaning	Yes		Perio Risk Test	No	Service is not a covered
Perio Maintenance Cleaning	Yes				benefit for this patient
Bitewings	Yes		Occlusal Guard	Yes	

Benefit Breakdown

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

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

			Dentist ier Dentist	Nonparticipating Dentist		
Diagnostic		%	Waiting Period Met Date	%	Waiting Period Met Date	
D0120	Oral Exam	100%	N/A	75%	N/A	
D0140	Oral Exam	100%	N/A	75%	N/A	
D0150	Oral Exam	100%	N/A	75%	N/A	
D9110	Misc	100%	N/A	50%	N/A	

ral examinations (including examinations by a specialist) are payable twice per calendar ye

Preventive

5. A benefits summary document will open in a new tab

6. Click the print icon in the top-right corner

Search for Complete Dental History of a Member

New functionality

77 1100 Rock and Roll Blvd, Clevel	and, OH 44114			xxxxx5777	Gene Kelly - Sub	•	
Search							
Jearch							
I'd like to searc	h 6		1				
All Claims	n for:	T					
Time Period:			Or:	Start Date:		End Date:	
Last 90 Days		•		11/28/2018	To:	02/26/2019	
		1					
Claims Search							
	ected Member ID: xxxxx57777						
O For a Spec	fic 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"

xxxxx5777 Gene Kelly - Sub

CHANGE MEMBER

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

 $\ll \langle 1 \rangle \gg$

Search Results

Page 1 of 1 1-23 of 23 Records

Fage for 1-25 of 25 Records					\sim \sim $ -$
Service Date 🔻	Date Received	Patient Name	Claim Number	SSN	Status
	02/25/2019	Bruce Roberts	<u>1902254133790</u>	xxxxx5444	Routed
	02/19/2019	Clark Kent	<u>1902194066572</u>	xxxxx4777	Denied
	02/19/2019	Clark Kent	<u>1902194066571</u>	xxxxx4777	Denied
	02/19/2019	Tim McGraw	<u>1902194066570</u>	xxxxx5333	Estimated
	02/19/2019	Tim McGraw	<u>1902194066569</u>	xxxxx5333	Estimated
	02/19/2019	Bruce Roberts	<u>1902194066567</u>	xxxxx5444	Denied
02/18/2019	02/19/2019	Bruce Roberts	<u>1902194066565</u>	xxxxx5444	Denied
02/15/2019	02/19/2019	Bruce Roberts	<u>1902194066566</u>	xxxxx5444	Denied
02/13/2019	02/19/2019	Stan Smith	<u>1902194066579</u>	xxxxx1009	Denied
02/12/2019	02/19/2019	Clark Kent	<u>1902194066576</u>	xxxxx4777	Denied
02/12/2019	02/19/2019	Clark Kent	<u>1902194066575</u>	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	<u>1902214099323</u>	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	<u>1902214099322</u>	xxxxx4777	Denied
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133797</u>	xxxxx5444	Routed
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133796</u>	xxxxx5444	Denied
02/01/2019	02/14/2019	Faith Hill	<u>1902144991419</u>	xxxxx5333	Paid
02/01/2019	02/14/2019	Faith Hill	<u>1902144991418</u>	xxxxx5333	Paid
01/22/2019	02/19/2019	Clark Kent	<u>1902194066574</u>	xxxxx4777	Denied
01/22/2019	02/19/2019	Clark Kent	<u>1902194066573</u>	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	<u>1902194066578</u>	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	1902194066577	×××××4777	Denied

5. View search results

6. Click on any claim number to view details

SELECTED SERVICE OFF Ginger Vitis 77777 1100		leveland, OH 44114								LECTED MEMBER			T				
रे Search	Pre-treat	tment Es	timat	e Claiı	m									< BA	ск то	SEARCH	RESULTS
∂ Office																	
	Patient Inform	ation						Clai	m Informa	ation							
Member	Patient Account	t Number:						Re	eipt Date:	02/19/2019							
	Patient Name:	Clark Kent						Pro	cess Date:	02/19/2019							
Admin	Date of Birth:	06/01/1970						Cla	im Number:	1902194066572							
	Relationship Co	de: Subscriber						Cla	im Type: P	Pre-treatment Estim	ate						
Logout	Subscriber Nam	ne: Clark Kent						Cla	im Status:	Denied							
	Dentist Inform	ation						Oth	er Carrier F	Payment:							
	Dentist Name:	Ginger Vitis															
	License Number							_									
	Dentist TIN: 19	7919791						PR	INT CLAIM	DETAIL							
	Specialty: Gen	eral Practitioner						_									
	Other Carrier:							su	BMIT CLAII	MQUESTION							
	Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit CoPa	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	y To Issued Date
							Group Number:	2808 Sub-grou	p Number: 1000	0							
					<u>D0340</u>	\$299.00	\$102.00	\$0.00	\$0.00	\$0.00 0.0%	\$102.00	\$0.00	Premier Dentist	Delta Dental PPO (Point- of-Service)(copy)	Denied	Pro	vider
	Policy Code(s): AP11002	2, EL03400															
		The following policies a	are applied to exp	lain benefits paya	able and are not int	tended to alter the	treatment plan det	ermined by the de	ntist and patien	it:							
		ore-treatment estimate sun sly. When treatment is com				coverage. The estir	mate summarizing t	the benefits availa	ole under the en	nrollee's primary coverage							
	Policy EL03400: Diagr	nostic photographs and ce	phalometric film	, unless done for	covered orthodont	tics, are not benefit	ts of the dental plar	n.									
										Ţ	stal: \$102.00	\$0.00					
										Subscriber Deduct	ble: \$0.00						
											Pal	i to Sub:	scriber				
									_						_	_	_

7. View claim details

Search Sealant History of a Member

New functionality

SELECTED SERVICE OFFI Ginger Vitis 33333 1100	CE: Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx9888 Marshall Molar - Sp	CHANGE MEMBER
Q Search	Search			
Office				
Member Member Details & Benefits Enter Claim / Pre- treatment Estimate • Family Claims History Print Benefits	I'd like to search for: Family Claims History Time Period: Last 90 Days	V Or: Start D V	rate: 2/2019 급 To:	End Date: 07/11/2019
Processing Policies	Member Search Options for Member ID: xxxxx9888 For the Selected Family Member: Marshall Molar For ALL Family Members	0	ss Search Options: For the Selected Provider Across the whole Business (TIN) Across ALL Businesses (TINs)	
	Procedure Search Options: For All Procedures With treatment(s) matching the following Procedure Code(s):	Tooti All Ol O2 O2 O2 O2	2 5 4	Area of Arch: All 01 - Upper Arch 02 - Lower Arch 10 - Upper Right 20 - Upper Left 30 - Lower Left 40 - Lower Right
				RESET SEARCH

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

DELTA DENTAL[®] Dental Office Toolkit

44114	HOME OFFICE CHANGE O	DFFICE SELECTED MEMBER ID: xxxxxx9888 Marshall Molar - Sp	CHANGE MEMBER
	T		
	Or:	Start Date: 04/12/2019	End Date:
			0//1/2013
Member ID: xxxx9888 Member: Marshall Molar 's		Business Search Options: For the Selected Provider Across the whole Business (TIN) Across ALL Businesses (TINs)	
hing the following Procedure Code(s):		Tooth Search Options: Tooth Number: All Permanent Teeth 01 02 03 04 05	Area of Arch: All O1 - Upper Arch O2 - Lower Arch 10 - Upper Right 20 - Upper Left 30 - Lower Left 30 - Lower Left
		US (Select multiple using CTRL + click or SHIFT + click)	40 - Lower Right RESET SEARCH
			(Select multiple using CTRL + click or SHIFT + click)

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

CTED SERVICE OFFICE:	HOME OFFICE	CHANGE OFFICE	SELECTED	MEMBER ID:		CHANGE MEMBER
r Vitis 33333 1100 Rock and Roll Blvd, Cleveland, OH 44114		·	xxxxx9888	Marshall Molar - Sp	•	
nine venou.	<u></u>	วเลา	r Date.		Enu Date.	
Last 90 Days	•	04	4/12/2019	То:	07/11/2019	
Member Search Options for Member ID: xxxxx9888			ness Search Options:			
For the Selected Family Member: Marshall Molar		0	,			
For ALL Family Members		0	Across the whole Bus			
		0	Across ALL Businesse	es (TINS)		
Procedure Search Options:		Toot	th Search Options:			
For All Procedures			oth Number:		Area of Arch:	
With treatment(s) matching the following Procedure Code(s):		All	ermanent Teeth		All 01 - Upper Arch	A
			01 02		02 - Lower Arch 10 - Upper Right	
d1351			03		20 - Upper Left	
			04 05	-	30 - Lower Left 40 - Lower Right	·
		(Se	elect multiple using CTR	L + click or SHIFT + click)		
						RESET
						RESET SEARCH
Search Results						
Page 1 of 1 1-1 of 1 Records						

Page	I OF I I-I OF I Records				>>>	< <u>7</u> 7 77
	Service Date	Date Received 👻	Patient Name	Claim Number	SSN	Status
	07/06/2019	07/10/2019	Marshall Molar	<u>1907104459932</u>	xxxxx9888	Denied
Page	1 of 1 1-1 of 1 Records				*	$\langle \underline{1} \rangle \gg$

👼 HIPAA Privacy 🛛 GLB Privacy 🍃 Privacy Policy 💂 Terms of Use 💂 Requirements

6. Click into the claim number in the search results

	/ICE OFFICE: 333 1100 Rock and Roll Blvd	d Clevelar	nd OH 44	4114												BER ID:	àp	
Patient Information Patient Account Number: Patient Account Number: Patient Account Number: Patient Account Number: Patient Anse:: Ody/201984 Patient Name:: Moly Molar																	*P	
Patient Account Number:	In For Pa	ay Cl	aim															
Patient Account Number:																		
Patient Name: Marshall Molar: Date of Birb: 07/07/20194 Batationship Code: Sportiset Name: Batationship Code: Sportiset Name: Bottist Information Eastern Status: Dentist Information: Eastern Status: Dentist Name: Engrey Vuis Lease Number: 33333 Dentist Wite: Eastern Status: Dentist:: Eastern Status: Dentist:: Eastern Status: Dentist:: Eastern Status: Dentist:: Eastern Status: Dentist::: Eastern Status: Dentist:::: Eastern Status: Dentist::::: Eastern Status: Dentist:::::::::::::::::::::::::::::::::::	Patient Inform	nation												Clai	m Information			
Date of Birth: 09/22/1984 Relationship Code: Spusse: Subscriber Name: Molly Molar	Patient Account	t Number:												Rec	eipt Date: 07/10/2019			
Relationship Code: Spouse Subscriber Name: Moly Molar Dentist Information Dentist Information Dentist Name: Ginger Vitis Leenes Number: S3533 Berlitist: Speciality: General Practitioner: Other Carrier Print CLAIM DETAIL Subscriber Number: State of Acet & State Other Carrier: Chainer of Acet & State State of Acet & S	Patient Name:	Marshall M	Molar											Pro	cess Date: 07/10/2019			
Subscriber Name: Molly Molar Claim Status: Denied Charles Claim Status: Denied Claim Status: Denie	Date of Birth:	09/22/198	34											Cla	im Number: 190710445993	2		
Dentist Information Dentist Name: Ginger Vills License Number: 3333 Dentist Nam: Signer Vills Dentist Nam: Ginger Vills Berleit Sasses Dentist Till: 333555333 Dentist Till: 333555333 Dentist Nam: Ginger Vills																		
Dentist Information Bentist Name: Ginger Witis License Number: 33335 Bentist INI: 333556533 Bentist INI: 33556533 Bentist INI: 33556533 Bentist INI: 33566533 Bentisti INI: 33566533 Bentisti INI: 3366300 3000 3000 3000	Subscriber Nan	ne: Molly I	Molar															
Bentist Name: Single Vitis License Number: S3335 Bentist Tim: S333555333 Bentist Tim: S335555333 Bentist Tim: S335555333 Bentist Tim: Subscription Other Carrie: Subscription Other Carrie: Subscription State State	Dentist Inform	ation												Oth	er Carrier Payment:			
License Number: 3335 Dentist TIM: 333555333 Specialty: General Practitioner: Dither Carrier: Dither Carr																		
Dentist Titl: 33555533 Specialty: General Practitioner Other Carrier: SUBUIT CLAIM OUESTICK Concernational Concernatio Concernatinde Concernation Concernatinde Concernationa																		
Specialty: General Practitioner GUBERT CLAIM QUESTION Concernities: CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CONCER CLAIM CLAIM OUTLINE TO CONCER CLAIM CONCER CLAIM Claim Claim CLAIM OUTLINE TO CONCER CLAIM CLAIM OUTLINE TO CONCER CLAIM														PR	INT CLAIM DETAIL			
SUBJIC CLAIM OUESTION SUBJIC CLAIM OUESTION CANCE CLAIM This claim cannot be cancelled. CANCE CLAIM This claim cannot be cancelled. Totoch Number Area of Arch Suffice Produc Manoutt Anount Code Office Office Office Code Office Office <th colsp<="" td=""><td></td><td></td><td>itioner</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td></td> <td>itioner</td> <td></td>			itioner														
CANCEL CLAIM This claim cannot be cancelled. Tooth Number Area of Arch Surface Date of Service Proce Additionant Approval Amount Allowent Amount Ded Office Visit Colery Patient Pain Perior K Product Calling Status Painter Pay To Status 21 0 0 0.05 50.00		ierar raca												SU	BMIT CLAIM QUESTION			
Tooth NumberArea of ArchSurfaceDete of ServiceProc CodeSubmit'd AmountAllowed AmountDedOffice VisitCoffey VisitPfet PmtPfet PmtPfet PmtProductChain StatusPeyroIssued Date Date1007/06/2019D1351\$100.00\$30.00\$0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td></t<>														_				
Image: Point of the second of the s														CA	NCEL CLAIM This	s claim canr	not be cancelled.	
Image: Point of the second of the s																Chalma		
Image: Point of the second of the s	Tooth Number A	rea of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Line Nur	nent Pay To Issued	
21 0706/209 0.135 01000 53000 5000								Froup Numbe	9700	Sub-arour	Number	000				Status		
Policy Code(s): ELISTIC 22 0706/2019 DISSI \$100.00 \$30.00 \$0.00<	21			07/06/2019	D1751	\$100.00							\$0.00	PRO Doptist	Dalta Dantal RRO (Reint-of-Service)	Danied	Browider	
22 07/06/2019 D1351 \$100.00 \$30.00 \$0.00		2		07/08/2019	01331	\$100.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Deltai PPO (Politi-or-Service)	Demed	Provider	
Policy Code(s): ELI3012 Provide Provide Status Provide Provide <th< td=""><td></td><td>2</td><td></td><td>07/05/0010</td><td>01701</td><td>£100.00</td><td>670.00</td><td>60.00</td><td>£0.00</td><td>£0.00</td><td>0.0%</td><td>670.00</td><td>£0.00</td><td></td><td>Della Destal DDO (Delation of Capital)</td><td>Destad</td><td>Denviden</td></th<>		2		07/05/0010	01701	£100.00	670.00	60.00	£0.00	£0.00	0.0%	670.00	£0.00		Della Destal DDO (Delation of Capital)	Destad	Denviden	
23 07/06/2019 D1351 \$100.00 \$30.00 \$0.00				07/06/2019	<u>D1351</u>	\$100.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied	Provider	
Policy Code(s): ELI3012 Policy Code(s): ELI3012 Status S		2																
24 07/06/2019 D1351 \$100.00 \$30.00 \$0.00				07/06/2019	<u>D1351</u>	\$100.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied	Provider	
Policy Code(s): ELI3012 The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: Policy ELI3012: Sealants and sealant repairs are not benefits on this tooth per the dental plan.	Policy Code(s): EL13012	2																
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: Policy EL13012: Sealants and sealant repairs are not benefits on this tooth per the dental plan.				07/06/2019	<u>D1351</u>	\$100.00	\$30.00	\$0.00	\$0.00	\$0.00	0.0%	\$30.00	\$0.00	PPO Dentist	Delta Dental PPO (Point-of-Service)	Denied	Provider	
Policy EL13012: Sealants and sealant repairs are not benefits on this tooth per the dental plan.	Policy Code(s): EL1301	2																
	The following policies a	re applied to e	explain benefit	its payable and	are not inte	nded to alter t	the treatment	plan determ	ined by th	e dentist an	d patient:							
76101 \$22000 \$000	Policy EL13012: Seala	ints and sealar	nt repairs are r	not benefits on	this tooth p	er the dental	plan.											
											Total	\$120.00	\$0.00					

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

MEMBER CLAIMS



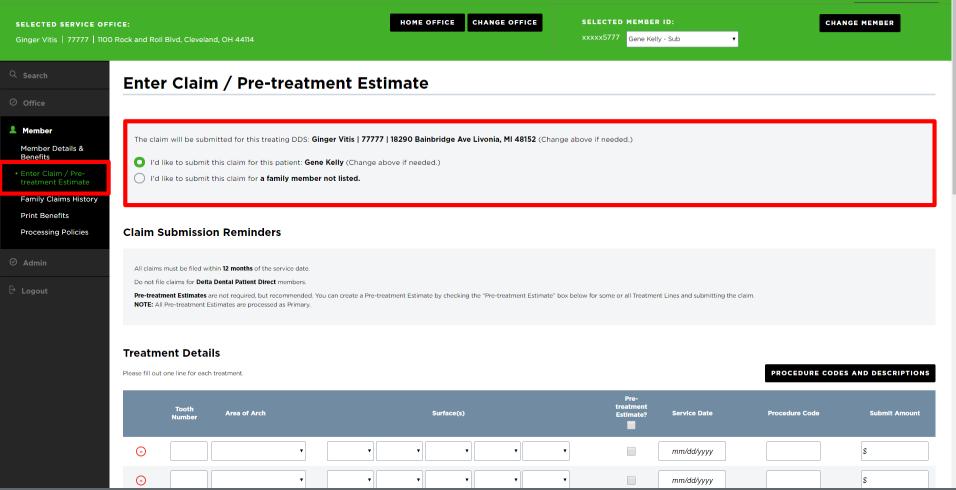
Submit a Pre-treatment Estimate (PTE)

Service Office Details Ginger Vitis 1100 Rock and Roll Blvd Cleveland, OH 44114 THIS IS YOUR HOME OFFICE V	License Number: 77777 NPI Type1: Tax ID: 197919791 Payment Method: Check	MEMBER ID 333555777 SEARCH	11/13/2018	
1100 Rock and Roll Blvd Cleveland, OH 44114	NPI Type1: Tax ID: 197919791	333555777 SEARCH	11/13/2018	
1100 Rock and Roll Blvd Cleveland, OH 44114	NPI Type1: Tax ID: 197919791			
1100 Rock and Roll Blvd Cleveland, OH 44114	Tax ID: 197919791			
THIS IS YOUR HOME OFFICE 🗸	Payment Method: Check		Roosevelt DOT	
THIS IS YOUR HOME OFFICE 🗸			11/13/2018	
	Par Status: Healthy Kids Dental/MIChild DeltaPremier		Roosevelt DOT	
	Dettartenner		11/13/2018	
Dental Office Toolkit can be utilized to view information and sub	omit claims for the following Delta Dental states		Roosevelt DOT	
			10/15/2018	
			DOT	
Activity Log (10) New				
	2 Dro Trootmont	8 No Pay Processed	EFT Interest	
Information Requests EFTs	Pre-Treatment Estimates	Claims	Payments	
Showing activity for the last 90 days				O Show Archive
	You have no Information Rec	uests at this time.		

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

7777 1100 R	CE: Rock and Roll Bivd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	•	CHANGE MEMBER
	Service Office D	etails			Announcement	;
					11/28/2018 It's smart to be PPO!	
	Ginger Vitis		License Number: 77777		11/13/2018	
	1100 Rock and Roll Blvd		NPI Type1:		Roosevelt DOT	
	Cleveland, OH 44114		Tax ID: 197919791			
	THIS IS YOUR HOME OFFICE	<	Payment Method: Check Par Status: Healthy Kids Dental/MIChild		11/13/2018 Roosevelt DOT	
			DeltaPremier		11/13/2018	
	Dental Office Toolkit can be utilize	d to view information and sub	mit claims for the following Delta Dental states		Roosevelt DOT	
					10/15/2018	
					DOT	
	Activity Log (10) New					
	Information Requests	EFTs	2) Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activity for the last 9	0 days				O Show Archive
			You have no Information Requ	uests at this time.		

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



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

v

SELECTED SERVICE OF		ECTED MEMBER ID: CHANGE MEMBER (x5777 Gene Kelly - Sub
Q. Search	Enter Claim / Pre-treatment Estimate	
 Office Member Member Details & Benefits Enter Claim / Pre- treatment Estimate Family Claims History Print Benefits Processing Policies 	The claim will be submitted for this treating DDS: Bradley Brackets 6666 1100 Rock and Roll Blvd, Cleveland This provider has multiple specialties. Please select which specialty code to use for this claim: V Orthodontist Periodontist Periodontist I'd like to submit this claim for a family member not listed.	d, OH 44114 (Change above if needed.)
⊘ 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 ENOTE: All Pre-treatment Estimates are processed as Primary. Treatment Details Please fill out one line for each treatment.	
	Please fill out one line for each treatment.	PROCEDURE CODES AND DESCRIPTIONS

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

SELECTED SERVICE OFF Ginger Vitis 77777 1100		Blvd, Clevelan	d, OH 44114			HOME	OFFICE CH	ANGE OFFICE		CTED MEMBEI		СНА	NGE MEMBER
		ent Detail						ired for eatment				PROCEDURE CODE	S AND DESCRIPTIONS
		Tooth Number	Area of Arch				Esti	mate		Pre- treatment Estimate?	Service Date	Procedure Code	Submit Amount
	Θ			T	•	▼.	•	•	T		mm/dd/yyyy		\$
	Θ			T	•	T	•	•	T		mm/dd/yyyy		\$
	Θ			¥	•	T	▼	•	¥		mm/dd/yyyy		\$
	Θ			T		T	•	•	¥		mm/dd/yyyy		\$
	🔶 Add	More Treat	ment Lines									Total Amount:	\$0.00
	Electro Remar		phs						numbers (example: l	NEAXXXX, RSSXX		imbers here. Use commas to enter i	multiple reference

- 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

SELECTED SERVICE OFFIC Ginger Vitis 77777 1100 Ro	CE: HOME C lock and Roll Blvd, Cleveland, OH 44114	OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	CHANGE MEMBER
	Type 2 NPI		If you are a Federally Qualified Health Center (FQHC), Rural Health Cl your office's Type 2 NPI.	linic (RHC) or Tribal Health Center (THC) please include
	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 a	and/or wish to obtain a pre-treatment es	timate for the procedures which are not dated and the procedures we	ere/are necessary in my professional judgment.
	SUBMIT CLAIM			
S 2001-2018 Delta Dental Plan of N	racy Privacy Policy Terms of Use Nondiscrimination Notice Requirements Michigan, Inc. All Rights Reserved.			
	not apply, check the box "I do NOT have a to submit BOTH pre-treatment estimates		to add to this claim," and c	click "Submit Claim"

CE OFFICE:									DMEMBER								
7 1100 Rock and Roll Blvd, C	leveland, OH 44114							xxxxx5777	Gene Kelly	- Sub							
Pre-trea	tment Est	imate	Claim											< B.	аск то	SEARC	H RE
Patient Inform	ation						Claim Info	ormation									
Patient Accoun	t Number:						Receipt D	ate: 02/19/	2019								
Patient Name:	Tim McGraw						Process D	ate: 02/19/	2019								
Date of Birth:	05/01/1967						Claim Nur	nber: 19021	94066569								
Relationship Co	ode: Subscriber						Claim Typ	e: Pre-treat	tment Estima	ate							
Subscriber Nan	ne: Tim McGraw						Claim Stat	tus: Estimat	ted								
							Other Car	rier Paymen	t: \$17.00								
Dentist Inform	ation																
Dentist Name:																	
License Numbe							PRINT CL	AIM DETAI									
Dentist TIN: 19									-								
Other Carrier:	neral Practitioner						SUBMIT P	OR PAYME	NT								
other carrier.																	
							SUBMIT O	CLAIM QUES	STION								
							CANCEL	CLAIM	Select	: your optio	n			T			
Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To
					Grou	ip Number: 6753	Sub-group Numbe	er: 3502									
				<u>D0370</u>	\$99.00	\$99.00	\$0.00	\$0.00	\$0.00	0.0%	\$99.00	\$0.00	Premier Dentist	Delta Dental PPO (Point- of-Service) (copy)	Denied		Provide
Policy Code(s): AP1100	5, ELOOO34																
													Premier	Delta Dental PPO (Point-			

10. Review pre-treatment estimate details

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

Convert a Pre-treatment Estimate to a Claim

Option 1—From the Activity Log

SELECTED SERVICE OFFI Bradley Brackets 6666 1	CE: 100 Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxxx1111 Maria Schickert	CHANGE MEMBER
Q. Search	Service Office Details			Announcements
 Office Office Details Fee Schedules Direct Deposits Member Admin 	Bradley Brackets 1100 Rock and Roll Blvd Cleveland, OH 44114 THIS IS YOUR HOME OFFICE ✓ Dental Office Toolkit can be utilized to view information	License Number: 6666 NPI Type1: Tax ID: 777555777 Payment Method: Check Par Status: Non-Participating on and submit claims for the following <u>Delta Den</u>	tal states	06/13/2019 Welcome to the new Dental Office Toolkit! 05/17/2019 Free Continuing Education courses now available! 05/15/2019 Attention Prescribing Dentists 03/29/2019
	Activity Log (3) New Information Requests EFTs	Pre-Treatment Estimates	1 No Pay Processed Claims	An ALL-NEW Dental Office Toolkit® is comine! 01/18/2019 EFT Interest Payments
	Showing activity for the last 90 days Page 1 of 1 1-2 of 2 Records Archive Date Received - 06/17/2019	Claim Number <u>1906174354632</u>	Patient Name Maria Schickert	□ Show Archived ≪ < <u>1</u> > ≫
	the "Pre-Treatment Estimates" number of the pre-treatment			

Welcome, Cathy! LOGOUT

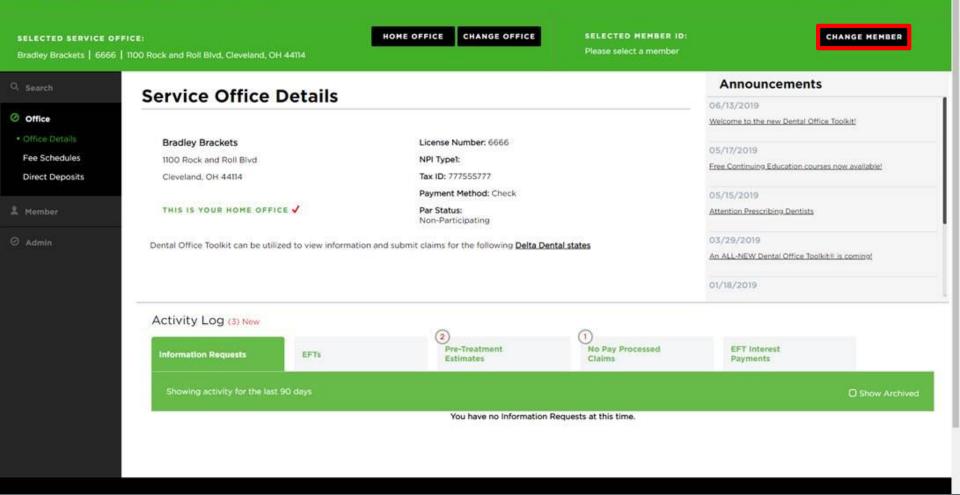
OFFICE:											SE	LECTED	MEMBER ID:				
66 1100 Roc	k and Roll	Blvd, Clevela	and, OH 4	4114								xxx1111	1aria Schickert - Sub	•			
Pre	e-trea	atmer	nt Es	tima	te C	laim									< B	васк то	
Pati	ent Infor	mation								Cla	im Infor	mation					
Pat	ient Accou	unt Number:								Re	ceipt Dat	e: 06/17	/2019				
Pat	ient Name	: Maria Schi	ickert							Pr	ocess Dat	e: 06/17	/2019				
Dat	te of Birth:	01/17/1961								CI	aim Numb	ber: 1906	6174354632				
Rel	ationship	Code: Subs	criber							Cl	aim Type:	Pre-trea	atment Estimate				
Sub	oscriber Na	ame: Maria	Schickert							CI	aim Statu	s: Denie	d				
F	A									Ot	her Carrie	er Payme	nt:				
	tist Infor																
		Bradley B	rackets														
		ber: 6666 777555777								PF	RINT CLA	IM DETA	IL				
		rthodontist															
	ner Carrier									su	JBMIT FO	R PAYME	INT				
												_					
										C/	ANCEL CI		Select your o	ption		•	
Tooth	n Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit		tient Plan Pmt Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To
								Group Num	ber: 9998	Sub-group	o Number: 00	003					
					<u>D0120</u>	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0% \$0	0.00 \$0.00	Nonparticipating Dentist	Delta Dental Premie	r Not Billable		Subscri
Policy C	Code(s): AP15	032															
The foll	owing policies	s are applied to e	xplain benef	its payable an	nd are not in	tended to alte	r the treatmer	nt plan determ	ined by the	dentist and	patient:						
				currently bei													

3. Click "Submit for Payment"

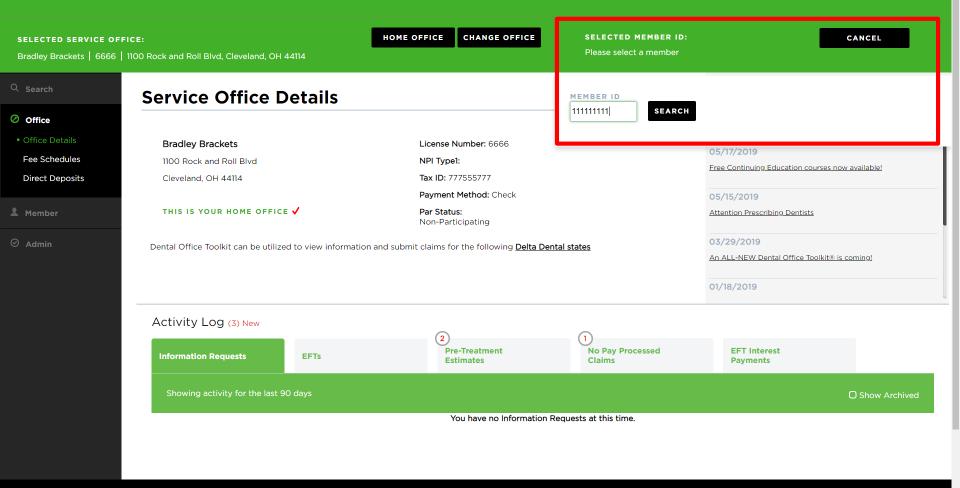
SELECTED SERVICE OFFIC Ginger Vitis 77777 1100 Rd	CE: HOME OFFi ock and Roll Bivd, Cleveland, OH 44114		MEMBER ID: Iaria Schickert - Sub	CHANGE MEMBER
	Type 2 NPI	If you are a Federally Qualifier your office's Type 2 NPI.	d Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Hea	ilth Center (THC) please include
	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/o	or wish to obtain a pre-treatment estimate for the procedures wh	ich are not dated and the procedures were/are necessary in my	r professional judgment.
	SUBMIT CLAIM			
📄 HIPAA Privacy 🛛 📙 GLB Priva	acy Privacy Policy Terms of Use Nondiscrimination Notice Requirements			
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	details of the pre-treatment estimate and s not apply, check the box "I do NOT have an		nis claim," and click "Sub	mit Claim"

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



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

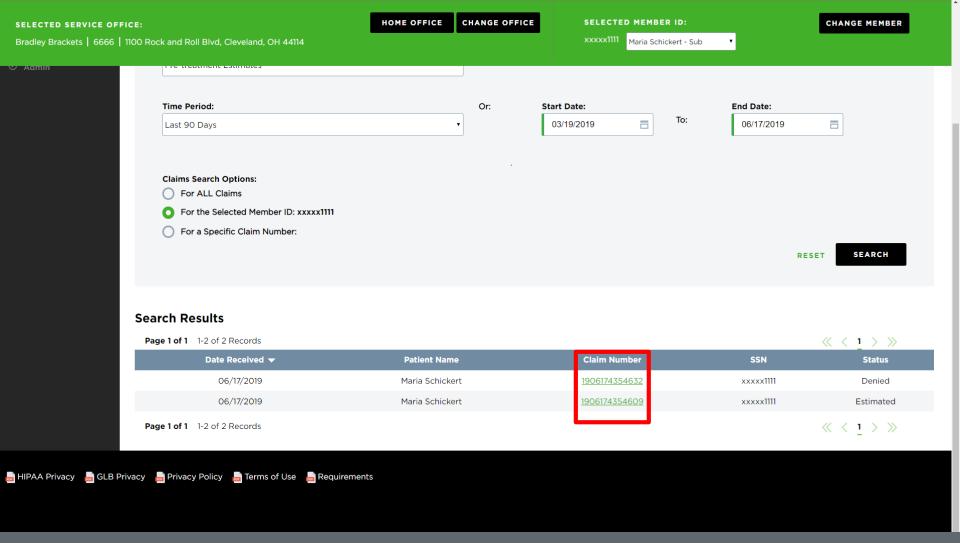
SELECTED SERVICE OFFI Bradley Brackets 6666 ⁻	ICE: 1100 Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHA	NGE OFFICE SELEC	CTED MEMBER ID:	•	CHANGE MEMBER
Q Search	Search					
⊘ Office						
 Member Member Details & Benefits Enter Claim / Pretreatment Estimate Family Claims History Print Benefits Processing Policies Admin 	I'd like to search for: Family Claims History Time Period: Last 90 Days Member Search Options for Member ID: xxxxx1111 Image: Port the Selected Family Member: Maria Schicker For ALL Family Members	T	Across the	Options: evhole Business (TIN) L Businesses (TINs)	End Date: 06/17/2019	
	 Procedure Search Options: For All Procedures With treatment(s) matching the following Procedures 	dure Code(s):	Tooth Search Op Tooth Number: All Permanent Tee 01 02 03 04 05	: 	Area of Arch: All 01 - Upper Arch 02 - Lower Arch 10 - Upper Right 20 - Upper Left 30 - Lower Left 40 - Lower Right	· · · · · · · · · · · · · · · · · · ·

3. Navigate to the "Member" tab4. Click on "Family Claims History"

DELTA DENTAL[®] Dental Office Toolkit

SELECTED SERVICE OFFI Bradley Brackets 6666 1	CE: 100 Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE	CHANGE OFFICE	SELECTED MEMBER ID:	ib Y	CHANGE MEMBER
Q Search	Search					
 Office Member Member Details & Benefits Enter Claim / Pre- treatment Estimate Family Claims History Print Benefits Processing Policies 	I'd like to search for: Pre-treatment Estimates Time Period: Last 90 Days		• Or: •	Start Date: 03/19/2019	End Date: 06/17/2019	
⊘ Admin	Claims Search Options: For ALL Claims For the Selected Member ID: xxxxx1111 For a Specific Claim Number:				RES	ET SEARCH

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



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

1 CE OFFICE: 6666 1100	Rock and Rol	l Blvd, Clevela	nd, OH 4	4114								SELECT	_	BER ID:	·			
Р	re-tre	atmen	nt Es	tima	te C	laim	I									< BACI	k to se	ARCH F
F	Patient Info	rmation								CI	aim Inf	ormatio	on					
	Patient Acco	ount Number:								R	eceipt D	ate: 06	6/17/20	019				
	Patient Nam	e: Maria Schi	ckert							P	rocess D	oate: 06	6/17/20	019				
	Date of Birth: 01/17/1961										laim Nu	mber: 1	906174	1354632				
	Relationship Code: Subscriber										Claim Type: Pre-treatment Estimate							
	Subscriber Name: Maria Schickert Claim Status: Denied																	
	Other Carrier Payment:																	
C C	Dentist Information																	
	Dentist Nam	e: Bradley Br	ackets															
	License Number: 6666 PRINT CLAIM DETAIL																	
	Dentist TIN: 777555777																	
	Specialty: Orthodontist SUBMIT FOR PAYMENT																	
	Other Carrie	r:												-				
										G	ANCEL	CLAIM		Select your o	ption		•	
	Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To
								Group Num	nber: 9998	Sub-gro	up Number:	: 0003						
					D0120	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00 N	lonparticipating Dentist	Delta Dental Premier	Not Billable		Subscriber
Po	Policy Code(s): API5032																	
Th	The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																	

SELECTED SERVICE OFFIC Ginger Vitis 77777 1100 Ra	:E: ock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHA	NGE OFFICE	SELECTED MEMBER ID: CHANGE MEMBER XXXXXXIIII Maria Schickert - Sub	
	Type 2 NPI			rou are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include ur office's Type 2 NPI.	
	Other Claim Details				~
	COB Details				~
	Ortho Details				~
	I do NOT have any COB Details to add to this Claim. By selecting Submit Claim, I am certifying that I have performed the procedures as indic	ated by date and/or wish to obtai	n a pre-treatment estima	nate for the procedures which are not dated and the procedures were/are necessary in my professional judgment.	
	SUBMIT CLAIM RESET				
ᡖ HIPAA Privacy 🛛 🔓 GLB Priva	acy Privacy Policy Terms of Use Nondiscrimination Notice Requirem	ents			
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11. Review the	details of the pre-treatment estimation	ate 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

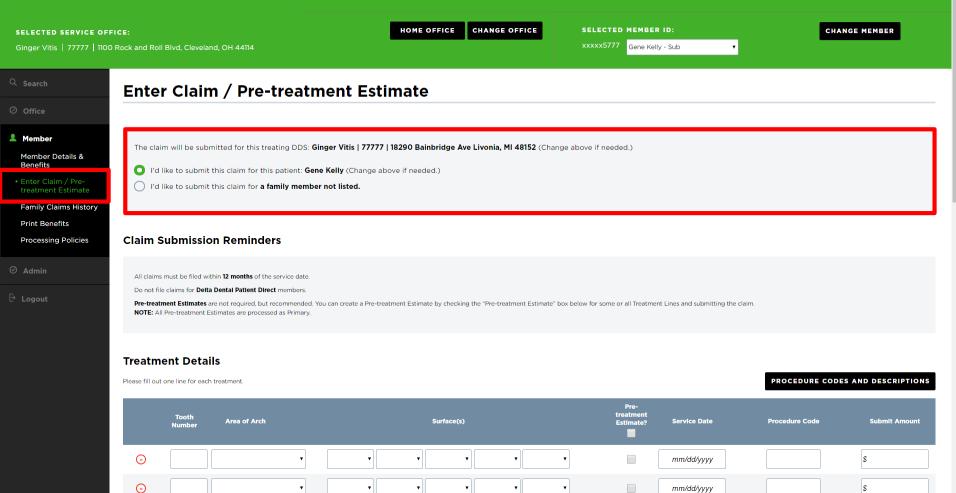
Use Case 1—Submit a Single Claim

OFFICE:	Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	•	CANCEL
Service	e Office Det	tails		MEMBER ID		
				333555777 SEARCH		
Ginger Vit	tis		License Number: 77777			
-	and Roll Blvd		NPI Type1:		11/13/2018 Recent all DOT	
Cleveland,			Tax ID: 197919791		Roosevelt DOT	
			Payment Method: Check		11/13/2018	
THIS IS YO	OUR HOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIChild DeltaPremier		Roosevelt DOT	
			Dettartenner		11/13/2018	
Dental Office 1	Foolkit can be utilized to	view information and sub	omit claims for the following Delta Dental states		Roosevelt DOT	
					10/15/2018	
					DOT	
Activity L	_Og (10) New					
Information	Documente	EFTs	2 Pre-Treatment	8 No Pay Processed	EFT Interest	
Information	Requests	EFIS	Estimates	Claims	Payments	
Showing a	activity for the last 90 da					O Show Archived

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

SERVICE OFF 77777 1100	ICE: Rock and Roll Blvd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	· ·	CHANGE MEMBER
	Service Office D	etails			Announcements	
					11/28/2018 It's smart to be PPO!	
ules osits	Ginger Vitis 1100 Rock and Roll Blvd		License Number: 77777 NPI Type1: Tax ID: 197919791		11/13/2018 Roosevelt DOT	
USILS	Cleveland, OH 44114	v	Payment Method: Check Par Status: Healthy Kids Dental/MIChild		11/13/2018 Roosevelt DOT	
	Dental Office Toolkit can be utilized	to view information and subn	DeltaPremier nit claims for the following <u>Delta Dental states</u>		11/13/2018 Roosevelt DOT	
					10/15/2018	
	Activity Log (10) New					
	Information Requests	EFTs	(2) Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activity for the last 90) days				O Show Archived
			You have no Information Requ	ests at this time.		

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



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

w

SELECTED SERVICE OF	ICE: HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: 1100 Rock and Roll Blvd, Cleveland, OH 44114 xxxxx5777 Gene Kelly - Sub	CHANGE MEMBER
Q Search	Enter Claim / Pre-treatment Estimate	
 Office Member Member Details & Benefits Enter Claim / Pre- treatment Estimate Family Claims History Print Benefits Processing Policies 	The claim will be submitted for this treating DDS: Bradley Brackets 6666 1100 Rock and Roll Blvd, Cleveland, OH 44114 (Change above if needed This provider has multiple specialties. Please select which specialty code to use for this claim: V Orthodontist Periodontist O' I'd like to submit this claim for a family member not listed.)
⊘ 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 INOTE: All Pre-treatment Estimates are processed as Primary.	ines and submitting the claim.
	Treatment Details Please fill out one line for each treatment.	PROCEDURE CODES AND DESCRIPTIONS

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

HOME OFFICE CHANGE OFFICE

SELECTED MEMBER ID:

5777 Gene Kelly - Sub

Please fill out	t one line for each	n treatment.										PROCEDURE CODES AN	D DESCRIPT	TIONS
	Tooth Number	Area of Arch			Surf	ace(s)			Pre- treatment Estimate?	Service Date	2	Date MUS populated	d in	nt
Θ			•	•	•	•	•	¥		mm/dd/yyyy		order to su claim	omit	
O			•	▼	•	•	•	T		mm/dd/yyyy	ľ		\$	
Θ			•	•	•	•	•	¥		mm/dd/yyyy			\$	
Θ			•	▼	•	•	•	T		mm/dd/yyyy			\$	
-												Total Amount:	\$0.00	
<u> </u>	d More Treat								equiring Electronic R Iele: NEAXXXX, RSSX)		te numbers h	iere. Use commas to enter multiple	e reference	
	2 NDI							Please add any t	reatment related rem	arks here, 400 characters	max.			

- 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 OFFIC Ginger Vitis 77777 1100 Ro	CE: HOME C lock and Roll Blvd, Cleveland, OH 44114	OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	CHANGE MEMBER
	Type 2 NPI		If you are a Federally Qualified Health Center (FQHC), Rural Health Cl your office's Type 2 NPI.	linic (RHC) or Tribal Health Center (THC) please include
	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 a	and/or wish to obtain a pre-treatment es	timate for the procedures which are not dated and the procedures we	ere/are necessary in my professional judgment.
	SUBMIT CLAIM			
S 2001-2018 Delta Dental Plan of N	racy Privacy Policy Terms of Use Nondiscrimination Notice Requirements Michigan, Inc. All Rights Reserved.			
	not apply, check the box "I do NOT have a to submit BOTH pre-treatment estimates		to add to this claim," and c	click "Submit Claim"

Submit a Claim

Use Case 2—Submit a Series of Claims

DELTA DENTAL[®] Dental Office Toolkit

CHANGE OFFICE SELECTED MEMBER ID: HOME OFFICE CHANGE MEMBER SELECTED SERVICE OFFICE: Ginger Vitis | 77777 | 1100 Rock and Roll Blvd, Cleveland, OH 44114 Gene Kelly - Sub Claim Submitted Successfully 💄 Member In For Pay Claim < CREATE ANOTHER CLAIM ⊘ Admin Patient Information Claim Information Patient Account Number: Receipt Date: 06/18/2019 Patient Name: Maria Schickert Process Date: 06/18/2019 Date of Birth: 01/17/1961 Claim Number: 1906184450413 Relationship Code: Subscriber Claim Type: In For Pay Subscriber Name: Maria Schickert Claim Status: Routed Other Carrier Payment: Dentist Information Dentist Name: Bradlev Brackets License Number: 6666 PRINT CLAIM DETAIL Dentist TIN: 777555777 Specialty: Orthodontist CANCEL CLAIM This claim cannot be cancelled Other Carrier: Date of Service Submt'd Amount Par Network Apprv'd Amount Plan Pmt Tooth Number Area of Arch Surface Proc Code Pay To Group Number: 9998 Sub-group Number: 0003 06/06/2019 \$16.00 \$0.00 \$0.00 \$0.00 \$0.00 0.0% In Process In Process Nonparticipating Dentist Delta Dental Premier Routed Policy Code(s): MI07010 The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient: Policy MI07010: Please provide a report for this code indicating the services rendered and the need for this service. Total: \$0.00 \$0.00 Subscriber Deductible: \$0.00 Paid to Subscribe Net Amount \$0.00

Paid to Provider

Welcome, Ginger!

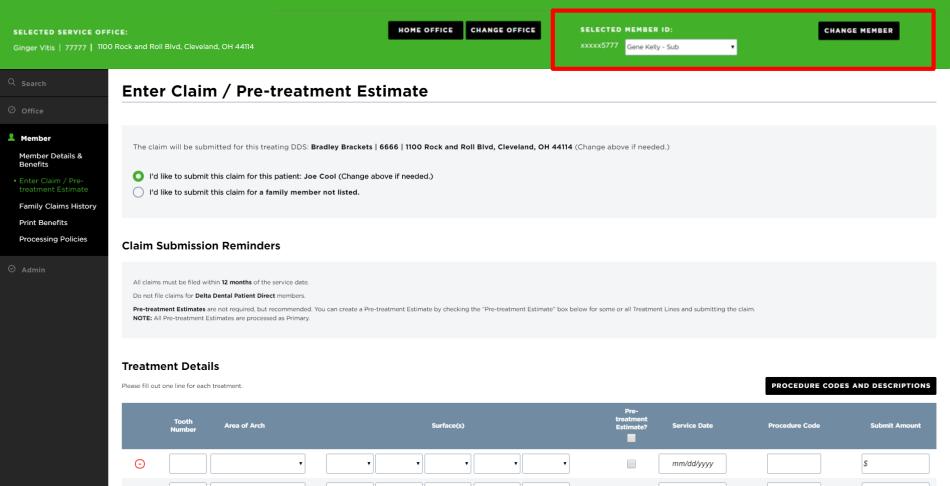
LOGOUT

10. Review details of your submitted claim

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

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

mm/dd/vvvv

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Search for a Claim

DELTA DENTAL[®] Dental Office Toolkit

:: :k and Roll Blvd, Cleveland, OH 44114	HOME OFFICE	CHANGE OFFICE		MEMBER ID: Gene Kelly - Sub	×	CHANGE MEMBER
Search						
I'd like to search for: All Claims	,					
Time Period:		Or:	Start Date:		End Date:	
Last 90 Days			11/28/2018	To:	02/26/2019	a
Claims Search Options:						
Claims Search Options: For ALL Claims For the Selected Member ID: xxxxx5777						
• For ALL Claims						

- 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

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

SELECTED MEMBER ID:

Gene Kelly - Sub

CHANGE MEMBER

Search Results

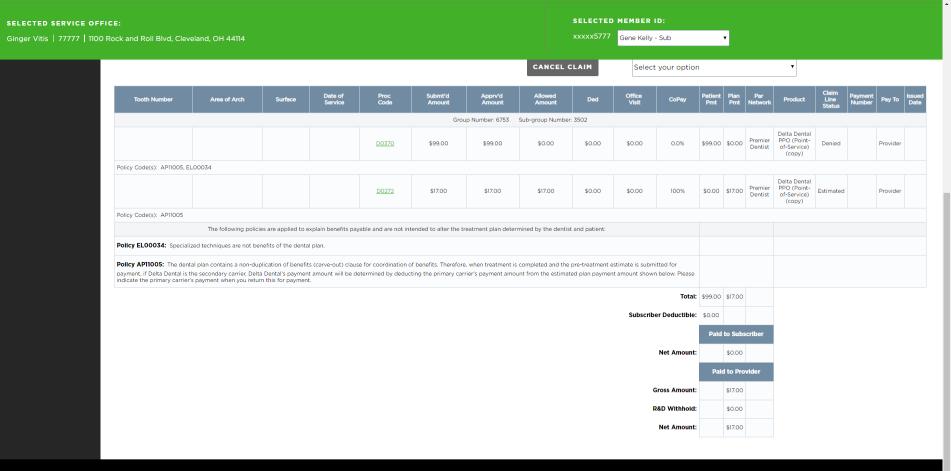
Page 1 of 1 1-23 of 23 Records					$\ll \langle \underline{1} \rangle \gg$
Service Date 🔻	Date Received	Patient Name	Claim Number	SSN	Status
	02/25/2019	Bruce Roberts	<u>1902254133790</u>	xxxxx5444	Routed
	02/19/2019	Clark Kent	<u>1902194066572</u>	xxxxx4777	Denied
	02/19/2019	Clark Kent	<u>1902194066571</u>	xxxxx4777	Denied
	02/19/2019	Tim McGraw	<u>1902194066570</u>	xxxxx5333	Estimated
	02/19/2019	Tim McGraw	<u>1902194066569</u>	xxxxx5333	Estimated
	02/19/2019	Bruce Roberts	<u>1902194066567</u>	xxxxx5444	Denied
02/18/2019	02/19/2019	Bruce Roberts	<u>1902194066565</u>	xxxxx5444	Denied
02/15/2019	02/19/2019	Bruce Roberts	<u>1902194066566</u>	xxxxx5444	Denied
02/13/2019	02/19/2019	Stan Smith	<u>1902194066579</u>	xxxxx1009	Denied
02/12/2019	02/19/2019	Clark Kent	<u>1902194066576</u>	xxxxx4777	Denied
02/12/2019	02/19/2019	Clark Kent	<u>1902194066575</u>	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	<u>1902214099323</u>	xxxxx4777	Denied
02/08/2019	02/21/2019	Clark Kent	<u>1902214099322</u>	xxxxx4777	Denied
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133797</u>	xxxxx5444	Routed
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133796</u>	xxxxx5444	Denied
02/01/2019	02/14/2019	Faith Hill	<u>1902144991419</u>	xxxx5333	Paid
02/01/2019	02/14/2019	Faith Hill	<u>1902144991418</u>	xxxx5333	Paid
01/22/2019	02/19/2019	Clark Kent	<u>1902194066574</u>	xxxxx4777	Denied
01/22/2019	02/19/2019	Clark Kent	<u>1902194066573</u>	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	<u>1902194066578</u>	xxxxx4777	Denied
01/15/2019	02/19/2019	Clark Kent	<u>1902194066577</u>	xxxxx4777	Denied
01/15/2019	02/14/2019	Betty Rubble	<u>1902144991416</u>	xxxxx7991	Paid
12/25/2018	02/19/2019	Santa Claus	<u>1902194066568</u>	xxxxx9333	Paid

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

VICE OFFICE:									SELECTED	MEMBER	D:							
7777 1100 Rock and Roll I	Blvd, Cleveland, OH 4	4114							xxxxx5777	Gene Kelly	- Sub		•					
Pre-t	reatment	Est	imate	Claim											< B.	аск то	SEARC	CH RE
Detient	nformation							Claim Info										
	ccount Number:							-	ate: 02/19/									
	ame: Tim McGraw								ate: 02/19/									
	lirth: 05/01/1967 hip Code: Subscrib	or							nber: 19021 e: Pre-treat		to							
	er Name: Tim McGr								tus: Estimat		ite							
5055616	er Name. Hin Meon	aw							rier Payment									
Dentist I	nformation									• • • • • • • •								
Dentist N	ame: Ginger Vitis																	
	lumber: 77777																	
Dentist T	IN: 197919791							PRINT CL	AIM DETAIL									
Specialty	General Practition	er																
Other Ca	rrier:							SUBMIT	FOR PAYMEI	NT								
								SUDMIT (TION								
								SOBMIT	CEATH GOES									
								CANCEL	CLAIM	Select	your optio	n			_			
										001000	your optio							
Tooth Nu	mber Area of	Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay T
						Gro	up Number: 6753	Sub-group Numbe	er: 3502									
					<u>D0370</u>	\$99.00	\$99.00	\$0.00	\$0.00	\$0.00	0.0%	\$99.00	\$0.00	Premier Dentist	Delta Dental PPO (Point- of-Service) (copy)	Denied		Provic
Policy Code(s):	AP11005, EL00034																	
					D0272	\$17.00	\$17.00	\$17.00	\$0.00	\$0.00	100%		\$17.00	Premier	Delta Dental PPO (Point-	Estimated		Provid

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

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





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

Search Family Claims History Across Businesses

New functionality

DELTA DENTAL^{*} Dental Office Toolkit

SELECTED SERVICE OFFICE: Ginger Vitis 77777 1100 Rock	< and Roll Blvd, Cleveland, OH 44114	HOME OFFICE	CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	•	CHANGE MEMBER
Q Search	Search					
⊘ Office						
A Member Member Details &	I'd like to search for:					
Benefits Enter Claim / Pre- treatment Estimate	Family Claims History	•				
• Family Claims History	Time Period:		Or:	Start Date:	End Date: 02/26/2019	
Print Benefits Processing Policies	Last 90 Days			11/28/2018	02/20/2019	Ξ
⊘ Admin	Member Search Options for Member ID: xxxxx5777 For the Selected Family Member: Gene Kelly			Business Search Options: For the Selected Provider		
⊖ Logout	For ALL Family Members			Across the whole Business (TIN) Across ALL Businesses (TINs)		
	Procedure Search Options:			Tooth Search Options:		
	 For All Procedures With treatment(s) matching the following Procedure Code(s): 			Tooth Number: All Permanent Teeth 01 02 03 04 05	Area of Arch: A All 01 - Upper Arch 02 - Lower Arch 10 - Upper Right 20 - Upper Left 30 - Lower Left 40 - Lower Right	

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



1. Navigate to the "Member" tab in the left-hand navigation bar

2. Click on "Family Claims History"

DELTA DENTAL^{*} Dental Office Toolkit

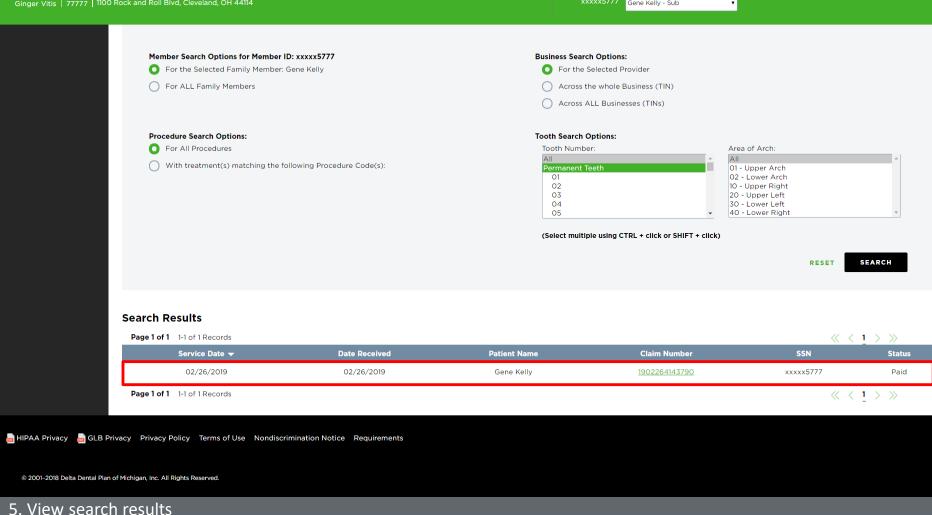
nd Roli Blvd, Cleveland, OH 44114	HOME OFFICE	CHANGE OFFICE	• · · · · · · · · · · · · · · · · · · ·	EMBER ID: ene Kelly - Sub	۲	CHANGE MEMBE
arch						
		•				
I'd like to search for: Family Claims History						
Time Period:		Or:	Start Date:		End Date:	
Last 90 Days	•		11/28/2018	To:	02/26/2019	
	•		11/28/2018		02/26/2019	
Last 90 Days Member Search Options for Member ID: xxxxx5773	7	ן ז [י	Business Search Options:		02/26/2019	=
Last 90 Days Member Search Options for Member ID: xxxxx5773 For the Selected Family Member: Gene Kelly	7	 	Business Search Options:	vider	02/26/2019	
Last 90 Days Member Search Options for Member ID: xxxxx5773	,	 [Business Search Options: O For the Selected Prov Across the whole Bus	vider siness (TIN)	02/26/2019	
Last 90 Days Member Search Options for Member ID: xxxxx5773 For the Selected Family Member: Gene Kelly	7] [Business Search Options:	vider siness (TIN)	02/26/2019	
Last 90 Days Member Search Options for Member ID: xxxxx577 For the Selected Family Member: Gene Kelly For ALL Family Members Procedure Search Options:	,		Business Search Options: O For the Selected Prov Across the whole Bus	vider siness (TIN)]	
Last 90 Days Member Search Options for Member ID: xxxxx5773 For the Selected Family Member: Gene Kelly For ALL Family Members	7		Business Search Options: For the Selected Prov Across the whole Bus Across ALL Businesse Tooth Search Options: Tooth Number:	vider siness (TIN)	Area of Arch:	
Last 90 Days Member Search Options for Member ID: xxxxx577 For the Selected Family Member: Gene Kelly For ALL Family Members Procedure Search Options:			Business Search Options: For the Selected Prov Across the whole Bus Across ALL Businesse Tooth Search Options: Tooth Number: All Permanent Teeth	vider siness (TIN)	Area of Arch: All 01 - Upper Arcl	h
Last 90 Days Member Search Options for Member ID: xxxxx5773 For the Selected Family Member: Gene Kelly For ALL Family Members Procedure Search Options: For All Procedures			Business Search Options: For the Selected Prov Across the whole Bus Across ALL Businesse Tooth Search Options: Tooth Number: All Permanent Teeth O1 O2	vider siness (TIN)	Area of Arch: All 01 - Upper Arcl 02 - Lower Arc 10 - Upper Rig	h ch ht
Last 90 Days Member Search Options for Member ID: xxxxx5773 For the Selected Family Member: Gene Kelly For ALL Family Members Procedure Search Options: For All Procedures			Business Search Options: For the Selected Prov Across the whole Bus Across ALL Business Tooth Search Options: Tooth Number: All Permanent Teeth OI	vider siness (TIN)	Area of Arch: All 01 - Upper Arcl 02 - Lower Arc	h ch ht t

RESET SEARCH

3. Fill out and select the options outlined in red

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

Gene Kelly - Sub



6. Click on any claim number for details

RVICE OFFICE: 77777 1100 Rock and Roll Blv	vd, Cleveland, C	OH 44114											SELECTED	MEMBER ID: Gene Kelly - Sub 🛛 🔻				
In For	Pay C	laim															< BACK	то s
Patient Inf	ormation										Clai	im Inf	ormation					
Patient Ac	count Number	:									Re	ceipt D	ate: 02/26/	2019				
Patient Na	me: Gene Kel	ly									Pro	ocess D	ate: 02/26/	2019				
Date of Bir	th: 08/23/191	12									Cla	im Nu	nber: 19022	64143790				
Relationshi	ip Code: Sub	scriber									Cla	nim Typ	e: In For Pa	У				
Subscriber	Name: Gene	Kelly									Cla	nim Sta	tus: Paid					
Destinutes											Oth	her Cai	rier Payment	:				
Dentist Inf																		
	me: Ginger Vi	itis																
	mber: 77777										PR	INT C	AIM DETAIL					
	: 197919791																	
	General Pract	itioner									CA	NCEL	CLAIM	Select your option]	
Other Carri	ier:																J	
Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To [s	sued Date
							Group	Number:	1238 Sut	o-group Nu	imber: 00	001						
			02/26/2019	<u>D0120</u>	\$100.00	\$45.00	\$45.00	\$0.00	\$0.00	100%	\$0.00	\$45.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Paid		Provider	
			02/26/2019	<u>D0120</u>	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): A	P15002																	
			02/26/2019	<u>D0120</u>	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): A	P15002																	
			02/26/2019	D0120	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): A	P15002																	
			02/26/2019	<u>D0120</u>	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): A	P15002																	
			02/26/2019	D0120	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Premier Dentist	Delta Dental PPO (Point-of-Service)(copy)	Disallowed		Provider	
Policy Code(s): A	P15002																	

7. View claim details

Cancel a Claim

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

DELTA DENTAL^{*} Dental Office Toolkit

SELECTED SERVICE OFF Ginger Vitis 77777 1100	ICE: Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE C	HANGE OFFICE	SELECTED MEMBI		•	CHANGE MEMBER
Search	Search						
⊘ Office							
 ▲ Member ⊘ Admin ⊡ Logout 	l'd like to search for: All Claims Time Period: Last 90 Days	•	0r: Start Dat 11/28/2		To:	End Date: 02/26/2019	=
	Claims Search Options: For ALL Claims For the Selected Member ID: xxxxx5777 For a Specific Claim Number: 						RESET SEARCH

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

K5777 Gene Kelly - Sub

1902194066578

1902194066577

CHANGE MEMBER

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

 \ll < 1 > \gg

Status

Routed

Denied

Denied

Estimated

Estimated

Denied

Denied

Denied

Denied

Denied

Denied

Denied

Denied

Routed

Denied

Paid

Paid

Denied

Denied

Denied

Denied

xxxxx4777

<u>xxxxx4777</u>

Search Results

Search Results				
Page 1 of 1 1-23 of 23 Records				
Service Date 🔻	Date Received	Patient Name	Claim Number	SSN
	02/25/2019	Bruce Roberts	<u>1902254133790</u>	xxxxx5444
	02/19/2019	Clark Kent	<u>1902194066572</u>	xxxxx4777
	02/19/2019	Clark Kent	<u>1902194066571</u>	xxxxx4777
	02/19/2019	Tim McGraw	<u>1902194066570</u>	xxxxx5333
	02/19/2019	Tim McGraw	<u>1902194066569</u>	xxxxx5333
	02/19/2019	Bruce Roberts	<u>1902194066567</u>	xxxxx5444
02/18/2019	02/19/2019	Bruce Roberts	<u>1902194066565</u>	xxxxx5444
02/15/2019	02/19/2019	Bruce Roberts	<u>1902194066566</u>	xxxxx5444
02/13/2019	02/19/2019	Stan Smith	<u>1902194066579</u>	xxxxx1009
02/12/2019	02/19/2019	Clark Kent	<u>1902194066576</u>	xxxxx4777
02/12/2019	02/19/2019	Clark Kent	<u>1902194066575</u>	xxxxx4777
02/08/2019	02/21/2019	Clark Kent	<u>1902214099323</u>	xxxxx4777
02/08/2019	02/21/2019	Clark Kent	<u>1902214099322</u>	xxxxx4777
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133797</u>	xxxxx5444
02/01/2019	02/25/2019	Bruce Roberts	<u>1902254133796</u>	xxxxx5444
02/01/2019	02/14/2019	Faith Hill	<u>1902144991419</u>	xxxxx5333
02/01/2019	02/14/2019	Faith Hill	<u>1902144991418</u>	xxxxx5333
01/22/2019	02/19/2019	Clark Kent	<u>1902194066574</u>	xxxxx4777
01/22/2019	02/19/2019	Clark Kent	<u>1902194066573</u>	xxxxx4777

Clark Kent

Clark Kent

02/19/2019

02/19/2019

3. After searching, select the claim details to view

01/15/2019

01/15/2019

VICE OFFICE: 777 1100 Rock and Roll Blvd, Clevel	and, OH 44114							SELECTED	Gene Kelly		۰						
Pre-treatn	nent Est	imate	Claim											< B/	аск то	SEARC	H RESULT
Patient Informatio	on 🛛						Claim Info	ormation									
Patient Account Nu	mber:						Receipt D	ate: 02/19/2	2019								
Patient Name: Tim	McGraw						Process D	ate: 02/19/2	2019								
Date of Birth: 05/0	01/1967						Claim Nun	nber: 19021	94066569								
Relationship Code:	Subscriber						Claim Typ	e: Pre-treat	ment Estima	ate							
Subscriber Name:	Tim McGraw						Claim Stat	:us: Estimat	ed								
							Other Car	rier Payment	\$17.00								
Dentist Informatio																	
Dentist Name: Ging	-																
License Number: 7							PRINT CL	AIM DETAIL									
Dentist TIN: 197919																	
Specialty: General Other Carrier:	Practitioner						SUBMIT F	OR PAYMEN	т								
Other Carrier:																	
							SUBMIT O	LAIM QUES	TION								
							CANCEL	CLAIM		: your optic				•			
Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submť d Amount	Apprv'd Amount	Allowed Amount	Ded	Claim	submitted submitted	in error	ect info	rmatio	n at	Claim Line Status	Payment Number	Pay To Issued Date
					Grou	ip Number: 6753	Sub-group Numbe	r: 3502									
				<u>D0370</u>	\$99.00	\$99.00	\$0.00	\$0.00	\$0.00	0.0%	\$99.00 \$0	0.00 Pre De	emier I	Delta Dental PPO (Point- of-Service) (copy)	Denied		Provider
Policy Code(s): AP11005, EL0	00034																
				D0272	\$17.00	\$17.00	\$17.00	\$0.00	\$0.00	100%	\$0.00 \$1	Pre Pre		Delta Dental PPO (Point-	Estimated		Provider

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

												_	Y						
Q Search	Pre-treat	ment Est	imate	Claim											< B.	аск то	SEARC	H RESU	LTS
⊘ Office																			
≗ Member ⊘ Admin ⊖ Logout	Patient Informat Patient Account N Patient Name: Tri Date of Birth: 05 Relationship Code Subscriber Name: Dentist Informat Dentist Name: Gi License Number: Dentist TIN: 1979 Specialty: Genera Other Carrier:	Iumber: m McGraw /01/1967 Subscriber Tim McGraw inger Vitis 77777 19791	ce a claim is c es No	anceled, it ca	nnot be un-car	iceled. Continu	e?	Process Da Claim Num Claim Type Claim Stat Other Carr	rmation ite: 02/19/2 ite: 02/19/2 iber: 19021 i: Pre-treat is: Estimat ior Daymont OR PAYMEN	2019 94066569 ment Estima ed • \$1700	ate	:							
								SUBMIT C	LAIM QUES		submitted in	n error			T				
	Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Plan Pmt	Par Network	Product	Claim Line Status	Payment Number	Pay To	sued Date
						Grou	ip Number: 6753	Sub-group Number	: 3502										
					<u>D0370</u>	\$99.00	\$99.00	\$0.00	\$0.00	\$0.00	0.0%	\$99.00	\$0.00		Delta Dental PPO (Point- of-Service) (copy)	Denied		Provider	
	Policy Code(s): AP11005, E	L00034																	
					<u>D0272</u>	\$17.00	\$17.00	\$17.00	\$0.00	\$0.00	100%	\$0.00	\$17.00	Premier Dentist	Delta Dental PPO (Point- of-Service) (copy)	Estimated		Provider	
	Policy Code(s): AP11005																		

5. Select "Yes" to confirm claim cancellation

DELTA DENTAL[®] Dental Office Toolkit

SELECTED SERVICE OFF Ginger Vitis 77777 1100	FICE:) Rock and Roll Blvd, Cleveland, OH 44114	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub
Q Search	Claim Number 1902194066569 has been successfully canceled and will no longer be viewable.	
Ø Office		
2 Member		
⊘ Admin		
È Logout		
	Nice and Ballon Teacon of the Alexandrication Nation Beautomatch	

6. Confirm the claim has been cancelled

DDS Office

Select a Service Office

Set a Home Office

View Activity Log

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View and Manage EFTs

Manage Direct Deposit

Select a Service Office

New functionality

) Rock a	and Roll Blvd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	Y	CHANGE MEMBER
s	Service Office D	etails			Announcemen	ts
					11/28/2018 It's smart to be PPO!	
	Ginger Vitis		License Number: 77777			
	1100 Rock and Roll Blvd		NPI Type1:		11/13/2018	
	Cleveland, OH 44114		Tax ID: 197919791		Roosevelt DOT	
	cicroland, on 4414		Payment Method: Check		11/13/2018	
	THIS IS YOUR HOME OFFICE	✓	Par Status: Healthy Kids Dental/MIChild DeltaPremier		Roosevelt DOT	
			Dettarrenner		11/13/2018	
	Dental Office Toolkit can be utilized	to view information and su	ubmit claims for the following Delta Dental states		Roosevelt DOT	
	Dental Office Toolkit can be utilized	to view information and s	ubmit claims for the following Delta Dental states			
	Dental Office Toolkit can be utilized	to view information and su	ubmit claims for the following <u>Delta Dental states</u>		Roosevelt DOT 10/15/2018	
	Dental Office Toolkit can be utilized Activity Log (10) New	to view information and s	ubmit claims for the following <u>Delta Dental states</u>		10/15/2018	
		to view information and s	2	8	10/15/2018 DOT	
		I to view information and su		8 No Pay Processed Claims	10/15/2018	
	Activity Log (10) New	EFTs	2 Pre-Treatment	No Pay Processed	10/15/2018 DOT	
	Activity Log (10) New	EFTs	2 Pre-Treatment	No Pay Processed	10/15/2018 DOT	O Show Archiv

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

DELTA DENTAL[®] Dental Office Toolkit

LECTED SERVICE OF	FFICE: 10 Rock and Roll Blvd, Cleveland, OH 44114	но	ME OFFICE CANCEL	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	•	CHANGE MEMBER
DENTIST LAST NAME	E LICE	NSE ZIP CC	DDE]	Announcements	
Displaying your most	t recently selected Service Offices below 77777	1100 Rock and Roll Blvd,	Cleveland, OH 44114		It's smart to be PPO! 11/13/2018 Roosevelt DOT	
Member	THIS IS YOUR HOME OFFICE		Payment Method: Check Par Status: Healthy Kids Dental/MIChild		11/13/2018 Roosevelt DOT	
Admin	Dental Office Toolkit can be utilized		DeltaPremier	S	11/13/2018 Roosevelt DOT	
	Activity Log (10) New				10/15/2018	
	Information Requests	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activity for the last 90	days	You have no Informat	ion Requests at this time.		O Show Archived

- 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

DELTA DENTAL[®] Dental Office Toolkit

ELECTED SERVICE OFFICE: nger Vitis 77777 15331 Fairfield	d St Livonia, MI 48154		HOME OFFICE CANCEL	SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub	CHANGE MEMBER
DENTIST LAST NAME		Ξ	zip code 4		Announcements 11/28/2018 It's smart to be PPOI
O'Dontal, Perry	99999	1111 Denta	l Blvd. Livonia, MI 48152		11/13/2018
O'Dontal, Perry	99999	1111 Denta	l Blvd. Livonia, MI 48152		Roosevelt DOT
O'Dontal, Perry	99999	1111 Denta	l Blvd. Livonia, MI 48152		
Toothbrush, Tammy	88888	1112 Denta	l Blvd. Livonia, MI 48152		11/13/2018
Vitis, Ginger	77777	1113 Denta	l Blvd. Livonia, MI 48152		Roosevelt DOT
Vitis, Ginger	77777	1113 Denta	l Blvd. Livonia, MI 48152		11/13/2018
Vitis, Ginger	77777	1113 Denta	l Blvd. Livonia, MI 48152		Roosevelt DOT
					10/15/2018 DOT
A	ctivity Log (10) New		(2)	(8)	
	Information Requests	EFTs	Pre-Treatment Estimates	No Pay Processed Claims	EFT Interest Payments
	Showing activity for the last 90 day	/s			O Show Archived
			You have no Informa	tion Requests at this time.	

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

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

Set a Home Office

New functionality

F FICE: 00 Rock and	Roll Blvd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member	CHANGE MEMBER
Se	rvice Office De	etails			Announcements
					11/28/2018 It's smart to be PPO!
	Ginger Vitis		License Number: 77777		11 (17 (0010
	1100 Rock and Roll Blvd		NPI Type1:		11/13/2018 Roosevelt DOT
	Cleveland, OH 44114		Tax ID: 197919791		KOUSEVER DOT
			Payment Method: Check		11/13/2018
	SET AS HOME OFFICE		Par Status: Healthy Kids Dental/MIChild		Roosevelt DOT
			DeltaPremier		11/13/2018
Der	ntal Office Toolkit can be utilized t	o view information and subr	nit claims for the following Delta Dental states		Roosevelt DOT
					10/15/2018
	tivity Log (10) New	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments
	Showing activity for the last 90 c				C Show Arc
			You have no Information Requ		

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

CE: Rock and Roll Blvd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
Service Office Deta	ails			Announcements	
				11/28/2018 It's smart to be PPO!	
Ginger Vitis		License Number: 77777 NPI Type1:		11/13/2018	
1100 Rock and Roll Blvd Cleveland, OH 44114		Tax ID: 197919791		Roosevelt DOT	
Cleveland, OH 44114		Payment Method: Check		11/13/2018	
THIS IS YOUR HOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIChild DeltaPremier		Roosevelt DOT	
				11/13/2018	
Dental Office Toolkit can be utilized to vi	iew information and submit cla	aims for the following Delta Dental states		Roosevelt DOT	
				10/15/2018	
Activity Log (10) New				DOT	
Information Requests	EFTs	2 Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
Showing activity for the last 90 days	s				O Show Archive
Showing activity for the last 90 days	s				O Sho

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

View Activity Log

OFFICE: 1100 Rock and Roll Blvd,	, Cleveland, OH 44114		HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member	CHANGE MEMBER
Service	e Office Del	ails			Announcements
					11/28/2018 It's smart to be PPO!
Ginger V	itis		License Number: 77777		
-	and Roll Blvd		NPI Type1:		11/13/2018
	I, OH 44114		Tax ID: 197919791		Roosevelt DOT
Cicreidine	.,		Payment Method: Check		11/13/2018
THIS IS Y	OUR HOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIChild DeltaPremier		Roosevelt DOT
			DeitaPremier		11/13/2018
Dental Office	Toolkit can be utilized to	view information and submit c	laims for the following Delta Dental states		Roosevelt DOT
					10/15/0010
					10/15/2018 DOT
Activity	Log (10) New				
Informatio	n Requests	EFTs	2) Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments
Showing	activity for the last 90 da				O Show Archiv
			You have no Information Rec	quests at this time.	
4					

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

SELECTED SERVICE OFFICE: Ginger Vitis 77777 1100 Roci		and, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
⊘ Admin	Dental Office Toolki	can be utilized to y	DeltaPremier iew information and submit claims for the following <u>Delta Dental states</u>		11/13/2018 Roosevelt DOT	
Description: D	Dental Office Tooki		iew information and submit claims for the following <u>perterpental states</u>		10/15/2018	
	Activity Log	(10) New				
	Information Requ	ests	EFTs Pre-Treatment Estimates	8 No Pay Processed Claims	EFT Interest Payments	
	Showing activit	y for the last 90 day:	5			O Show Archived
	🔅 Page 1 of 1	1-5 of 5 Records				$\ll \langle \underline{1} \rangle \gg$
	Archive	Date Received 🗕	Claim Number	Patient Name		
		02/19/2019	<u>1902194066570</u>	Tim McGraw		
		02/19/2019	<u>1902194066569</u>	Tim McGraw		
		02/19/2019	<u>1902194066572</u>	Clark Kent		
		02/19/2019	<u>1902194066571</u>	Clark Kent		
		02/19/2019	<u>1902194066567</u>	Bruce Roberts		
	Page 1 of 1	1-5 of 5 Records				$\ll \langle \underline{1} \rangle \gg$
			scrimination Notice Requirements			
© 2001–2018 Delta Dental Plan of Mic			ns and items in the activity log as de			

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

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

View and Manage EFTs

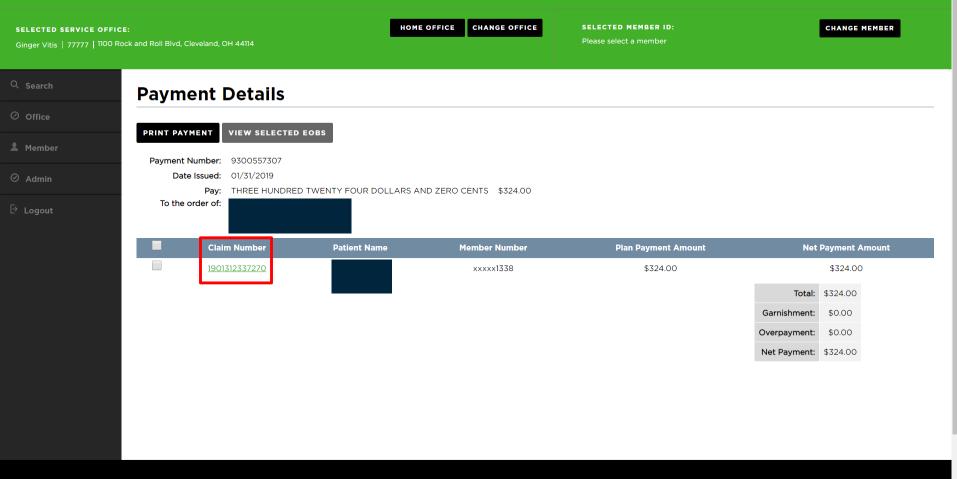
DELTA DENTAL[®] Dental Office Toolkit

SELECTED SERVICE OFFICE: Ginger Vitis 77777 1100 Roc	k and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member	CHANGE MEMBER
Q Search	Service Office Details			Announcements
Ø Office				01/11/2019 I need me some bacon
Office Details	Ginger Vitis	License Number: 77777		
Fee Schedules	1100 Rock and Roll Blvd	NPI Type1:		11/13/2018
Direct Deposits	Cleveland, OH 44114	Tax ID: 197919791		Roosevelt DOT
Direct Deposits	,	Payment Method: Check Par Status:		
L Member	THIS IS YOUR HOME OFFICE 🗸	Par Status: Healthy Kids Dental/MIChild DeltaPremier		11/13/2018 Roosevelt DOT
 ⊘ Admin 	Dental Office Toolkit can be utilized to view information and sub	mit claims for the following Delta Dental states		10/15/2018
				DOT
				10/15/2018
	Activity Log (42) New Information Requests	0+) Pre-Treatment Estimates	9+ No Pay Processed Claims	2 EFT Interest Payments
	Showing activity for the last 90 days			Show Archived
		You have no Information Req	uests at this time.	

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

SELECTED SERVICE OFFICE: Ginger Vitis 77777 1100 Rock a	and Roll Bivd, Cleveland, OH 44114		HOME OFFICE CHANGE OFFIC	E SELECTED MEMBER ID: xxxxx5444 Bruce Roberts -	Sub 🔻	CHANGE MEMBER
• Office Details Fee Schedules Direct Deposits	Ginger Vitis 1100 Rock and Roll Blvd Cleveland, OH 44114		License Number: 77777 NPI Type1: Tax ID: 197919791 Payment Method: Check		11/13/2018 Roosevelt DOT 11/13/2018	
Member Ø Admin	THIS IS YOUR HOME OFFICE Dental Office Toolkit can be utilize		Par Status: Healthy Kids Dental/MIChild DeltaPremier claims for the following <u>Delta Dental sta</u> t	es	Roosevelt DOT 10/15/2018 DOT	
⊖ Logout					10/15/2018	
	Activity Log (42) New	D EFTs	9+) Pre-Treatment Estimates	9+ No Pay Processed Claims	2 EFT Interest Payments	
	Showing activity for the I	ast 90 days				O Show Archived
	Page 1 of 2 1-25 of Archive Date Iss		Payment Number	Amount		≪ < 1 2 > ≫
	• 01/31		9300557307	\$324.00		
	02/01	/2019	<u>9904822931</u>	\$193.00		
	02/01	/2019	<u>9300558419</u>	\$73.00		
5. View all EFTs	02/01	/2019	<u>9300558421</u>	\$109.00		

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



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7. View payment details of the EFT

8. 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 membe

CHANGE MEMBER

Service	e Office Det	ails			Announcements
		······			01/11/2019
			Lizzana Number 77777		I need me some bacon
Ginger Vit	and Roll Blvd		License Number: 77777 NPI Type1:		11/13/2018
Cleveland, (Tax ID: 197919791		Roosevelt DOT
Cleveland,	01144114		Payment Method: Check		<u>Nosever Dor</u>
THIS IS YO	OUR HOME OFFICE 🗸		Par Status: Healthy Kids Dental/MIChi	d	11/13/2018
			DeltaPremier	u	Roosevelt DOT
Dental Office	Toolkit can be utilized to	view information and submi	t claims for the following Delta Denta	states	
					10/15/2018
					DOT
					10/15/2018
	ion Requests ig activity for the last 90	EFTs) days	Estimates	Claims	Payments
🔅 Page	ge 1 of 1 1-3 of 3 Recor	ds			« < <u>1</u> > >
Archive	ve Date Issued 🔻		Payment Number	Amount	
	ve Date Issued -		Payment Number <u>77569</u>	Amount 0.36	
Archive		19			
Archive	• 02/03/201	9	<u>77569</u>	0.36	

10. To view specific payments, click on the payment number of an EFT interest payment

Manage Direct Deposit

DELTA DENTAL[®] Dental Office Toolkit

ED SERVICE O Brackets 6666	DFFICE: 6 1100 Rock and Roll Blvd, Cleveland, OH 44114	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: Please select a member		CHANGE MEMBER
1	Service Office Details			Announcement	S
				Important announcement about	<u>it your Dental Office Toolkit@</u>
Details	Bradley Brackets	License Number: 6666		account!	
	1100 Rock and Roll Blvd	NPI Type1:		07/18/2019	
Deposits	Cleveland, OH 44114	Tax ID: 777555777		Lakshmi testing	
	THIS IS YOUR HOME OFFICE 🗸	Payment Method: Chec Par Status: Non-Participating	k	07/17/2019 Get ready for an all-new Denta	Office Toolkit!
	Dental Office Toolkit can be utilized to view	information and submit claims for the following	Delta Dental states	07/10/2019 Welcome to the new Dental Of	fice Toolkit!
	Activity Log (4) New	0			
	Information Requests EFTS	(2) Pre-Treatment Estimates	2 No Pay Processed Claims ?	EFT Interest Payments	
	Showing activity for the last 90 days				C Show Archive
	Page 1 of 1 1-1 of 1 Records				« < <u>1</u> > »
	Archive Date -	Claim Number	Patient Name		-

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

DELTA DENTAL[®] Dental Office Toolkit

SELECTED SERVICE OFF Bradley Brackets 6666	ICE: HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: 1100 Rock and Roll Blvd, Cleveland, OH 44114 Please select a member	CHANGE MEMBER
Q Search	Direct Deposit Details	⊕ <u>Register for Direct Deposit</u>
 Office Office Details Fee Schedules Direct Deposits 	There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to se	etup Direct Deposit accounts.
Member Ø Admin		

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

SELECTED SERVICE OFF	HOME OFFICE CHANGE OFFICE	SELECTED MEMBER ID: CHANGE MEMBER Please select a member
Q Search	Direct Deposit Registration	< BACK TO DIRECT DEPOSIT ACCOUNTS
 Office Office Details Fee Schedules Direct Deposits Member 	Tax ID : 333555333 Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit Information Requests will only be viewable through the Dental Office Toolkit application and will no longer 1100 Rock and Roll Blvd, Cleveland, OH 44114	
⊘ Admin	Bank or Financial Institution Information	
	Your Name (person keying in information)	
	Ginger Dental	
	Name on Account (as it appears on bank account)	
	Ginger Vitis	
	Bank or Financial Institution Name	
	Bank XYZ	
	Account Type	
	Select •	
3. Confirm you	r service office	

4. Fill out your direct deposit information

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 North Dakota
- Delta Dental of Minnesota
- Delta Dental of Tennessee
- Delta Dental of Wisconsin
- Federal Government Programs

RESET

CANCEL

CONTINUE

4. Fill out your direct deposit information5. Click "Continue"

SELECTED SERVICE OFFICE:

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

HOME OFFICE CHANGE OFFICE

SELECTED MEMBER ID:

lease select a member

CHANGE MEMBER

ils	Please verify the information you entered is correct.
l les osits	Service Office(s) 1100 Rock and Roll Blvd, Cleveland, OH 44114
	Your Name Ginger Dental
	Name on Account Ginger Vitis
	Bank or Financial Institution Name Bank XYZ
	Account Type Checking
	Routing Number 000000001
	Account Number 123456789
	By clicking "Accept" below, registrant agrees to all of the foregoing Terms and Conditions. The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

6. Certify your acceptance by clicking the check box7. Click "Accept"

SELECTED SERVICE OFF Bradley Brackets 6666	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 Search to direct deposit accounts
 Office Office Details Fee Schedules Direct Deposits 	Please print this page as a confirmation that you are registered for direct deposit. Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) 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. 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
 Member Admin 	of claims remittance information with EFT payments. Click here to learn more. Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at <u>866-356-0301</u> or email to <u>ToolkitSupport@DentalOfficeToolkit.com.</u>
	Service Office(s) 1100 Rock and Roll Blvd, Cleveland, OH 44114

👼 HIPAA Privacy 🛛 📙 GLB Privacy 👝 Privacy Policy 👝 Terms of Use 😓 Requirements

8. View your direct deposit confirmation