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>

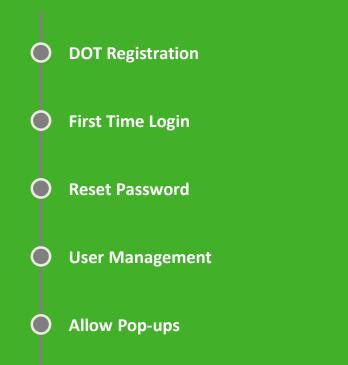
The Dental Office Toolkit[®] (DOT) can be utilized to view information and submit claims for the following Delta Dental entities:

- 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)

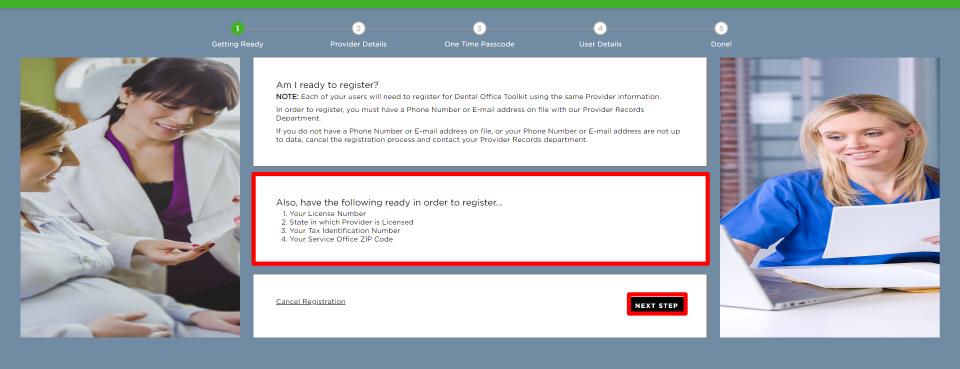
New Functionality

| 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

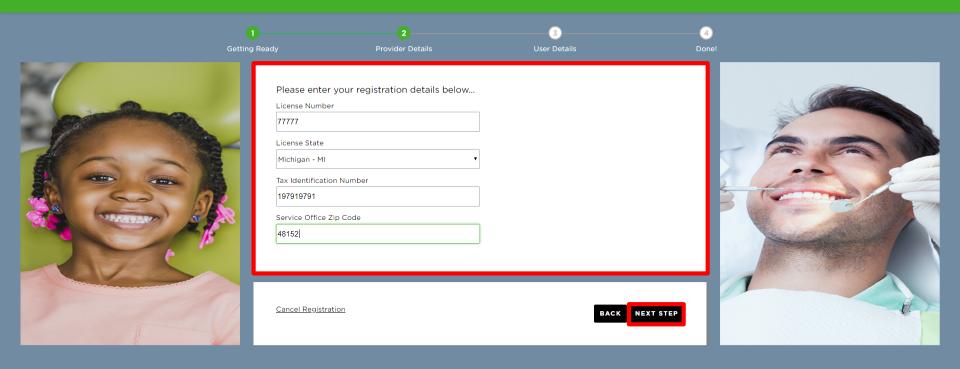


DOT Registration



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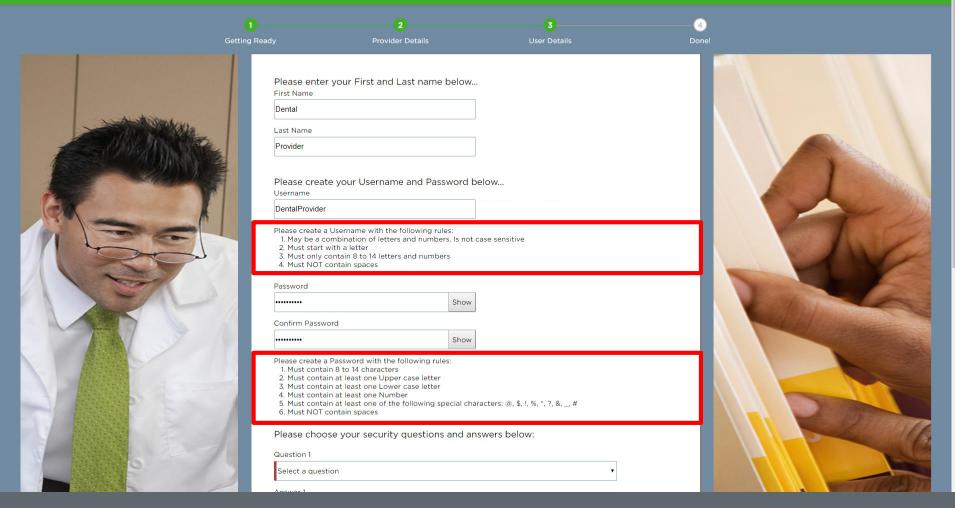
1. Make sure the provider has their license number, state in which Provider is Licensed, TIN, and service office ZIP code before registration



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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

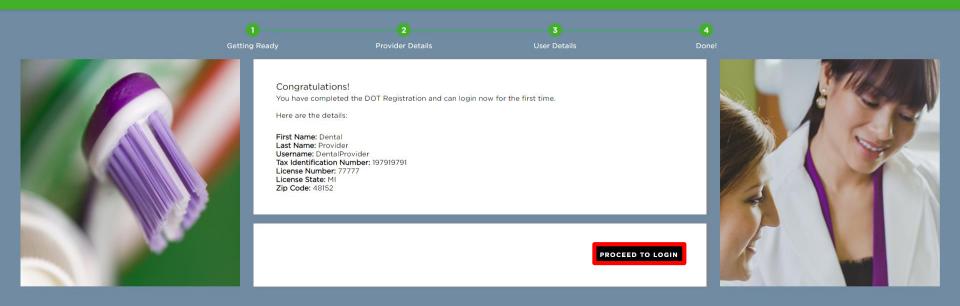


3. Ensure the provider completes all fields and meets necessary username and password requirements



| Password | | | | |
|---------------------------------|---|---------------|-----------------------|------|
| ••••• | Show | | and the second second | |
| Confirm Password | | | | |
| ••••• | Show | | | |
| 6. Must NOT contain spaces | 's er case letter er case letter hber he following special characters: @, \$, !, %, | *, ?, &, _, # | | |
| Please choose your securit | y questions and answers below: | | | |
| Question 1 | | | | |
| In what city were you born? | | | | |
| Answer 1 | | | | |
| New York | | | | |
| Question 2 | | | | G |
| What was your dream job as a cl | ild? | | | |
| Answer 2 | | | | |
| Dentist | | | | |
| Question 3 | | | | |
| Who is your personal hero? | | | | R |
| Answer 3 | | | | NT N |
| Tooth Fairy | | | - | |
| | | | | / |
| Cancel Registration | | BACK | | |

4. Ensure the provider creates and answers three security questions



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5. 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 Ale |
|---|----------------------------|
| | |
| Email Address: | Phone Number: |
| GAle@deltadentalmi.com | (555) 555-5555 |
| lease choose your new security questions an | d anguars below |
| 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

| Username: | | | | | | | |
|--|----|--|--|--|--|--|--|
| Usemame | | | | | | | |
| Password: | | | | | | | |
| Password | | | | | | | |
| This is a public computer | | | | | | | |
| This is a private computer | | | | | | | |
| Log | in | | | | | | |
| Forgot User ID Forgot Password | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Not Vet Descistored? | | | | | | | |
| Not Yet Registered? | | | | | | | |
| REGISTER | | | | | | | |

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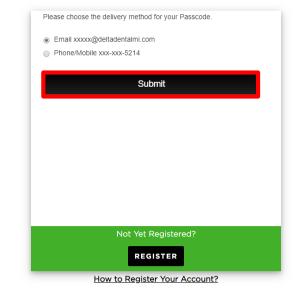
1. On the DOT login screen, click "Forgot Password"

| Username: | |
|---|--|
| Username | |
| This is a public computer This is a private computer | |
| Submit | |
| | |
| | |
| | |
| | |
| Not Yet Registered? | |
| REGISTER | |

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





3. Specify your delivery preference (email or phone call) for the code, and click "Submit"



4. Retrieve the one-time passcode via email or phone, as previously selected (your code will always be different)

| C | 891098 |
|---|--|
| | Submit |
| | Please click here to use an alternate registration method. |
| | |
| | |
| | |
| | |
| | Not Yet Registered? |
| | REGISTER |

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5. Enter the unique passcode and click "Submit"

| Please enter a new password below. | | | | | | | |
|---|--|--|--|--|--|--|--|
| User ID: | CCuspid123 | | | | | | |
| New Password: | | | | | | | |
| Confirm Password: | | | | | | | |
| | Submit | | | | | | |
| | | | | | | | |
| Password must differ from previous password by 1 password(s). | | | | | | | |
| Password must (| differ from previous password by 1 password(s). | | | | | | |
| | differ from previous password by 1 password(s). In greater than 10 characters. | | | | | | |
| | greater than 10 characters. | | | | | | |
| Password length | greater than 10 characters. | | | | | | |
| Password length Contain 4 of the - 1 digits (0-9). | greater than 10 characters. | | | | | | |
| Password length Contain 4 of the - 1 digits (0-9). - 1 symbols (!, @ | greater than 10 characters. following: | | | | | | |
| Password length Contain 4 of the - 1 digits (0-9). - 1 symbols (!, @ | greater than 10 characters. following: g, #, \$, %, *, etc.). | | | | | | |
| Password length Contain 4 of the - 1 digits (0-9). - 1 symbols (!, @ | greater than 10 characters. following: 9, #, \$, %, *, etc.). nglish letters (A-Z). | | | | | | |



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

| Username | |
|----------------|-----------------|
| Password: | |
| Password | |
| | ogin |
| Forgot User ID | Forgot Password |
| | |
| | |
| | |
| Not Vot | : Registered? |
| _ | |
| RE | GISTER |



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 informa | | 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

| 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 | | | |
|---|--|--|---|---------------|--|--|--|
| D Admin | User ID: ccuspid123 | | | | | | |
| 2 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 where they can view direct deposit accounts and register 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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o ×

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

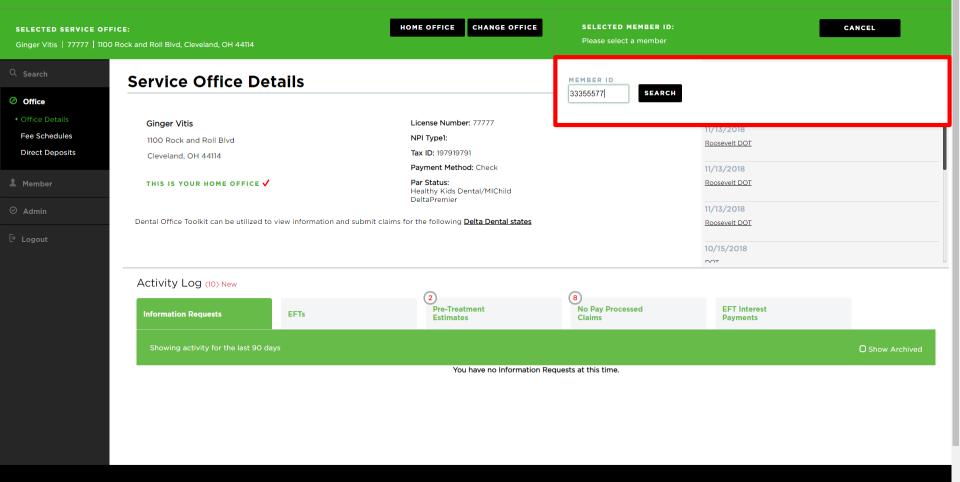
Search for Complete Dental History of a Member

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"

| SELECTED SERVICE OFF Ginger Vitis 77777 1100 | PICE: HOME OFFICE CHANGE OFF | ICE 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

| LECTED SERVICE OFFICE: nger Vitis 77777 1100 Roc | | and, OH 44114 | | HOME OFFICE CHANGE OFFICE | SELECTED MEMBER ID: Please select a member | | CHANGE MEMBER |
|---|----------------------------|------------------------|-----------------------|---|---|-------------------------------------|------------------|
| Search | Service O | ffice Det | ails | | | Announcements | |
| Office | Jeivice U | fince Det | ans | | | 11/28/2018 It's smart to be PPO! | |
| ffice Details | Ginger Vitis | | | License Number: 77777 | | 11/13/2018 | |
| ee Schedules | 1100 Rock and F | Roll Blvd | | NPI Type1: | | Roosevelt DOT | |
| rect Deposits | Cleveland, OH 4 | 4114 | | Tax ID: 197919791 | | | |
| 1ember | THIS IS YOUR HOME OFFICE 🗸 | | | Payment Method: Check Par Status: Healthy Kids Dental/MIChild | | 11/13/2018 Roosevelt DOT | |
| Admin | Dental Office Toolki | t can be utilized to v | iew information and s | DeltaPremier submit claims for the following <u>Delta Dental states</u> | | 11/13/2018 Roosevelt DOT | |
| ogout | | | | | | 10/15/2018 | |
| | Activity Log | (10) New | | 2 | 8 | | |
| | Information Requ | iests | EFTs | Pre-Treatment Estimates | No Pay Processed Claims | EFT Interest Payments | |
| | Showing activit | y for the last 90 day | | | | | 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 | | |
| Click on the | e "Change | Member' | ' button o | n the top home bar | | | |
| Type in the | Member | ID and clic | k "Search | " | | | |

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

| 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

△ DELTA DENTAL[®]

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 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 | Nonpartie | cipating 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 | I'd like to search for: Family Claims History | • | | |
| Family Claims History | Time Period: | Or: Start D | | End Date: |
| Print Benefits Processing Policies | Last 90 Days | ▼ 04/1: | /2019 | 07/11/2019 |
| ⊘ Admin | Member Search Options for Member ID: xxxxx9888 For the Selected Family Member: Marshall Molar For ALL Family Members | | 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): | Tooth | | Area of Arch: All O1 - Upper Arch 02 - Lower Arch 10 - Upper Right 20 - Upper Right 30 - Lower Left 40 - Lower Right |
| | | (Sele | t multiple using CTRL + click or SHIFT + click) | |
| | | | | RESET SEARCH |
| | | | | |

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

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> | วเสา | 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> </u> |
|------|-------------------------|-----------------|----------------|----------------------|-----------|-------------------------------------|
| | 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



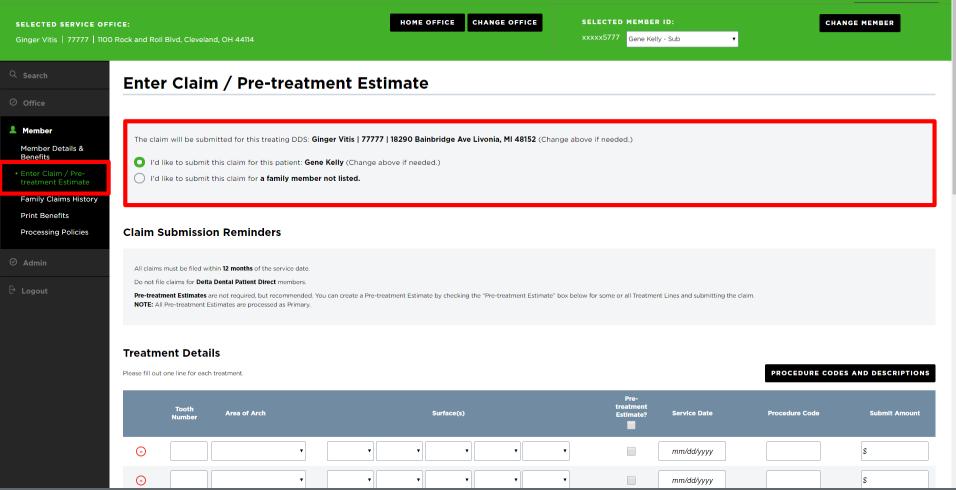
Submit a Pre-treatment Estimate (PTE)

| 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

w

| SELECTED SERVICE OFF Bradley Brackets 6666 | HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: CHANGE MEMBER 1100 Rock and Roll Blvd, Cleveland, OH 44114 xxxxxx1111 Maria Schickert - Sub XXXXXX1111 |
|--|---|
| Q Search | Enter Claim / Pre-treatment Estimate |
| Ø 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: Orthodontist Periodontist Orthodontist 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 Lines and submitting the claim. NOTE: All Pre-treatment Estimates are processed as Primary. |
| | Treatment Details Please fill out one line for each treatment. PROCEDURE CODES AND DESCRIPTIONS |

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

| SELECTED SERVICE OFF Ginger Vitis 77777 1100 | CE OFFICE: 7 1100 Rock and Roll Blvd, Cleveland, OH 44114 | | | | | | OFFICE CH | ANGE OFFICE | | CTED MEMBEI | | CHANGE 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

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: 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

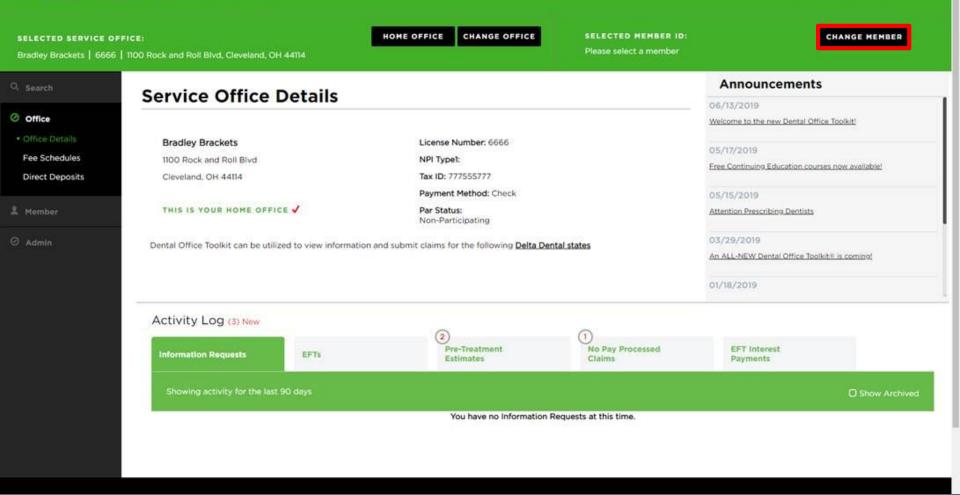
| OFFICE: | | | | | | | | | | | SE | LECTED | MEMBER ID: | | | | |
|---------------|---------------------|------------------------|--------------|--------------------|---------------|-------------------|-------------------|-------------------|-------------|-----------------|--------------|-----------------------|--------------------------|---------------------|-------------------------|-------------------|---------|
| 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 | Dentist Information | | | | | | | | | Ot | her Carrie | er Payme | nt: | | | | |
| | | | | | | | | | | | | | | | | | |
| | | 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"

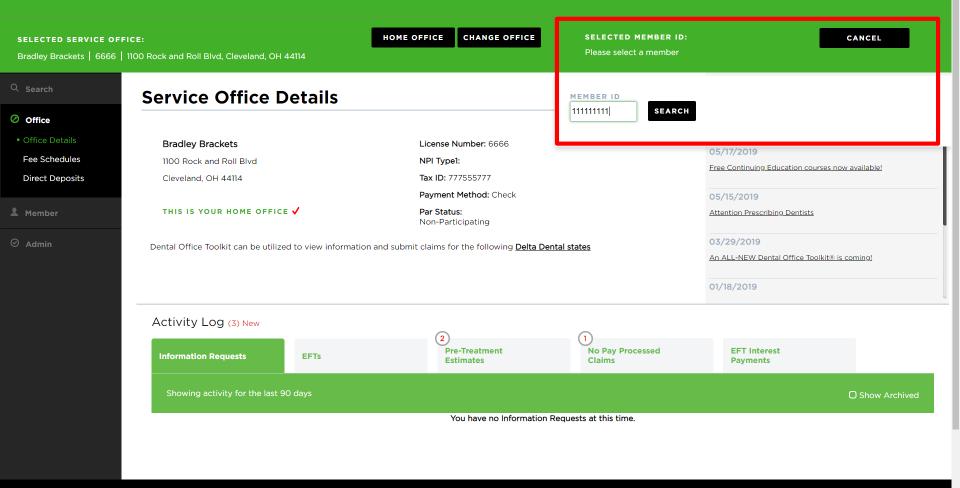
| SELECTED SERVICE OFFIC Ginger Vitis 77777 1100 Ro | E: HOME OFFICE CHANGE OFFICE | E SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub | CHANGE MEMBER |
|--|---|--|---------------------------------------|
| | Type 2 NPI | If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Triba your office's Type 2 NPI. | al 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 and/or wish to obtain a pre-treatment | nt estimate for the procedures which are not dated and the procedures were/are necessary | in my professional judgment. |
| | SUBMIT CLAIM RESET | | |
| 🚍 HIPAA Privacy 🛛 📄 GLB Priva | acy Privacy Policy Terms of Use Nondiscrimination Notice Requirements | | |
| © 2001-2018 Delta Dental Plan of I | Michigan, Inc. All Rights Reserved. | | |
| | details of the pre-treatment estimate and scroll down not apply, check the box "I do NOT have any COB Detai | ls to add to this claim," and click "S | ubmit 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

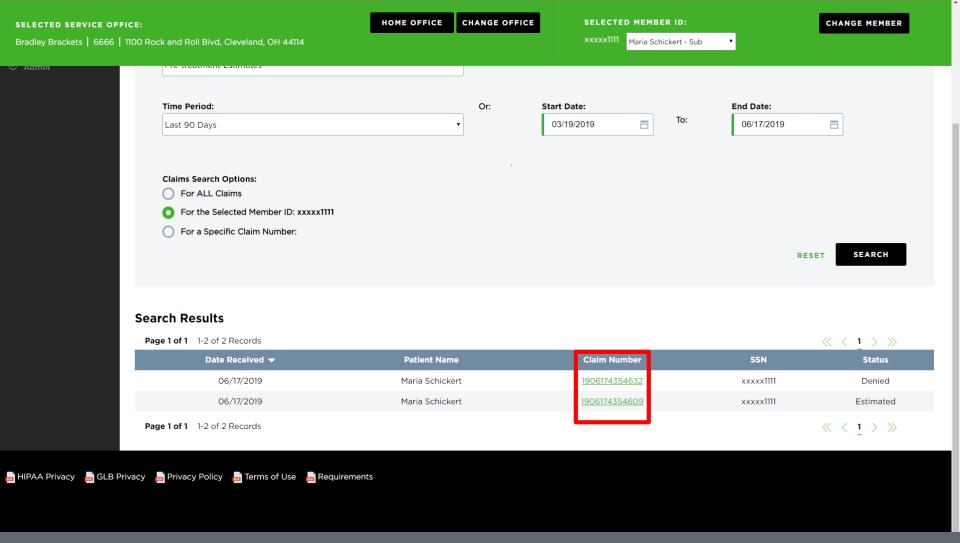
| SELECTED SERVICE OFFI Bradley Brackets 6666 ⁻ | ICE: 1100 Rock and Roll Blvd, Cleveland, OH 44114 | HOME OFFICE CHA | NGE OFFICE SELEC | CTED MEMBER ID: | • | CHANGE MEMBER |
|---|---|-----------------|--|--|--|---------------------------------------|
| Q Search | Search | | | | | |
| ⊘ Office | | | | | | |
| 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: Period: For 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 | n: 01/17/1961 | | | | | | | | Claim Number: 1906174354632 | | | | | | | | |
| | Relationship Code: Subscriber | | | | | | | | | Claim Type: Pre-treatment Estimate | | | | | | | | |
| | Subscriber Name: Maria Schickert | | | | | | | | | Claim Status: Denied | | | | | | | | |
| | | | | | | | | | | C | ther Car | rrier Pay | ment: | | | | | |
| C C | Dentist Info | rmation | | | | | | | | | | | | | | | | |
| | Dentist Nam | e: Bradley Br | ackets | | | | | | | | | | | | | | | |
| | License Num | | | | | | | | | F | RINT CI | LAIM DE | ETAIL | | | | | |
| | Dentist TIN: | | | | | | | | | | | | | | | | | |
| | Specialty: | | | | | | | | | s | | FOR PA | YMENT | 3 | | | | |
| | 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 | licy Code(s): API | 5032 | | | | | | | | | | | | | | | | |
| Th | e following policie | es are applied to ex | kplain benef | ts payable ar | nd are not int | ended to alte | r the treatme | nt plan detern | nined by th | e dentist ar | d patient: | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| SELECTED SERVICE OFFIC Ginger Vitis 77777 1100 Ra | CE: HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: CHANGE MEMBER Rock and Roll Blvd, Cleveland, OH 44114 xxxxx5777 Gene Kelly - Sub CHANGE MEMBER | |
|--|--|---|
| | Type 2 NPI If you are a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or Tribal Health Center (THC) please include your office's Type 2 NPI. | |
| | Other Claim Details | - |
| | COB Details | |
| | Ortho Details | |
| | I do NOT have any COB Details to add to this Claim. By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/are necessary in my professional judgment. | |
| | SUBMIT CLAIM | |
| ᡖ HIPAA Privacy 🛛 👝 GLB Priva | vacy Privacy Policy Terms of Use Nondiscrimination Notice Requirements | |
| © 2001-2018 Delta Dental Plan of | f Michigan, Inc. All Rights Reserved. | |
| 11. Review the | e details of the pre-treatment estimate and scroll down | |

12. If COB does not apply, check the box "I do NOT have any COB Details to add to this claim," and click "Submit Claim"

Submit a Claim

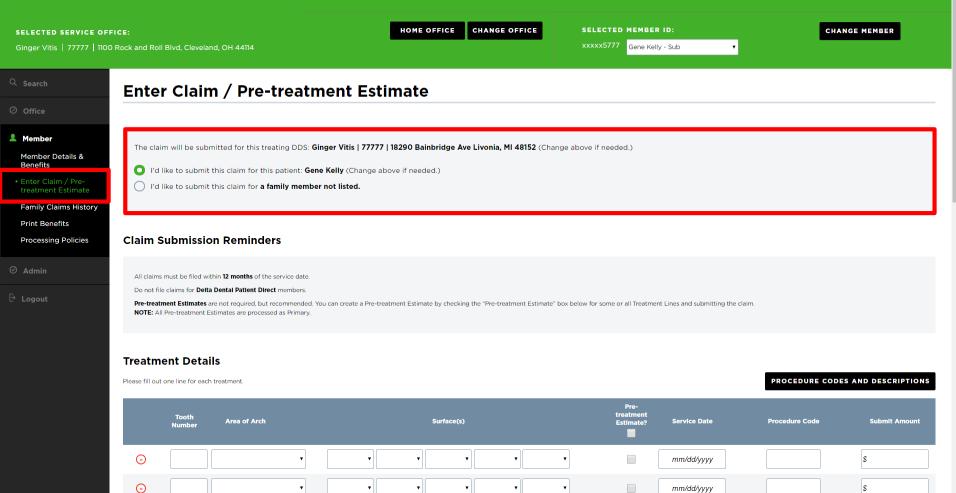
Use Case 1—Submit a Single Claim

| OFFICE: 1100 Rock a | nd Roll Blvd, Cleveland, OH 44114 | | HOME OFFICE CHANGE OFFICE | SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub | • | CANCEL |
|-------------------------------|--|---------------------------|---|---|-----------------------------|-----------------|
| s | ervice Office De | tails | | MEMBER ID | | |
| | | | | 333555777 SEARCH | | |
| | Ginger Vitis | | License Number: 77777 | | | |
| | 1100 Rock and Roll Blvd | | NPI Type1: | | 11/13/2018 Reservedt DOT | |
| | Cleveland, OH 44114 | | Tax ID: 197919791 | | Roosevelt DOT | |
| | ,, | | Payment Method: Check | | 11/13/2018 | |
| | THIS IS YOUR HOME OFFICE 🗸 | | Par Status: Healthy Kids Dental/MIChild DeltaPremier | | Roosevelt DOT | |
| | | | Deitariemer | | 11/13/2018 | |
| C | Dental Office Toolkit can be utilized to | view information and subr | nit 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 | |
| | | | Estimates | Claims | Payments | |
| | Showing activity for the last 90 da | | | | | O Show Archived |
| | | | | | | 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 Typel: 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

DELTA DENTAL[®] Dental Office Toolkit

T

| SELECTED SERVICE OFFI Bradley Brackets 6666 1 | CE: HOME OFFICE CHANGE OFFICE SELECTED MEMBER ID: CHANGE MEMBER 100 Rock and Roll Blvd, Cleveland, OH 44114 XXXXX1111 Maria Schickert - Sub |
|--|---|
| Q. Search | Enter Claim / Pre-treatment Estimate |
| 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'tho 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 Lines and submitting the claim. NOTE: All Pre-treatment Estimates are processed as Primary. |
| | Treatment Details Please fill out one line for each treatment. PROCEDURE CODES AND DESCRIPTIONS |

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

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!

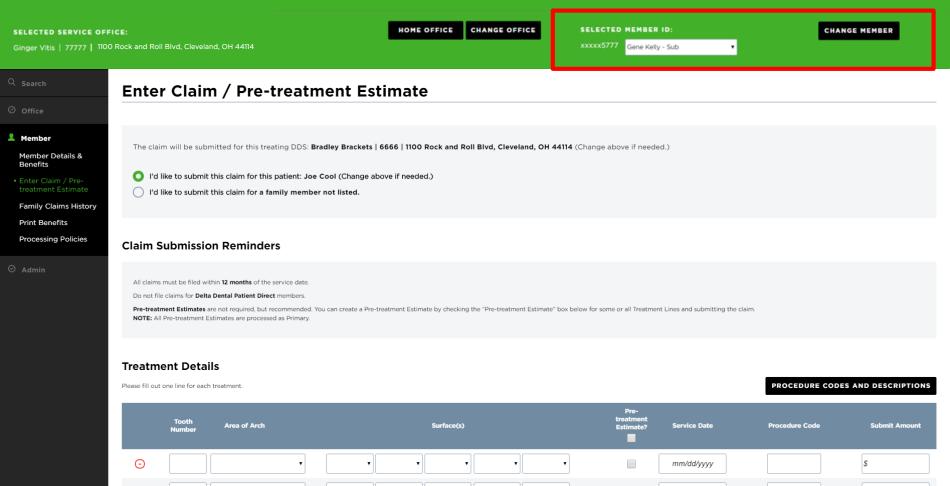
LOGOUT

10. Review details of your submitted claim

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

0

s



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

mm/dd/vvvv

.

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

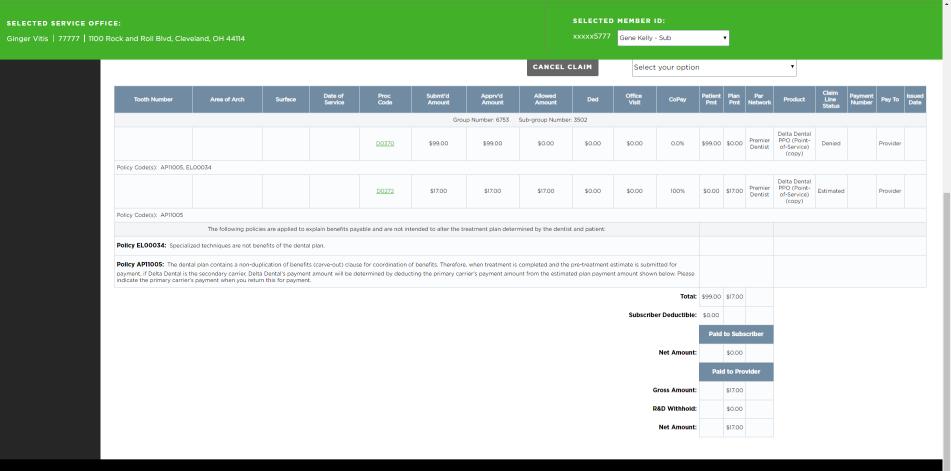
| Page 1 of 1 1-23 of 23 Records | | | | | $\ll \langle \underline{1} \rangle \gg$ |
|--------------------------------|---------------|---------------|----------------------|-----------|---|
| Service Date 🔻 | Date Received | Patient Name | Claim Number | SSN | Status |
| | 02/25/2019 | Bruce Roberts | <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 De: 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

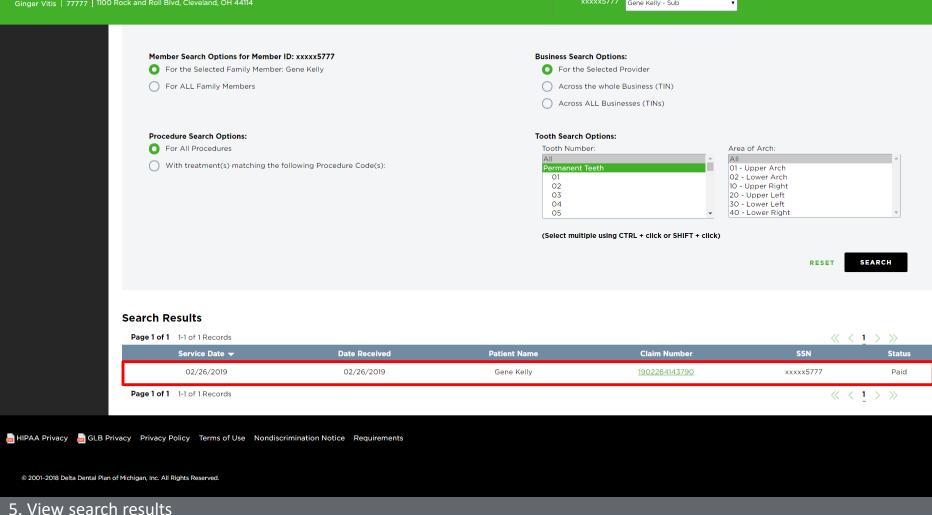
| nd Roli Blvd, Cleveland, OH 44114 | HOME OFFICE | CHANGE OFFICE | • · · · · · · · · · · · · · · · · · · · | EMBER ID: ene Kelly - Sub | ۲ | CHANGE MEMBE |
|--|-------------|---------------|--|------------------------------|---|--------------------|
| arch | | | | | | |
| | | | | | | |
| | | • | | | | |
| 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 O1 | 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

| SERVICE OFFICE: | | | | | | | | | | | | | 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 | | ٠ | 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 | Patient Name: Tim McGraw | | | | | | | | 2019 | | | | | | | | |
| Date of Birth: 05/0 | Date of Birth: 05/01/1967 | | | | | | | nber: 19021 | 94066569 | | | | | | | | |
| Relationship Code: | Relationship Code: Subscriber | | | | | | | | 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"

| | ERVICE OFFICE: 77777 1100 Rock and Roll Blvd, Cleveland, OH 44114 | | | | | | | SELECTED MEMBER ID: xxxxx5777 Gene Kelly - Sub | | | | | | | | | | | |
|---------------------------------|---|--|---------|--------------------|--------------|-------------------|-------------------|---|--|---|--------------|----------------|-------------|--------------------|--|-------------------------|-------------------|----------|--------------|
| Q Search | Pre-treat | ment Est | imate | Claim | | | | | | | | | | | < B. | аск то | SEARC | H RESU | LTS |
| ⊘ Office | | | | | | | | | | | | | | | | | | | |
| ≗ Member ⊘ Admin ⊖ Logout | Patient Account N Patient Name: Ti Date of Birth: 05 Relationship Code Subscriber Name: Dentist Informat Dentist Name: Gi License Number: Dentist TIN: 1979 | Patient Information Patient Account Number: Patient Name: Tim McGraw Date of Birth: 05/01/1967 Relationship Code: Subscriber Subscriber Name: Tim McGraw Dentist Information Dentist Name: Ginger Vitis License Number: 77777 Dentist TIN: 197919791 Specialty: General Practitioner | | | | | | | rmation tte: 02/19/2 tte: 02/19/2 ber: 19021 p: Pre-treat us: 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 | | |
| | | |
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| | | |
| | | |
| | 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

 \bigcirc

 \square

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 | T | 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 | | |
| | | | Dettariellier | | 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 Inger Vitis 77777 15331 Fa | | | HOME OFFICE CANCEL | SELECTED MEMBER ID xxxxx5777 Gene Kelly - S | | CHANGE MEMBER |
|--|------------------------------------|---------------|-----------------------------|--|--------------------------|-----------------|
| DENTIST LAST NAME | | 3 E | zip code 4 | | Announcements | |
| O'Dontal, Perry | 99999 | 18290 Bainb | ridge Ave Livonia, MI 48152 | 1 | 11/13/2018 | |
| O'Dontal, Perry | 99999 | 15331 Fairfie | ld St Livonia, MI 48154 | | Roosevelt DOT | |
| O'Dontal, Perry | 99999 | 19615 Ingran | n St Livonia, MI 48152 | | | |
| Toothbrush, Tammy | 88888 | 19615 Ingran | n St Livonia, MI 48152 | | 11/13/2018 | |
| Vitis, Ginger | 77777 | 15331 Fairfie | ld St Livonia, MI 48154 | | Roosevelt DOT | |
| Vitis, Ginger | 77777 | 18290 Bainb | ridge Ave Livonia, MI 48152 | | 11/13/2018 | |
| Vitis, Ginger | 77777 | 19615 Ingran | n St Livonia, MI 48152 | | Roosevelt DOT | |
| | | | | | 10/15/2018 | |
| | Activity Log (10) New | | (2) | (8) | | |
| | Information Requests | EFTs | Pre-Treatment Estimates | No Pay Processed Claims | EFT Interest Payments | |
| | Showing activity for the last 90 d | ays | | | | 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 |
| | | lests at this time. | | | |

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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

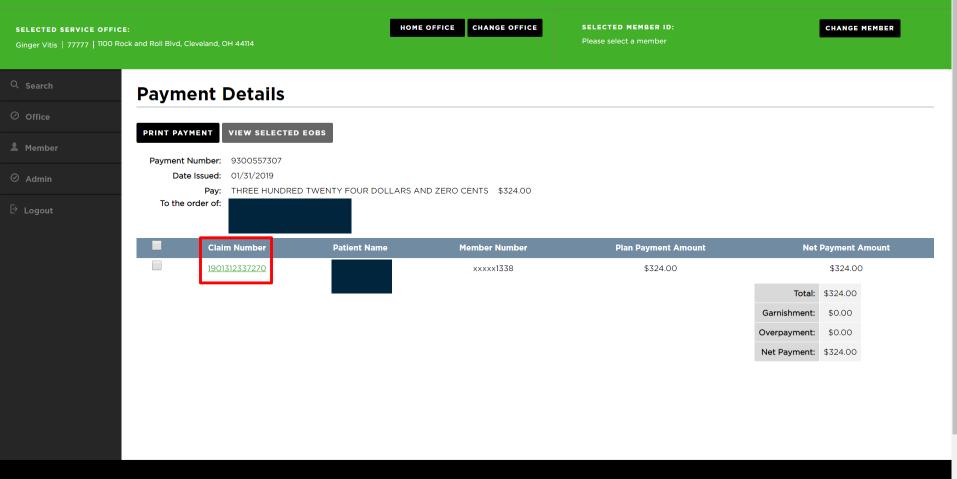
DELTA DENTAL[®] Dental Office Toolkit

| 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, 0 | | | 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

| SELECTED SERVICE OF | FICE: 1100 Rock and Roll Blvd, Cleveland, OH 44 | 114 | HOME OFFICE CHANGE OFFICE | SELECTED MEMBER ID: Please select a member | | CHANGE MEMBER | | |
|----------------------------------|---|--------|---|---|----------------------------|-----------------|--|--|
| Q Search | Service Office De | etails | | | Announcement | S | | |
| Office | | | | | Automation Test Alert | | | |
| Office Details Fee Schedules | Bradley Brackets | | License Number: 6666 NPI Type1: | | 05/30/2019 | | | |
| Direct Deposits | Cleveland, OH 44114 | | Tax ID: 777555777 Payment Method: Direct Deposit | | Automation Test Alert 2!!! | | | |
| L Member | THIS IS YOUR HOME OFFICE 💊 | / | Par Status: Non-Participating | | | | | |
| Admin | Dental Office Toolkit can be utilized to view information and submit claims for the following Delta Dental states | | | | | | | |
| | Activity Log (0) New | | | | | | | |
| | Information Requests | EFTs | Pre-Treatment Estimates | No Pay Processed Claims | EFT Interest Payments | | | |
| | Showing activity for the last 90 o | days | | | | O Show Archived | | |
| | You have no Information Requests at this time. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| SELECTED SERVICE OFF Bradley Brackets 6666 - | FICE: 1100 Rock and Roll Blvd, Cleveland, O | | OFFICE CHANGE C | | TED MEMBER ID: select a member | СНА | NGE MEMBER |
|--|--|---|--|---------------------------------------|-----------------------------------|----------------------|------------------|
| Q Search | Direct Deposit | Details | | | | ⊕ <u>Register fo</u> | r Direct Deposit |
| Office Office Details | To view additional direct deposit in | formation, please select a differe | | | | | |
| Fee Schedules Direct Deposits | Displaying the Direct Deposit detai | s for the selected service office: • Financial Institution | 1100 Rock and Roll Blvd, (Account Type | Cleveland, OH 44114 Routing Number | Account Number | Status | |
| 2 Member | ► The Tooth Hurts LLC | Bank of America | Checking | xxxxx0017 | xx3456 | ACTIVE | INACTIVATE |
| ⊘ Admin | | | | | | | |

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

Ø

| SELECTED SERVICE OFF Bradley Brackets 6666 | FICE: 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 Registration | < BACK TO DIRECT DEPOSIT ACCOUNTS |
| Office Office Details Fee Schedules Direct Deposits | Tax ID : 777555777 Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Ex Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed. | planation of Benefits and |
| Member Admin | 1100 Rock and Roll Blvd, Cleveland, OH 44114-1023 Select any other offices you would like to register for direct deposit: Page 1 of 1 1-1 of 1 Records Select All Offices | « < <u>1</u> > » |
| | 6770 Brookpark Rd, Cleveland, OH 44129-1225 Page 1 of 1 1-1 of 1 Records | « < <u>1</u> > » |

Bank or Financial Institution Information

Your Name (person keying in information)

Name on Account (as it appears on bank account)

Bank or Financial Institution Name

3. Fill out your direct deposit information

SELECTED SERVICE OF

Bradley Brackets | 6666

| | HOME OFFICE | CHANGE OFFICE | SELECTED MEMBER ID: | CHANGE MEI | |
|---|-------------|---------------|---|------------|--|
| ock and Roll Blvd, Cleveland, OH 44114 | | | Please select a member | | |
| Account Type | | | | | |
| Select | | • | | | |
| - Routing Number | | Confir | m Routing Number | | |
| | | | | | |
| L | | | | | |
| Account Number | | Confir | m Account Number | | |
| | | | | | |
| • | | • | | | |
| | | | B 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 Michigan Delta Dental of Ohio Delta Dental of Indiana Delta Dental of North Carolina | | | | | |
| Delta Dental of Michigan Delta Dental of Ohio Delta Dental of Indiana Delta Dental of North Carolina Delta Dental of Arkansas | | | | | |
| 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 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 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 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 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 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 | | | | | |
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RESET

CANCEL

CONTINUE

4. Fill out your direct deposit information 5. Click "Continue"

SELECTED SERVICE OFFICE:

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

SELECTED MEMBER ID:

Please select a member

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Office

Direct Deposit Verification

Please verify the information you entered is correct.

Office Details

Fee Schedules

Direct Deposits

💄 Member

⊘ Admin

| Service Office(s) 1. 6770 Brookpark Rd, Cleveland, OH 44129-1225 |
|---|
| Your Name |
| Cathy Cuspid |
| Name on Account |
| Cathy Cuspid |
| Bank or Financial Institution Name US Bank |
| Account Type |
| Checking |
| Routing Number |
| 082000549 |
| Account Number |
| 123456780 |
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| |

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

CANCEL EDIT

ACCEPT

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

| SELECTED SERVICE OF | FICE: HOME OFFICE CHANGE OFFICE 1100 Rock and Roll Blvd, Cleveland, OH 44114 CHANGE MEMBER |
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| Q Search | Direct Deposit Confirmation Section Se |
| 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 instituion, this mandate can help your office to automate the matching of claims remittance information with EFT payments. Click here to learn more. |
| ≗ Member ⊙ Admin | Thank you for your participation with Dental Office Toolkit Direct Depost 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) 1. 6770 Brookpark Rd, Cleveland, OH 44129-1225 |
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