

## **Employer Portal Overview**

Welcome to Delta Dental's Employer Web Portal! We've designed this user-friendly platform to enhance your experience and streamline your interactions with us.

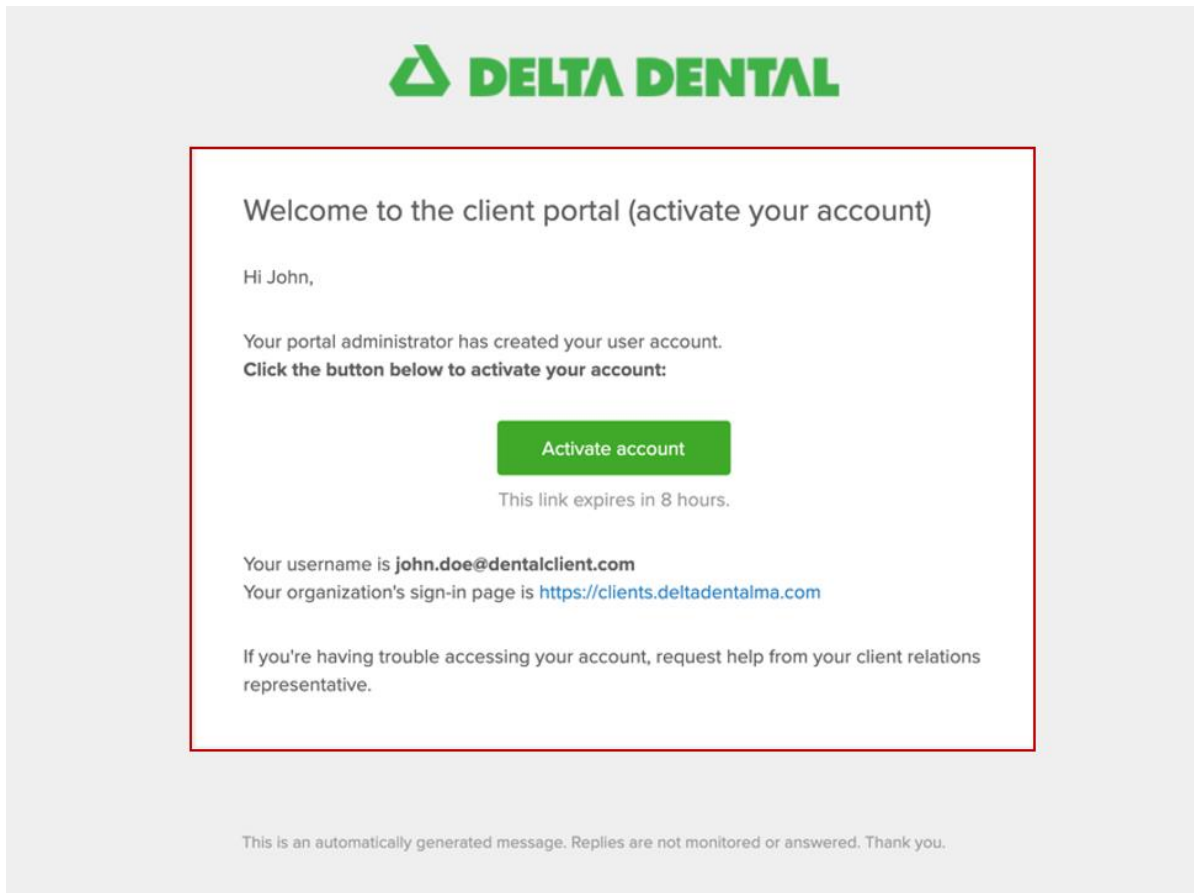
This comprehensive guide will walk you through each feature, providing step-by-step instructions to help you navigate the portal with ease. **Please note: not all of this content will apply to all users as functionality will vary depending on the user's role within their organization.**

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## Account Activation

Following your account creation, you will receive a welcome email from [noreply@deltadentalma.com](mailto:noreply@deltadentalma.com), requesting that you activate your account. Click on the Activate account button.



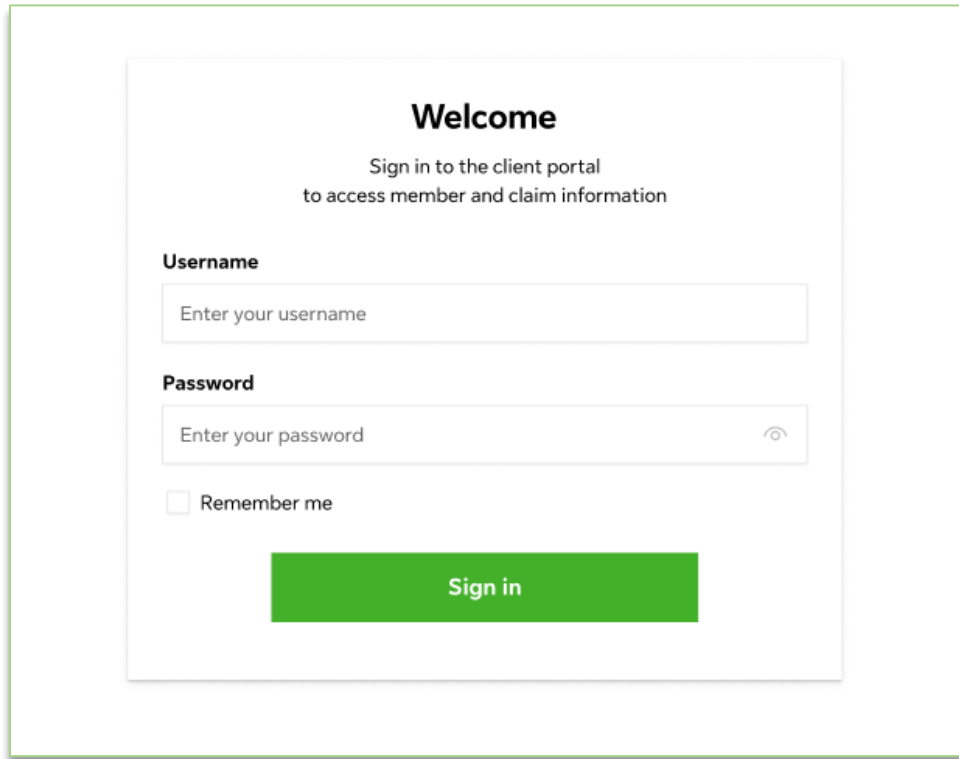
Your Username will be auto filled in the Set-up security screen. Create a unique and secure password using the criteria listed on the screen. Re-enter the password and click on the Submit button.

The screenshot shows the "Set up security" screen. It prompts the user to "Create a secure password that does not include all or part of your name or username." The screen includes a "Username" field with the value "dentalclientname". Below this is a "Password" section with a "Enter new password" field and a list of password requirements: 8-32 characters, at least 1 uppercase character, at least 1 lowercase character, at least 1 number, and at least 1 special character. There is also a "Re-enter password" field with the label "Enter password again". At the bottom, there are two checkboxes: "I agree to receive e-mails, voice calls, and/or SMS messages from Delta Dental or its service providers." and "I agree to the Terms of Use." A green "Submit" button is located at the bottom right.

Your account is now activated, and a welcome screen will appear displaying your username and your organization's sign on page.

## Logging Into the Portal

Log into the portal using your organization's sign-in page, provided on the welcome screen. Enter your Username, Password, click on Remember me if desired and click on Sign in.



The image shows a 'Welcome' sign-in page. At the top, the word 'Welcome' is centered in a bold font. Below it, a message reads: 'Sign in to the client portal to access member and claim information'. There are two input fields: 'Username' with the placeholder text 'Enter your username', and 'Password' with the placeholder text 'Enter your password' and a toggle icon (an eye) to its right. Below the password field is a checkbox labeled 'Remember me'. At the bottom, there is a large green button with the text 'Sign in' in white.

You will be asked to verify your email each time you log in. Follow the onscreen instructions and enter in the Verification code sent to your email address. Click on Next or the Resend code button if you did not receive a code.

Verify with your email

Email address

j\*\*\*e@dentalclient.com

We sent an email to j\*\*\*e@dentalclient.com. Click the verification link in your email to continue or enter the code below.

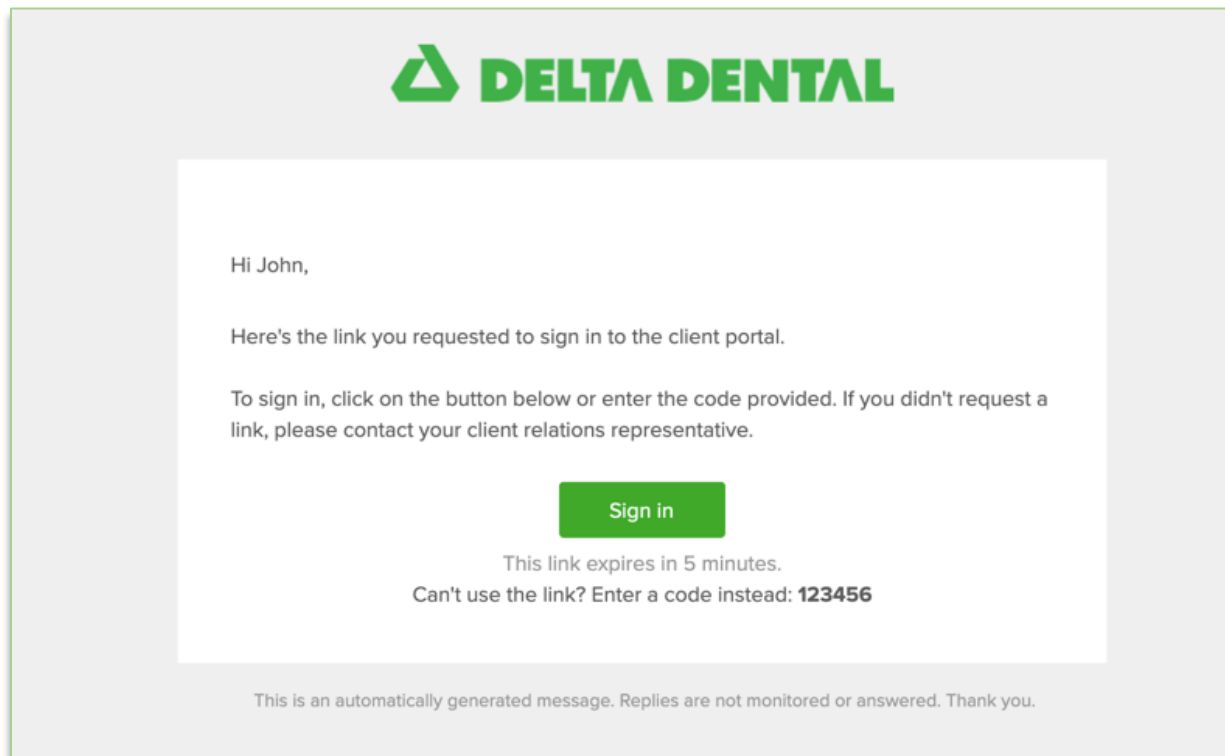
Verification code \*

Enter your verification code

Resend code

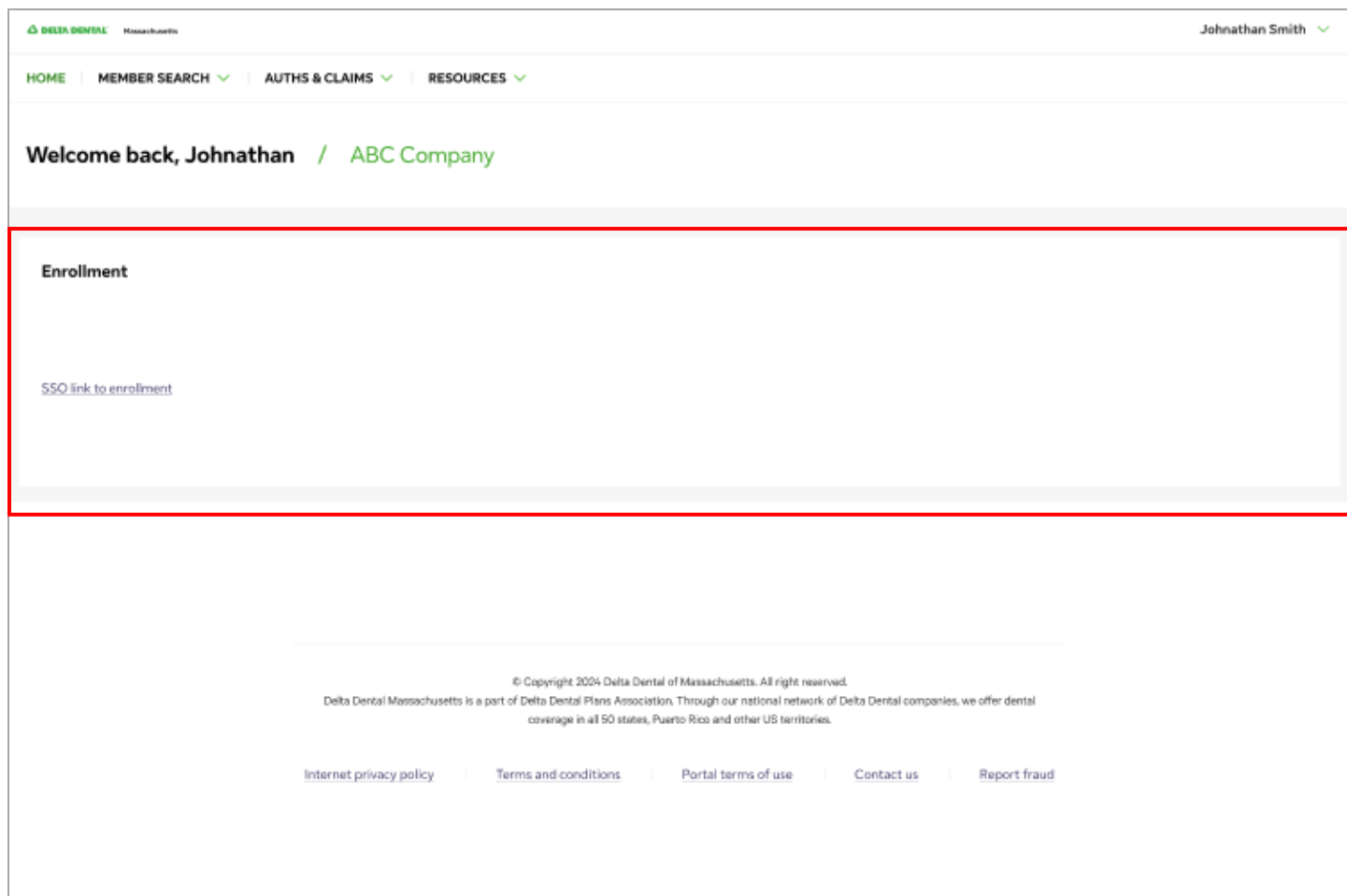
Next

The screen below is an example of the verification code email.



## Employer Portal Homepage

The homepage displays all navigational options available to a user – depending on the type of user logged into the system. In other words, what you as a user see may vary depending on your security permissions and/or role within your organization. The screen shot below reflects what is seen for a user who is set up to manage enrollment for their organization.

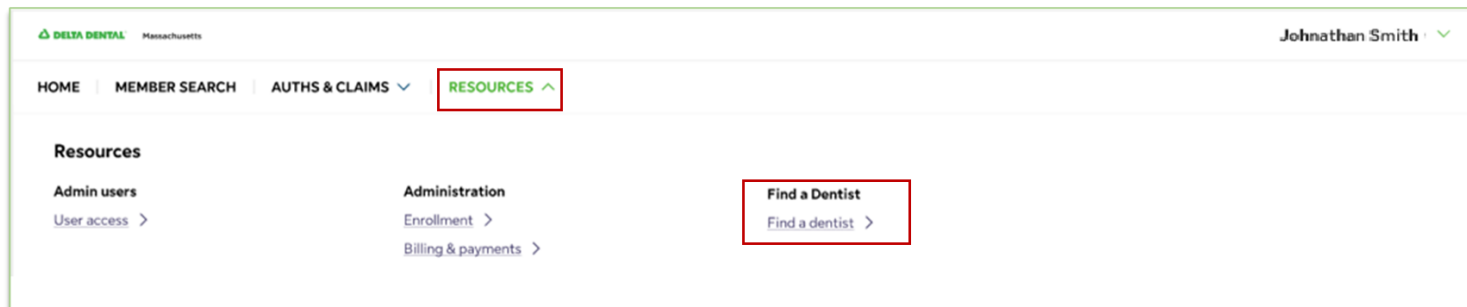


Legal disclosures and links are displayed in the page footer section.

## Find a Dentist

Click on the Resources tab on the Home page to access the Find a Dentist tool. Click on the link to start your search.

### Resources → Find a Dentist



Select a plan/network, enter in location criteria, select result sort type and maximum distance willing to travel, and click on Search to view results.

### Resources → Find a Dentist → Dentist Search

 This screenshot shows the 'Find a Network Dentist in Your Area' search page. At the top, there's a search bar with a 'Search' button. Below it is a green navigation bar with links: 'Members', 'Dentists', 'Employers', 'Brokers', 'Dental Plans', and 'Your Oral Health'. The main heading is 'Find a Network Dentist in Your Area'. Below this, there's a section for 'Plan/Network Selection' with radio buttons for various Delta Dental plans. A note specifies that Delta Dental EPO members looking for a dentist outside of Massachusetts should search the Delta Dental PPO network. The 'Your Location' section includes fields for 'Address', 'City', 'State' (a dropdown menu), and 'Zip Code'. At the bottom, there's a section for 'Sorting, Distance and Number of Results' with a 'Sort Results By' dropdown set to 'Distance' and radio buttons for 'Maximum distance willing to travel' with options: 5, 10, 15, 20, 30, 40, and 50.

## Admin Panel

The account administrator can manage user access under the Resources tab. Select “User Access” to view the users that are registered on the portal. To add a new user, click the green “Add user” button on the upper right-hand side of the page.

DELTA DENTAL Massachusetts User

HOME RESOURCES

Resources / User Access

User access

Print

Add user

Username	First name	Last name	Email
Username	First name	Last name	email@example.com
KSmt0002	Kate	Smith	KSmt@youremail.com
JJones0002	Jennifer	Jones	JJones@youremail.com
MSmt0002	Michael	Smith	MSmt@youremail.com
CTaylor002	Carol	Taylor	CTaylor@youremail.com
BRoss002	Ben	Ross	BRoss@youremail.com

## Add New User

Once you click the Add New User button, you can enter in the username, first and last name, email address and phone number as well as assign the user’s permissions. You can also select the groups to assign to the new user.

DELTA DENTAL Massachusetts Lia DiFranco

HOME RESOURCES

Resources / User Access / Add user

Add user

User information

Client info  
S0000002

Username  
Enter Username

User First name  
Enter User First name

User Last name  
Enter User last name

Email  
Enter user email address

Phone number  
Enter user phone number

Permissions

- ☐ Manage users
- ☐ View billing
- ☐ Make payments (requires view billing)
- ☐ Online enrollment

Access Level

Parent Group

☐ Select All

☐ 012345 - ABC Trucking Company →

Cancel Add User



## Updating Existing Users

If you need to modify a user's permissions, grant or remove access to groups or change a user's first name, last name, email address or phone number, click on the Username of the user you'd like to modify.

Resources / User Access

User access

Print

Add user

Username First name Last name Email

Username First name Last name email@example.com Search

Username	First name	Last name	Email
KSmt0002	Katie	Smith	KSmt@youremail.com
JJones0002	Jennifer	Jones	JJones@youremail.com
MSmt0002	Michael	Smith	MSmt@youremail.com
CTaylor002	Carol	Taylor	CTaylor@youremail.com
BRoss002	Ben	Ross	BRoss@youremail.com

The user's information will be displayed on the User Detail page. To modify the user record, click on the "Edit" button in the upper right-hand corner of the page.

Resources / User access / User Details

User Details

Edit

User information

Client  
S00000002

Username  
KSmt0002

User first name  
Katie

User last name  
Smith

Email  
KSmt@youremail.com

Phone

Permissions

☐ Manage users

☒ View billing

☐ Make payments (requires view billing)

☒ Online enrollment


Access Level


Parent Group


☒ Select All

☐ 012345 - ABC Trucking Company →

The fields that can be modified will be displayed on the Edit User page (permissions, group access, first name, last name, email address and phone number). Click the green “Save” to save your changes or the “Cancel” button to discard any changes and return to the User Detail page.


Massachusetts

User 

HOME | RESOURCES 

Resources / User access / Edit user

### Edit user

#### User information

Client

S0000002

Username

KSmith0002

User First name

Katie

User Last name

Smith

Email

KSmith@youremail.com

Phone number

Enter user phone number

#### Permissions

☐ Manage users


☒ View billing


☐ Make payments (requires view billing)

☒ Online enrollment

#### Access Level

Parent Group

 Select All

 012345 - ABC Trucking Company

→

Cancel

Save

Page | 10 Last updated 2/21/2025


## Enrollment

Login – Users will log into the main client portal to access the navigation from the home page to the Enrollment portal.

**Welcome**

Sign in to the client portal  
to access member and claim information

**Username**  
Enter your username

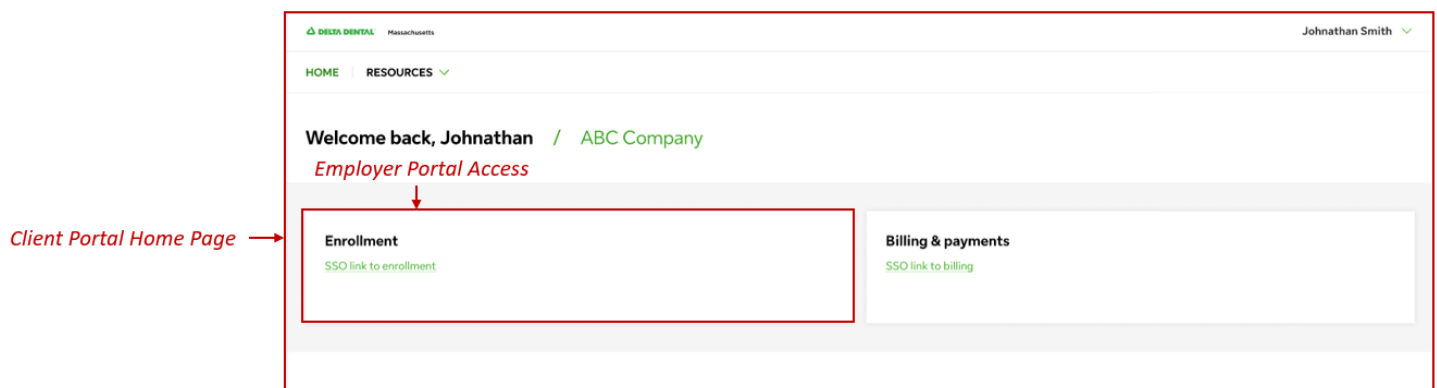
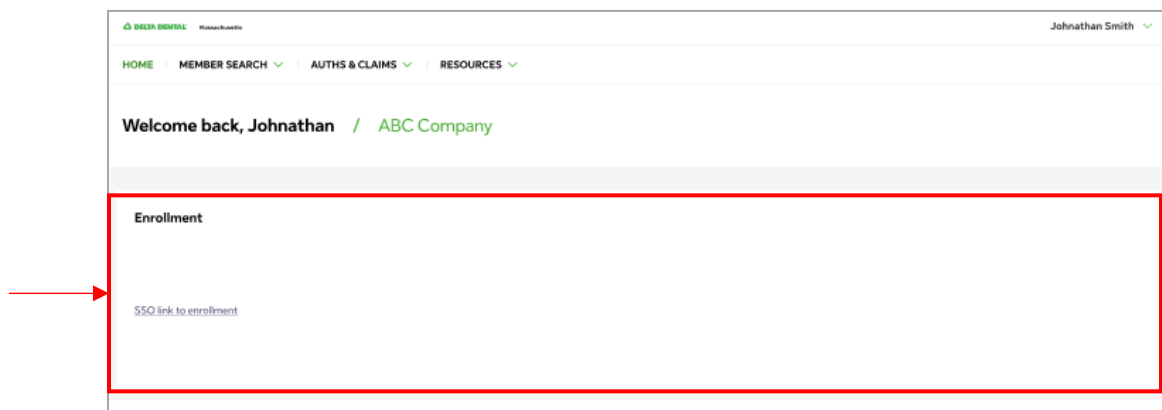
**Password**  
Enter your password 

☐ Remember me

**Sign in**

*Portal Login* →

Home Page – Once a user is logged into the client portal and on the home page, it will display the Enrollment portal link to redirect them to the Enrollment member search.



Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN or an advanced search using additional fields (pictured below).

**DELTA DENTAL**

Employees Resources My Groups

MESSAGES LOGOUT

## Employees

To search for a Member using the Basic Search, select the option in the drop-down to search by Member ID or SSN.

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.

**Search Options**

☐ Search by Member ID ☒ Advanced search

Note: You must fill in at least the Group or Last Name field.

First Name	Last Name	Date of Birth	Status Code	Group	Location
				0054369902	

Benefit Plan	Coverage Name	Hire Date	Org Provider ID


**Search** View All Reset



Print Results Download Results

Name	Member ID	Group	Date of Birth	Status	Relationship Code	Relationship Description	Effective Date	Termination Date
------	-----------	-------	---------------	--------	-------------------	--------------------------	----------------	------------------

Eligibility quick links allow users to easily navigate to View/Print ID Card, Submit an ID Card request, make a subscriber or dependent change.

**PLEASE NOTE:** Group information will be available **24 hours after** the initial sign-in.



[Employees](#)
[Resources](#)

## Eligibility

[View/Print ID Card](#)
[ID Card Request](#)
[Subscriber Changes](#)
[Dependent Changes](#)

*Express Requests (eXRs)*

[< Back](#)
[Print View](#)

**Sam Jones**

View all family members

### Member Info

<b>Name:</b> Sam Jones	<b>Member ID:</b> 66666666600	<b>Address:</b> 4161 E 96th St Indianapolis IN, 46240	<b>Status:</b> Active
<b>Relationship Code</b> 18	<b>Relationship</b> Insured (Policyholder/Employee)	<b>Original Effective Date:</b>	<b>Group Name:</b> Circle City
<b>Group Number:</b> 300	<b>DOB:</b> 01/05/1962	<b>Plan:</b> GH	

### Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

## Member Search

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN.

**DELTA DENTAL**

MESSAGES PROFILE LOGOUT

Employees Resources

### Employees

To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.

Search by: ☒ Member ID ☐ SSN ☐ Advanced search

11111111100

Search Reset

**Search Criteria (Member ID or SSN)**

**Search Results**

Name	Member ID	Group	Date of Birth	Status	Relationship Code	Relationship Description
Jones, Sam	11111111100	100	1/5/1962	Active	18	Insured (Policyholder/Employee)

Print Results Download Results

Page 1 of 1

Add New Member

**Member Details Link**

Numerical identifiers for the relationship codes are based on the HIPAA standards. For the full list of the relationship codes, please refer to page 40 in the Addendum.

View Member Details: View Member Name, ID, Address, coverage type and status.

**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Eligibility

View/Print ID Card ID Card Request Subscriber Changes Dependent Changes

< Back Sam Jones Print View

View all family members

#### Member Info

Name: Sam Jones	Member ID: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 300	DOB: 01/05/1962	Plan: GH	

#### Coverages

Coverage Type	Plan Name	Coverage Dates
VISION		01/01/2024 - Active
DENTAL		01/01/2024 - Active
MEDICAL		01/01/2024 - Active

**Member Details**



## Advanced Member Search

This menu item allows you to search for a member in the specific subgroup(s) you have been given user rights to view their eligibility. Once you find a member you can access the links to update their record. You can also add a new member.

**PLEASE NOTE:** Group information will be available **24 hours after** the initial sign-in.

**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Employees

To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.

Search by ☐ Member ID ☒ **Advanced search** ← *Advanced Member Search Option*

Note: At least Group or Last Name field must be filled.

First Name  Last Name  Date of Birth  Status Code  Group  Location

Benefit Plan  Coverage Name  Hire Date  Org Provider ID

*Advanced Search Fields* →

This menu item allows you to view a complete list of members (and dependents) in the specific subgroup(s).

**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Employees

To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.

Search by ☐ Member ID ☒ **Advanced search**

Note: At least Group or Last Name field must be filled.

First Name  Last Name  Date of Birth  Status Code  Group  Location

Benefit Plan  Coverage Name  Hire Date  Org Provider ID

*Search Results* →

Name	Member ID	Group	Date of Birth	Status	Relationship Code	Relationship Description
Jones, Sam	6666666600	300	1/5/1962	Active	15	Insured (Policyholder/Employee)
Jones, Sam	1111111100-16	100	1/5/1962	Terminated	15	Insured (Policyholder/Employee)
Jones, Sam	1111111100-15	100	1/5/1962	Future Eligibility	15	Insured (Policyholder/Employee)
Jones, Sam	1111111100	100	1/5/1962	Active	15	Insured (Policyholder/Employee)
Jones, Sam	1111111100-15	100	1/5/1962	Terminated	15	Insured (Policyholder/Employee)
Jones, Sam	1111111100-17	100	1/5/1962	Terminated	15	Insured (Policyholder/Employee)

*Member Details Link* →

Print Results Download Results

Page 1 of 1



Benefit details including coverage types are shown under Coverages on the Eligibility Screen.

**DELTA DENTAL**

Eligibility

ViewPrint ID Card ID Card Request Subscriber Changes Dependent Changes

< Back Sam Jones Print View

View all family members

**Member Info**

Name: Sam Jones	Member ID: SAMPJ001	Address: 4151 E 96th St, Ste 101, Indianapolis, IN 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date: 01/01/2024	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: AMP10016	Full-time Student: No
Enrolled: No			

**Coverages**

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

**Maximums**

Medical In Network Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$20,000.00

**Dental** In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

**Vision** In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00

Member Details

**DELTA DENTAL**

Eligibility

ViewPrint ID Card ID Card Request Subscriber Changes Dependent Changes

< Back Sam Jones Print View

View all family members

**Member Info**

Name: Sam Jones	Member ID: 6666666660	Address: 4151 E 96th St, Indianapolis, IN 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: GH	

**Coverages**

Coverage Type	Plan Name	Coverage Dates
VISION		01/01/2024 - Active
DENTAL		01/01/2024 - Active
MEDICAL		01/01/2024 - Active

Additional Plan benefit detail based on a member search includes, calendar / plan maximums, dependent information, deductibles.

**DELTA DENTAL**

Eligibility

ViewPrint ID Card ID Card Request Subscriber Changes Dependent Changes

< Back Sam Jones Print View

View all family members

**Member Info**

Name: Sam Jones	Member ID: SAMPJ001	Address: 4151 E 96th St, Ste 101, Indianapolis, IN 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date: 01/01/2024	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: AMP10016	Full-time Student: No
Enrolled: No			

**Coverages**

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

**Maximums**

Medical In Network Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$20,000.00

**Dental** In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

**Vision** In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00

Member Details

**My Balances**

Medical In Network Plan Year: 2024

Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$238.54	\$1,000.00	<div></div>
Individual	Out-of-pocket	\$238.54	\$4,000.00	<div></div>
Family	Deductible	\$833.80	\$3,500.00	<div></div>
Family	Out-of-pocket	\$833.80	\$20,000.00	<div></div>

**Dental** In Network

Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$0.00	\$500.00	<div></div>
Individual	Out-of-pocket	\$0.00	\$2,000.00	<div></div>
Family	Deductible	\$0.00	\$400.00	<div></div>
Family	Out-of-pocket	\$0.00	\$7,500.00	<div></div>

Additionally, balance information for individual and family coverage with out of pocket and deductible maximums and amounts met.

DELTA DENTAL
TODAY
10/20/2024 10:00 AM

Eligibility
ViewPrint ID Card
ID Card Request
Subscriber Changes
Dependent Changes

Back
Sam Jones
Print View
View all family members

Member Info
Name: Sam Jones
Member ID: SMP10001
Address: 4101 E. 20th St, Ste 101, Indianapolis, IN 46240
Status: Active
Relationship Code: 01
Relationship: Insured (Primary/Subscriber/Employer)
Original Effective Date: 01/01/2024
Group Name: Circle City
Group Number: 100
DOB: 01/05/1982
Plan: MSP10016
Full-time Student: No
Deductible: No

Coverages

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

Maximums
Medical
Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$25,000.00

Dental
In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

Vision
In Network


Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00



Member Details

Vision				
In Network				
Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$103.35	\$500.00	<div></div>
Individual	Out-of-pocket	\$103.35	\$2,000.00	<div></div>
Family	Deductible	\$407.45	\$1,000.00	<div></div>
Family	Out-of-pocket	\$407.45	\$3,000.00	<div></div>
Office Visits				
Name	Amount Met	Maximum Amount	Progress	
Chiropractic	0	0	<div></div>	

## Add New Member

Users will select the Add New Member **EXR** at the bottom of the page.



 MESSAGES
  LOGOUT

[Employees](#)
[Resources](#)
[My Groups](#)

## Employees

To search for a Member using the Basic Search, select the option in the drop-down to search by Member ID or SSN.

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

**Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.**

☒ Search by
 

Member ID ▼


☐ Advanced search



Separate Member IDs by commas

Search View All Reset

Add New Member

Users click on the appropriate group number.



 MESSAGES
  LOGOUT

[Employees](#)
[Resources](#)
[My Groups](#)

To add a member, please select a group and click on the "Add New Member" button.

Group Number	Group Name	Available Coverage Codes	Effective Date	Termination Date
0001367401	Faber Daeufer & Rosenberg PC	EMP-Enrollee Only, FAM-Family	3/15/2007	2/28/2010
0001369999	Faber Daeufer & Itrato PC - COBRA	EMP-Enrollee Only, E1D-Enrollee + One, FAM-Family	6/1/2023	12/31/9999
0009009181	Faber Daeufer & Itrato PC	EMP-Enrollee Only, E1D-Enrollee + One, FAM-Family	3/1/2010	12/31/9999

<<< << Page 1 of 1 >> >>>

Verify that the correct subgroup has been selected and click on Add New Member.

DELTA DENTAL

MESSAGES LOGOUT

Employees Resources My Groups

To add a member, please select a group and click on the "Add New Member" button.

Group Number	Group Name	Available Coverage Codes	Effective Date	Termination Date
0001367401	Faber Daeufer & Rosenberg PC	EMP-Enrollee Only, FAM-Family	3/15/2007	2/28/2010

Group Faber Daeufer & Rosenberg PC [Print View](#)

[Add New Member](#)

**Group**

Group Name: Faber Daeufer & Rosenberg PC

Group Number: 0001367401 Effective Date: 03/15/2007

Status: TE Term Date: 02/28/2010

Renewal Date: 03/15/2007

The SubGroup Number and SubGroup Name will auto-populate on the EXR.

DELTA DENTAL

MESSAGES LOGOUT

Employees Resources My Groups

## Add New Member

Please use this form to enroll a new member/family.

Complete Section A with Subscriber information only.

Complete Section B for all spouse/partner and/or dependents that are being added to the Subscriber's plan. **Effective dates for all spouse/partners and/or dependents should be the same or after the Subscribers coverage effective date.**

NOTE: Do not complete Section B if there are no spouse/partners and/or dependents to be added.

**Section A: Please enter the Subscriber information only**

SubGroup Number

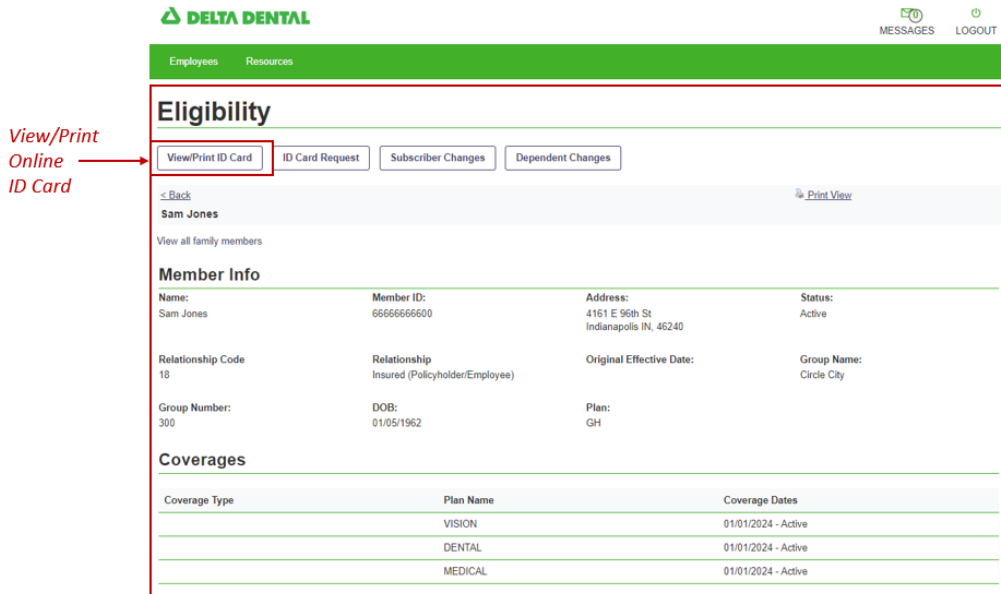
0001367401

SubGroup Name

Faber Daeufer & Rosenberg PC

## View/Print ID Card

Users can view or print an ID Card under the Eligibility section of the portal.



**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Eligibility

[View/Print ID Card](#) [ID Card Request](#) [Subscriber Changes](#) [Dependent Changes](#)

[< Back](#) [Print View](#)

**Sam Jones**

View all family members

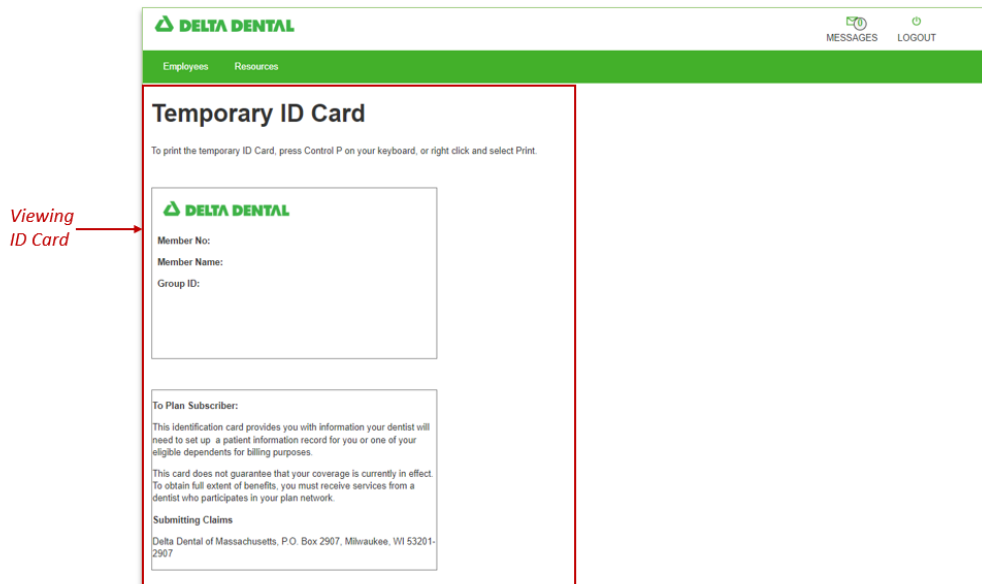
#### Member Info

<b>Name:</b> Sam Jones	<b>Member ID:</b> 6666666600	<b>Address:</b> 4161 E 96th St Indianapolis IN, 46240	<b>Status:</b> Active
<b>Relationship Code:</b> 18	<b>Relationship:</b> Insured (Policyholder/Employee)	<b>Original Effective Date:</b>	<b>Group Name:</b> Circle City
<b>Group Number:</b> 300	<b>DOB:</b> 01/05/1962	<b>Plan:</b> GH	

#### Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

To print the card, press Control + P on your keyboard or right-click and select print



**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Temporary ID Card

To print the temporary ID Card, press Control P on your keyboard, or right click and select Print.

**DELTA DENTAL**

**Member No:**

**Member Name:**

**Group ID:**

**To Plan Subscriber:**

This identification card provides you with information your dentist will need to set up a patient information record for you or one of your eligible dependents for billing purposes.

This card does not guarantee that your coverage is currently in effect. To obtain full extent of benefits, you must receive services from a dentist who participates in your plan network.

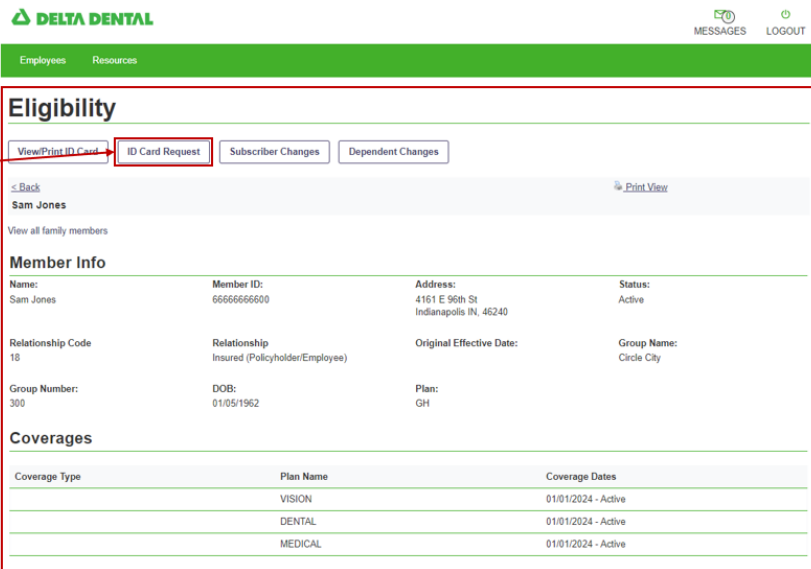
**Submitting Claims**

Delta Dental of Massachusetts, P.O. Box 2907, Milwaukee, WI 53201-2907

## ID Card Request

To request an ID card for the Subscriber, click on ID Card Request.

*ID Card Mailer Request* →



**DELTA DENTAL** MESSAGES LOGOUT

Employees Resources

### Eligibility

[View/Print ID Card](#) **ID Card Request** [Subscriber Changes](#) [Dependent Changes](#)

[< Back](#) [Print View](#)

**Sam Jones**

View all family members

#### Member Info

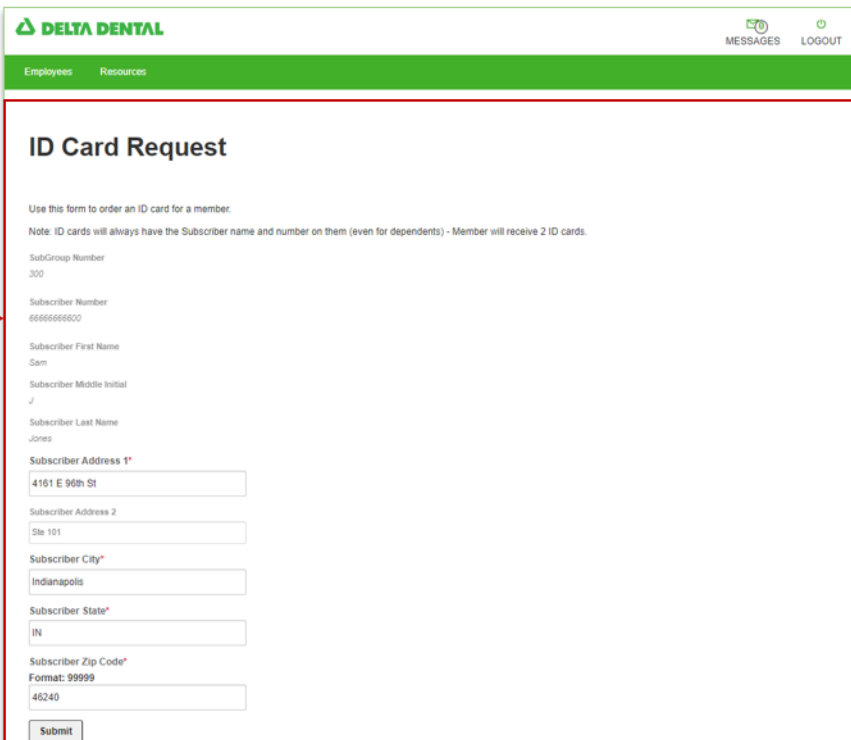
<b>Name:</b> Sam Jones	<b>Member ID:</b> 6666666600	<b>Address:</b> 4161 E 96th St Indianapolis IN, 46240	<b>Status:</b> Active
<b>Relationship Code:</b> 18	<b>Relationship:</b> Insured (Policyholder/Employee)	<b>Original Effective Date:</b>	<b>Group Name:</b> Circle City
<b>Group Number:</b> 300	<b>DOB:</b> 01/05/1962	<b>Plan:</b> GH	

#### Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

Next, complete the required fields and click submit.

*ID Card Mailer Form* →



**DELTA DENTAL** MESSAGES LOGOUT

Employees Resources

### ID Card Request

Use this form to order an ID card for a member.

Note: ID cards will always have the Subscriber name and number on them (even for dependents) - Member will receive 2 ID cards.

SubGroup Number  
300

Subscriber Number  
6666666600

Subscriber First Name  
Sam

Subscriber Middle Initial  
J

Subscriber Last Name  
Jones

Subscriber Address 1\*  
4161 E 96th St

Subscriber Address 2  
Ste 101

Subscriber City\*  
Indianapolis

Subscriber State\*  
IN

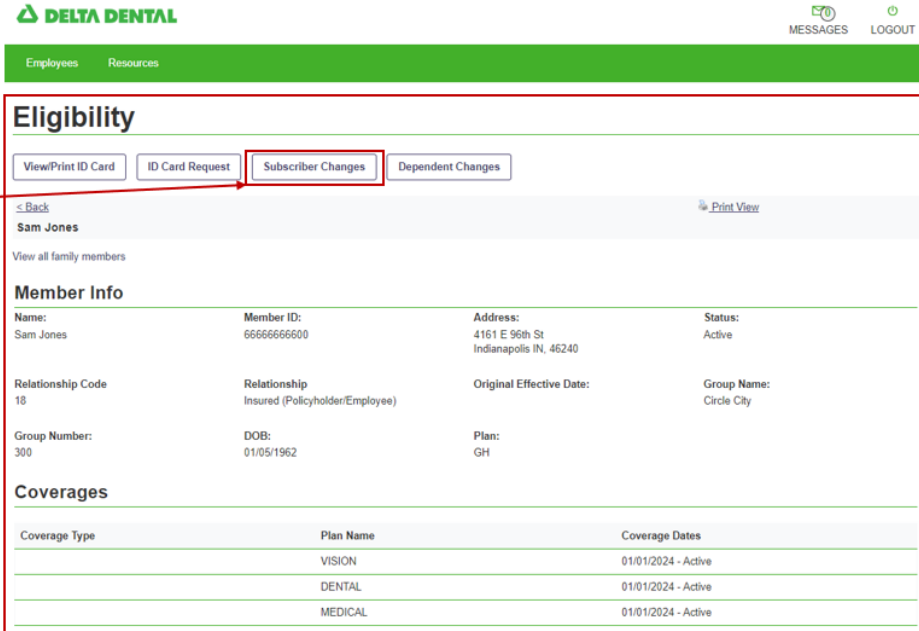
Subscriber Zip Code\*  
Format: 99999  
46240

**Submit**

## Subscriber Changes

Subscriber changes are also available via the quick link on the Eligibility screen.

*Subscriber Change Request*



**DELTA DENTAL**

EMPLOYEES RESOURCES

MESSAGES LOGOUT

### Eligibility

[View/Print ID Card](#) [ID Card Request](#) **[Subscriber Changes](#)** [Dependent Changes](#)

[< Back](#) [Print View](#)

**Sam Jones**

[View all family members](#)

#### Member Info

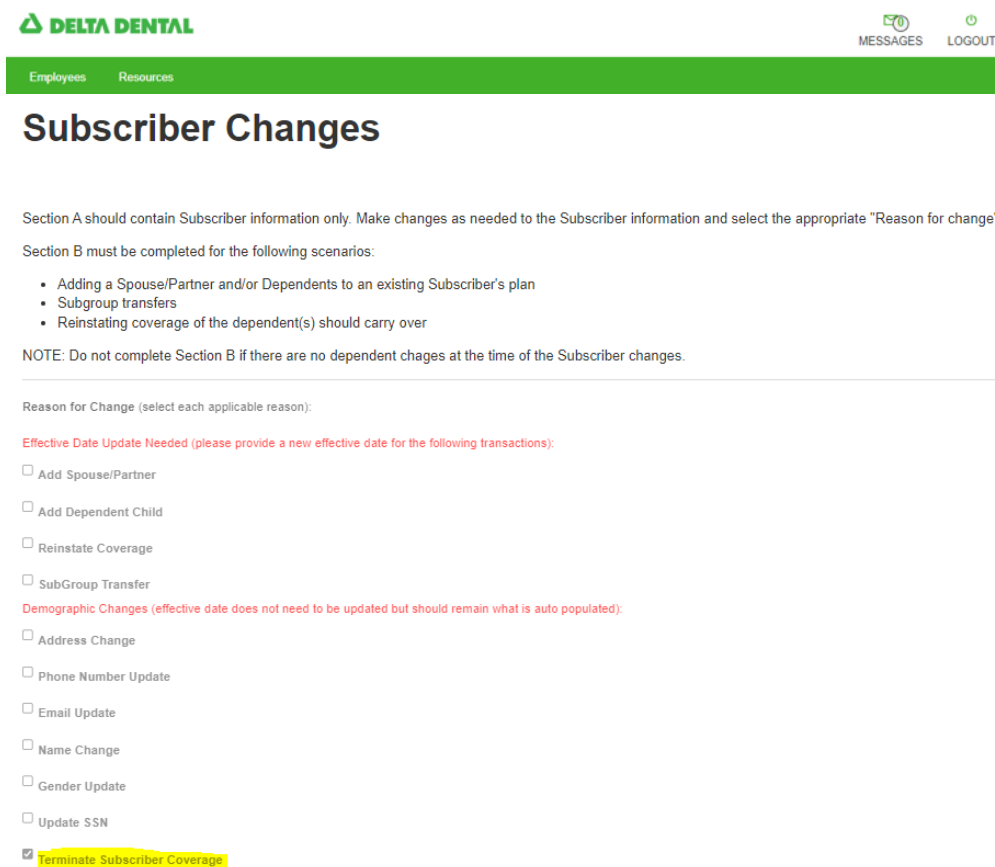
<b>Name:</b> Sam Jones	<b>Member ID:</b> 66666666600	<b>Address:</b> 4161 E 96th St Indianapolis IN, 46240	<b>Status:</b> Active
<b>Relationship Code</b> 18	<b>Relationship</b> Insured (Policyholder/Employee)	<b>Original Effective Date:</b>	<b>Group Name:</b> Circle City
<b>Group Number:</b> 300	<b>DOB:</b> 01/05/1962	<b>Plan:</b> GH	

#### Coverages

Coverage Type	Plan Name	Coverage Dates
	VISION	01/01/2024 - Active
	DENTAL	01/01/2024 - Active
	MEDICAL	01/01/2024 - Active

## Terminate a Subscriber

To terminate a subscriber, first search for the subscriber and click on the subscriber's name. Then click on Subscriber Changes and click on the Terminate Subscriber Coverage checkbox.



**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

## Subscriber Changes

Section A should contain Subscriber information only. Make changes as needed to the Subscriber information and select the appropriate "Reason for change".

Section B must be completed for the following scenarios:

- Adding a Spouse/Partner and/or Dependents to an existing Subscriber's plan
- Subgroup transfers
- Reinstating coverage of the dependent(s) should carry over

NOTE: Do not complete Section B if there are no dependent changes at the time of the Subscriber changes.

---

Reason for Change (select each applicable reason):

Effective Date Update Needed (please provide a new effective date for the following transactions):

☐ Add Spouse/Partner

☐ Add Dependent Child

☐ Reinstatement Coverage

☐ SubGroup Transfer

Demographic Changes (effective date does not need to be updated but should remain what is auto populated):

☐ Address Change

☐ Phone Number Update

☐ Email Update

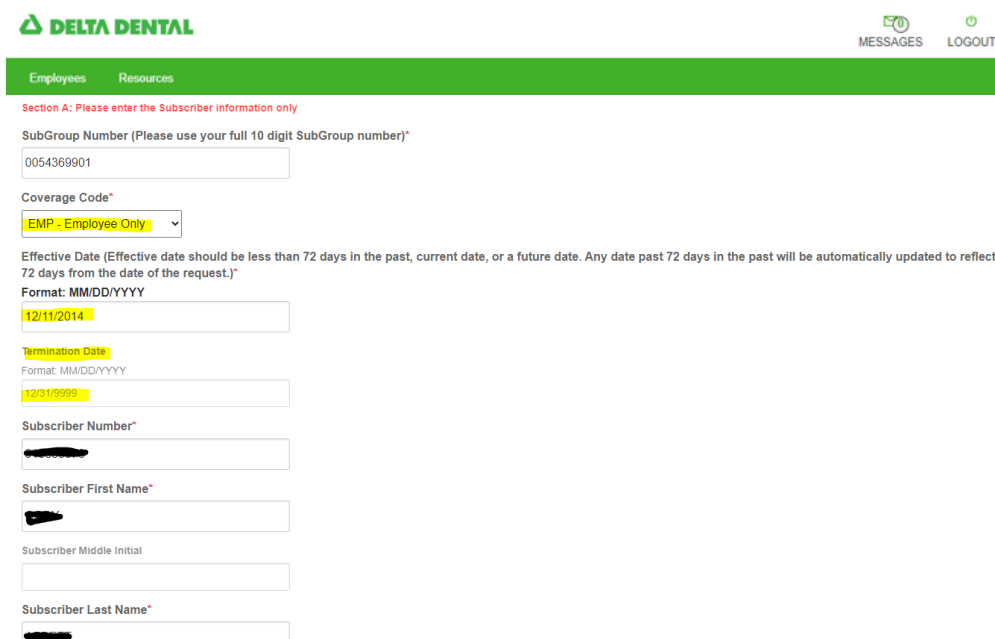
☐ Name Change

☐ Gender Update

☐ Update SSN

☒ Terminate Subscriber Coverage

In Section A, please ensure the correct coverage code is selected. The effective date will fill automatically and does not need to be updated. Please enter in the date for the coverage to be terminated in the termination date field. Please scroll down to the bottom of the page and check off the two notifications and hit submit.



**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

Section A: Please enter the Subscriber information only

SubGroup Number (Please use your full 10 digit SubGroup number)\*

0054369901

Coverage Code\*

EMP - Employee Only

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)\*

Format: MM/DD/YYYY

12/11/2014

Termination Date

Format: MM/DD/YYYY

12/31/9999

Subscriber Number\*

XXXXXXXXXX

Subscriber First Name\*

XXXXXXXXXX

Subscriber Middle Initial

XXXXXXXXXX

Subscriber Last Name\*

XXXXXXXXXX



## Additional Subscriber Changes

For additional subscriber changes, please complete the required fields for the request and scroll down to view additional fields.

**Subscriber Changes**

Section A should contain Subscriber information only. Make changes as needed to the Subscriber information and select the appropriate "Reason for change".

Section B must be completed for the following scenarios:

- Adding a Spouse/Partner and/or Dependents to an existing Subscriber's plan
- Subgroup transfers
- Reinstating coverage of the dependent(s) should carry over

NOTE: Do not complete Section B if there are no dependent changes at the time of the Subscriber changes.

Reason for Change (select each applicable reason):

*Effective Date Update Needed (please provide a new effective date for the following transactions):*

- ☐ Add Spouse/Partner
- ☐ Add Dependent Child
- ☐ Reinstatement Coverage
- ☐ Subgroup Transfer
- Demographic Changes (effective date does not need to be updated but should remain what is auto populated):*
- ☐ Address Change
- ☐ Phone Number Update
- ☐ Email Update
- ☐ Name Change
- ☐ Gender Update
- ☐ Update SSN
- ☐ Terminate Subscriber Coverage

*Effective Date Update Needed (please provide a new effective date for the following transactions):*

Effective Date (Effective date should be less than 75 days in the past, current date, or future date. Day date past 75 days in the past will be automatically updated to what 75 days past the date of the request.)

Subscriber Information

Subscriber First Name

Subscriber Last Name

Subscriber Date of Birth

Subscriber Gender

Subscriber SSN

Subscriber Email

Subscriber Phone

Subscriber Address

Subscriber City

Subscriber State

Subscriber Zip

Subscriber Date of Birth

Subscriber Gender

Subscriber SSN

Subscriber Email

Subscriber Phone

Subscriber Address

Subscriber City

Subscriber State

Subscriber Zip

*Subscriber  
Change  
Form*

**Subscriber Changes**

Section A should contain Subscriber information only. Make changes as needed to the Subscriber information and select the appropriate "Reason for change".

Section B must be completed for the following scenarios:

- Adding a Spouse/Partner and/or Dependents to an existing Subscriber's plan
- Subgroup transfers
- Reinstating coverage of the dependent(s) should carry over

NOTE: Do not complete Section B if there are no dependent changes at the time of the Subscriber changes.

Reason for Change (select each applicable reason):

*Effective Date Update Needed (please provide a new effective date for the following transactions):*

- ☐ Add Spouse/Partner
- ☐ Add Dependent Child
- ☐ Reinstatement Coverage
- ☐ Subgroup Transfer
- Demographic Changes (effective date does not need to be updated but should remain what is auto populated):*
- ☐ Address Change
- ☐ Phone Number Update
- ☐ Email Update
- ☐ Name Change
- ☐ Gender Update
- ☐ Update SSN
- ☐ Terminate Subscriber Coverage

*Effective Date Update Needed (please provide a new effective date for the following transactions):*

Effective Date (Effective date should be less than 75 days in the past, current date, or future date. Day date past 75 days in the past will be automatically updated to what 75 days past the date of the request.)

Subscriber Information

Subscriber First Name

Subscriber Last Name

Subscriber Date of Birth

Subscriber Gender

Subscriber SSN

Subscriber Email

Subscriber Phone

Subscriber Address

Subscriber City

Subscriber State

Subscriber Zip

Subscriber Date of Birth

Subscriber Gender

Subscriber SSN

Subscriber Email

Subscriber Phone

Subscriber Address

Subscriber City

Subscriber State

Subscriber Zip

Note Section A is the subscriber information only.

**Subscriber Changes**

Section A: Please enter the Subscriber information only.

SubGroup Number (Please use your full 10 digit SubGroup number)\*

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)  
Format: MM/DD/YYYY

12/31/9999

Termination Date  
Format: MM/DD/YYYY

12/31/9999

Subscriber Number\*

6666666666

Subscriber First Name\*

Sam

Subscriber Middle Initial

J

Subscriber Last Name\*

Jones

Subscriber Date of Birth\*  
Format: MM/DD/YYYY

1/5/1962

Subscriber Gender\*

Select One

Subscriber SSN\*

6666666666

Subscriber  
Change  
Form

**Subscriber Changes**

Section A: Please enter the Subscriber information only.

SubGroup Number (Please use your full 10 digit SubGroup number)\*

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)  
Format: MM/DD/YYYY

12/31/9999

Termination Date  
Format: MM/DD/YYYY

12/31/9999

Subscriber Number\*

6666666666

Subscriber First Name\*

Sam

Subscriber Middle Initial

J

Subscriber Last Name\*

Jones

Subscriber Date of Birth\*  
Format: MM/DD/YYYY

1/5/1962

Subscriber Gender\*

Select One

Subscriber SSN\*

6666666666

Continue to enter in the necessary data fields and submit.

**Subscriber Changes**

Section A: Please enter the Subscriber information only.

SubGroup Number (Please use your full 10 digit SubGroup number)\*

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)  
Format: MM/DD/YYYY

12/31/9999

Termination Date  
Format: MM/DD/YYYY

12/31/9999

Subscriber Number\*

6666666666

Subscriber First Name\*

Sam

Subscriber Middle Initial

J

Subscriber Last Name\*

Jones

Subscriber Date of Birth\*  
Format: MM/DD/YYYY

1/5/1962

Subscriber Gender\*

Select One

Subscriber SSN\*

6666666666

Subscriber  
Change  
Form

**Subscriber Changes**

Section B (if applicable): Please enter the Spouse/Partner & Dependent information. Note: All information is required below for Spouse/Partner and/or Dependents to be enrolled.

Dependent 1

Dependent 1 Type

Select One

Subscriber SSN\*

6666666666

Subscriber Address 1\*

4161 E 96th St

Subscriber Address 2

Suite 101

Subscriber City\*

Indianapolis

Subscriber State\*

IN

Subscriber Zip Code\*  
Format: 99999

46240

Subscriber Phone Number  
Format: (xxx)xxx-xxxx

888-526-2028

Subscriber Personal Email (If you do not wish to provide a Subscriber's personal email please enter refuse@refuse.com)\*

sanjones@test.com

Changes should be applied to (Select 1):

Select One

## Dependent Changes

Note: Section B is the dependent information only.

In order to add a dependent, complete the fields labeled “Required”.

**DELTA DENTAL** MESSAGES LOGOUT

Employees Resources

### Eligibility

ViewPrint ID Card ID Card Request Subscriber Changes **Dependent Changes**

[Back](#) [Print View](#)

**Sam Jones**

View all family members

#### Member Info

Name: Sam Jones	Member ID: 6666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 300	DOB: 01/05/1962	Plan: GH	

#### Coverages

Coverage Type	Plan Name	Coverage Dates
VISION		01/01/2024 - Active
DENTAL		01/01/2024 - Active
MEDICAL		01/01/2024 - Active

Dependent  
Change  
Request

**DELTA DENTAL** MESSAGES LOGOUT

Employees Resources

### Dependent Changes

Please be sure the auto populated member information is either a Spouse/Partner or Dependent you are trying to make changes to. The blank fields below the initially selected dependent are to add any other dependents that need to be updated on this same Subscriber's plan. Information for the dependent is being auto populated for your convenience please do not remove information you are not making changes to.

Reason for Change (select each applicable reason):

☐ Effective Date Update Needed (please provide a new effective date for the following transactions):

☐ Specimate Dependent(s)

☐ Update Coverage

☐ Demographic Changes (effective date does not need to be updated but should remain what is auto populated):

☐ Update DOB

☐ Alternate address change

☐ Name Change

☐ Gender Update

☐ Full-Time student update

☐ Disable dependent update

**Section A: Please enter the Subscriber information only**

SubGroup Number (Please use your full 10 digit SubGroup number):

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)

Format: MM/DD/YYYY

12/31/9999

Termination Date

Format: MM/DD/YYYY

12/31/9999

Dependent  
Change Form

**DELTA DENTAL** MESSAGES LOGOUT

Employees Resources

### Dependent Changes

Please be sure the auto populated member information is either a Spouse/Partner or Dependent you are trying to make changes to. The blank fields below the initially selected dependent are to add any other dependents that need to be updated on this same Subscriber's plan. Information for the dependent is being auto populated for your convenience please do not remove information you are not making changes to.

Reason for Change (select each applicable reason):

☐ Effective Date Update Needed (please provide a new effective date for the following transactions):

☐ Specimate Dependent(s)

☐ Update Coverage

☐ Demographic Changes (effective date does not need to be updated but should remain what is auto populated):

☐ Update DOB

☐ Alternate address change

☐ Name Change

☐ Gender Update

☐ Full-Time student update

☐ Disable dependent update

**Section A: Please enter the Subscriber information only**

SubGroup Number (Please use your full 10 digit SubGroup number):

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)

Format: MM/DD/YYYY

12/31/9999

Termination Date

Format: MM/DD/YYYY

12/31/9999

**Dependent Changes**

When you add or delete a dependent, you must provide the following information:

- Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)
- Format: MM/DD/YYYY
- Subscriber Number\*
- Member First Name\*
- Member Middle Initial
- Member Last Name\*
- Member Date of Birth\*
- Format: MM/DD/YYYY
- Member Gender\*
- Member SSN\*
- Member Address 1\*
- Member Address 2

Does this dependent have an alternate address? Check if applicable and provide dependent address information below. If address is the same as Subscriber do not check box & leave this section blank.

Member Address 1\*

Member Address 2

Dependent  
Change  
Form

**DELTA DENTAL**

EMPLOYEES RESOURCES

Effective Date (Effective date should be less than 72 days in the past, current date, or a future date. Any date past 72 days in the past will be automatically updated to reflect 72 days from the date of the request.)

Format: MM/DD/YYYY

12/31/9999

Termination Date

Format: MM/DD/YYYY

12/31/9999

Subscriber Number\*

6666666600

Member First Name\*

Sam

Member Middle Initial

J

Member Last Name\*

Jones

Member Date of Birth\*

Format: MM/DD/YYYY

1/5/1962

Member Gender\*

Select One

Member SSN\*

66666666

Does this dependent have an alternate address? Check if applicable and provide dependent address information below. If address is the same as Subscriber do not check box & leave this section blank.

Member Address 1\*

4161 E 96th St

Member Address 2

Ste 101

## Messages

The message center allows portal users a secure way to contact us.

**DELTA DENTAL**

MESSAGES PROFILE LOGOUT

Employees Resources

### Employees

To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

Before Adding a New Member, use the search options to perform a search of the Subscriber. If no results are returned, click on the Add New Member button at the bottom of the page.

Search by Member ID Member ID SSN Advanced search

11111111100

Search Reset

Print Results Download Results

Name	Member ID	Group	Date of Birth	Status	Relationship Code	Relationship Description
Jones, Sam	11111111100	100	1/5/1962	Active	18	Insured (Policyholder/Employee)

Page 1 of 1

Add New Member

Messages will list all messages in your inbox with an associated Tracking #.

**DELTA DENTAL**

MESSAGES LOGOUT

Employees Resources

### Messages

Search By Tracking # Search Sort Results Tracking # Descending

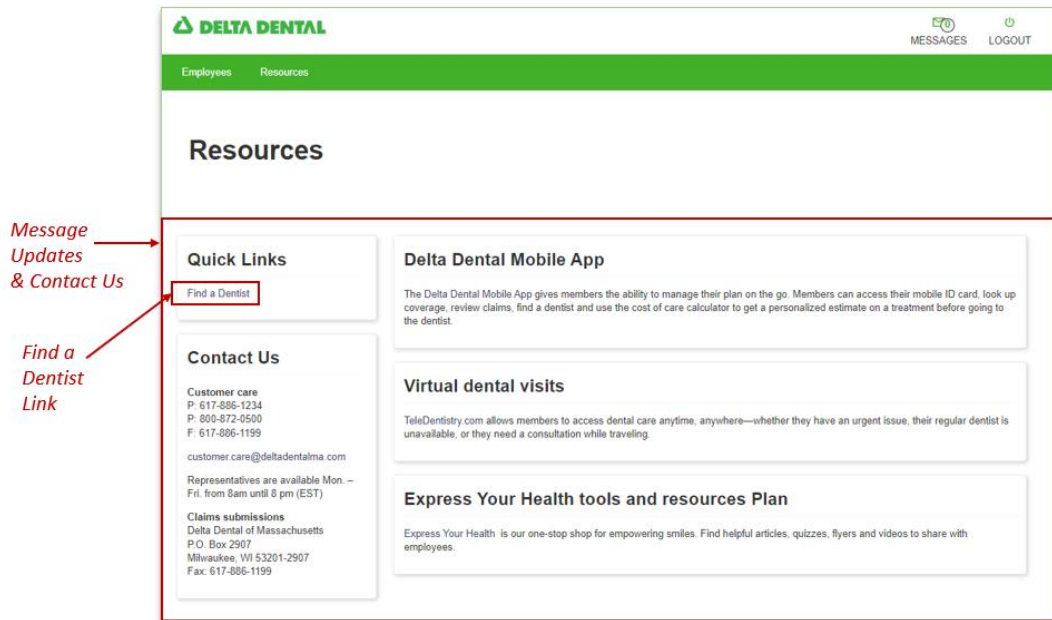
Inbox (0) Sent (116) Drafts (0) Archived

Subject	From	Received	Tracking #	Status
No records found				

Selected Items

## Resources

Under quick links, users can click on Find a Dentist to search for dentist or office.



The search feature allows users to find dentists in your area based on your plan/network and address.

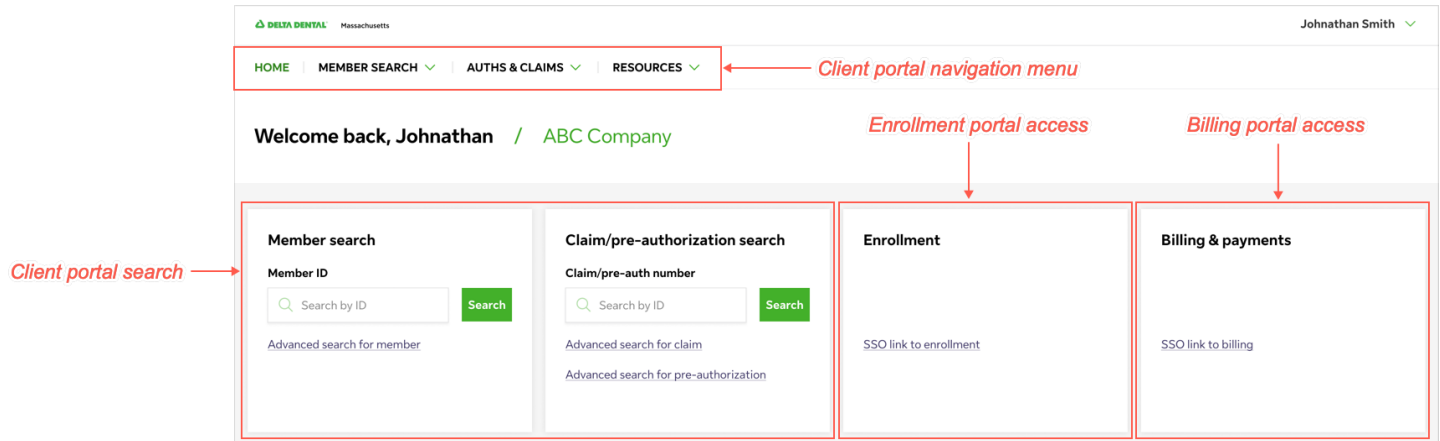
The screenshot shows the Delta Dental 'Find a Network Dentist in Your Area' search page. The page has a green header with the Delta Dental logo and navigation links for Members, Dentists, Employers, Brokers, Dental Plans, and Your Oral Health. Below the header, the 'Find a Network Dentist in Your Area' section contains a search form with fields for Plan/Network Selection and Your Location. The Plan/Network Selection section has radio buttons for Delta Dental EPO, Total Choice PPO, Delta Dental PPO, Delta Dental Premier, Delta Dental PPO Plus Premier, DeltaCare USA, DeltaCare, and Delta Dental Patient Direct. The Your Location section has fields for Address, City, State, and Zip Code.

## Addendum

### Employer Portal Homepage

The homepage displays navigational options to perform a member search, a claim/re-authorization search, access the Enrollment Portal and/or the Billing Portal. What you as a user see may vary depending on your security permissions and/or role within your organization.

Within the client portal, you will be able to conduct a basic Members, Claims or Pre-Determination Search. Or choose to select an Advanced Search.



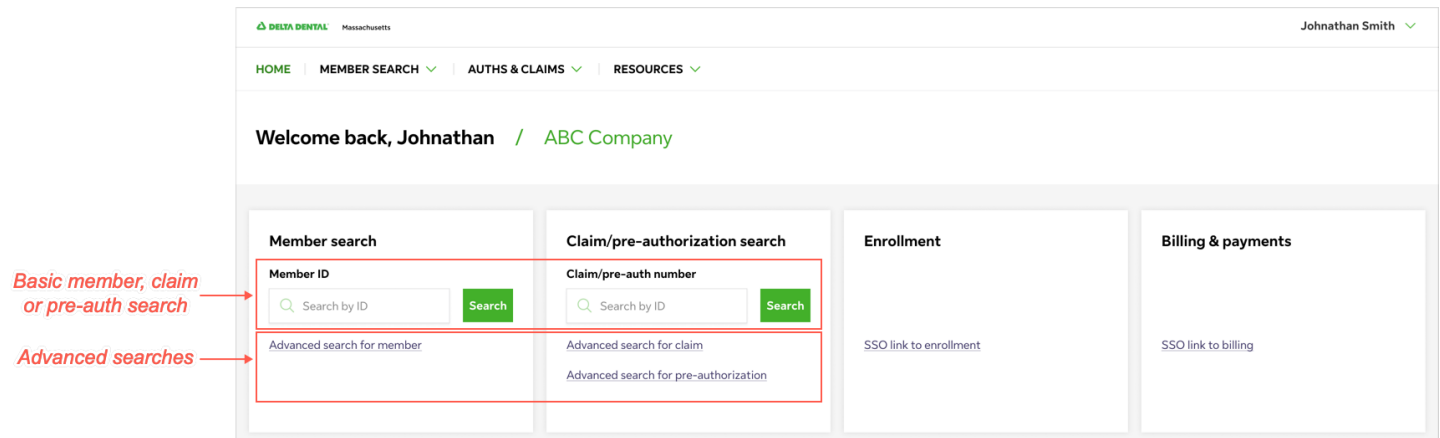
Legal disclosures and links are displayed in the page footer section.

### Member Search Features

#### Landing Page

The landing page displays access permissions for either the Client Portal, Enrollment Portal (separate training) and/or the Billing Portal.

You can conduct a basic Members, Claims or Pre-Determination Search. Or choose to select an Advanced Search.



## Basic Member ID Search

The Members tab on the Home page view allows you to conduct a Member ID search. Once the results are displayed, you can conduct an advanced member search.

**Member search**

*Search Criteria*

Date of service\* 01/11/2024

Member ID 78358903567

Date of birth

Member last name

Member first name

Clear all Search

Effective date	Member name	Member ID	Date of birth	Network	Active State
10/02/2023	Clarice Smith	784358903567	01/01/1980	Delta Dental	Active

*Search Results*

## Advanced Member Search

From the Home page, you can select to perform an advanced member search by entering in the search criteria which will display all member results for their search criteria. From this list you can select a member to view their member details and eligibility.

**Member search**

*Advanced Search Criteria*

Date of service\* 01/11/2024

Member ID

Date of birth 01/01/1980

Member last name

Member first name

Clear all Search

Effective date	Member name	Member ID	Date of birth	Network	Active State
10/02/2023	Clarice Smith	784358903567	01/01/1980	Delta Dental	Active
01/21/2023	Jane Cooper	576930493578	01/01/1980	Delta Dental	Active
01/15/2023	Annette Black	789329023589	01/01/1980	Delta Dental	Active
09/01/2023	Kristin Watson	574893433590	01/01/1980	Delta Dental	Active
12/23/2023	Dianne Russell	984378293124	01/01/1980	Delta Dental	Active
08/05/2023	Cody Fisher	943789433346	01/01/1980	Delta Dental	Active
05/13/2023	Albert Flores	678493453457	01/01/1980	Delta Dental	Active
05/03/2023	Arlene McCoy	894738943854	01/01/1980	Delta Dental	Active
06/09/2023	Savannah Nguyen	789457893287	01/01/1980	Delta Dental	Inactive
09/20/2023	Dianne Russell	567839429976	01/01/1980	Delta Dental	Inactive

*Search Results*

1 2 3 4 5 6 ... 12 > 10 / page Go to 1



## Member Details

Once a member is selected, the full member details will display.

**Member Details → Member Info / Family / Dental Plan**

The screenshot shows the 'Member information for Clarice Smith' page. The page is divided into several sections:

- Member information:**
  - Name: Clarice Smith
  - Date of birth: 01/01/1990
  - Age: 41 years, 3 months, 21 days
  - Member ID: 511003567
  - Phone number: 123-456-7890
  - Address: 88 E 236TH ST BRONX NY
  - Email: claricesmith@gmail.com
  - Primary care dentist (PCD): Delana Gunn, ABC Clinic, 88 E 236TH ST BRONX NY
  - Location: 88 E 236TH ST BRONX NY
  - PCD effective date: 03/03/2022
- Employee & family information:**
  - Level of coverage: Member + Family
  - Table with columns: Name, Date of birth, Relationship, Coverage start date, Termination date, Status as of 06/25/2024.
  - John Smith: 05/07/1986, Spouse, 01/10/2022, -, Active
  - Clarice Smith: 06/12/1998, Primary, 09/29/2023, -, Active
- Dental plan information:**
  - Network: Delta Dental
  - Member ID: 123453567
  - Plan number: 156-486-481
  - Plan year: 01/12/2022 - 12/31/2022
  - Level of coverage: Family
  - Missing tooth: Not applicable
  - Enrollment status: Timely
  - Effective date: 06/31/2012

The Deductibles & maximums section will list accumulators such as Annual deductible, Family deductible and more.

**Member Details → Accumulators**

The screenshot shows the 'Deductibles & maximums' section. It displays various accumulators with their current status and remaining amounts:

- Annual deductible:** \$25.00 out of \$50.00. \$25.00 before individual deductible is met.
- Family deductible:** \$125.00 out of \$150.00. \$25.00 before family deductible is met.
- Annual maximum:** \$750.00 out of \$1,500.00. \$750.00 remaining.
- Family maximum:** \$1,000.00 out of \$2,000.00. \$1,000.00 remaining.
- Out-of-pocket maximum:** \$125.00 out of \$150.00. \$25.00 remaining.
- Orthodontia lifetime maximum:** \$500.00 out of \$1,500.00. \$1,000.00 remaining.
- TMJ lifetime maximum:** Unlimited.

Click on Procedures, in the Member History section, to view a list of all procedures.

**Member Details → Member History → Procedures**

**Member history**

Procedures Pre-authorizations / pre-determinations Claims Eligibility

Search by estimate number/procedure name

			Tooth/quadrant/arch/surface	Place of service
01/03/2023	D0146	Limited oral evaluation-problem focused	-/-/-/-	Office
01/03/2023	D0109	Periodic Oral Evaluation-problem focused	-/-/-/-	Office
01/03/2023	D0356	Periodic Oral Evaluation-problem focused	-/-/-/-	Office
01/03/2023	D01876	Limited oral evaluation-problem focused	-/-/-/-	Office
01/03/2023	D0123	Periodic Oral Evaluation-established patient	-/-/-/-	Office
01/03/2023	D0136	Periodic Oral Evaluation-established patient	10/UL/UA/DL	Office
01/03/2023	D0746	Limited oral evaluation-problem focused	-/-/-/-	Office
01/03/2023	D01276	Periodontal Maintenance	-/-/-/-	Office
01/03/2023	D0363	Periodontal Maintenance	-/-/-/-	Office
01/03/2023	D01276	Periodontal Maintenance	-/-/-/-	Office

10 / page Go to 1

Click on the Pre-determinations to view all.

**Member Details → Member History → Pre-Authorization/Pre-Determination**

**Member history**

Procedures Pre-authorizations / pre-determinations Claims Eligibility

Search by estimate number/procedure name

Pre-auth number	Submission date	Provider	Location	Amount submitted	Amount estimated	Status
202315202000700	06/10/2023	Courtney Henry	4140 Parker Rd...	\$821.00	\$821.00	Approved
202315202000700	06/10/2023	Jane Cooper	6391 Elgin St. Celina...	\$350.00	\$350.00	Denied
202315202000700	06/10/2023	Annette Black	2972 Westheimer Rd...	\$540.00	\$540.00	Approved
202315202000700	06/10/2023	Kristin Watson	2464 Royal Ln. Mesa...	\$275.00	\$275.00	Approved
202315202000700	06/10/2023	Dianne Russell	8502 Preston Rd...	\$450.00	\$450.00	Approved
202315202000700	06/10/2023	Cody Fisher	2118 Thornridge Cir...	\$450.00	\$450.00	Partially approved
202315202000700	06/10/2023	Albert Flores	2715 Ash Dr. San Jose...	\$946.00	\$946.00	Determined
202315202000700	06/10/2023	Arlene McCoy	1901 Thornridge Cir...	\$464.00	\$464.00	Denied
202315202000700	06/10/2023	Savannah Nguyen	2118 Thornridge Cir...	\$237.00	\$237.00	Partially approved
202315202000700	06/10/2023	Dianne Russell	2118 Thornridge Cir...	\$76.00	\$76.00	Approved

10 / page Go to 1

Click on the Claims tab to view all.

Member Information for Carlos Smith

Member Information

Employer & Family Information

Member plan information

Health plan & enrollment

Member history

Health plan summary for the selected provision

Member Details → Member History → Claims

**Member history**

Procedures Pre-authorizations / pre-determinations **Claims** Eligibility

Search by estimate number/procedure name

Claim number	Submission date	Provider	Location	Billed	Patient pays	Paid	Status	
#2019231020004...	01/03/2023	John Smith	20 W 34th St...	\$900.00	\$821.00	\$821.00	Paid	...
#201923102000401	01/03/2023	John Smith	20 W 34th St...	\$890.00	\$821.00	\$821.00	Not paid	...
#201923102000411	01/03/2023	John Smith	20 W 34th St...	\$880.00	\$821.00	\$821.00	Paid	...
#201923102000422	01/03/2023	John Smith	20 W 34th St...	\$871.00	\$821.00	\$821.00	In progress	...
#201923102000434	01/03/2023	John Smith	20 W 34th St...	\$860.00	\$821.00	\$821.00	Paid	...
#201923102000445	01/03/2023	John Smith	20 W 34th St...	\$857.00	\$821.00	\$821.00	Partially paid	...
#201923102000456	01/03/2023	John Smith	20 W 34th St...	\$846.00	\$821.00	\$821.00	Paid	...
#201923102000467	01/03/2023	John Smith	20 W 34th St...	\$868.00	\$821.00	\$821.00	Denied	...
#201923102000478	01/03/2023	John Smith	20 W 34th St...	\$857.00	\$821.00	\$821.00	Need info	...
#201923102000467	01/03/2023	John Smith	20 W 34th St...	\$868.00	\$821.00	\$821.00	Denied	...

1 2 3 4 5 6 ... 12 10 / page Go to 1

Click on the Eligibility to view all.

Member Information for Carlos Smith

Member Information

Employer & Family Information

Member plan information

Health plan & enrollment

Member history

Health plan summary for the selected provision

Member Details → Member History → Eligibility

**Member history**

Procedures Pre-authorizations / pre-determinations Claims **Eligibility**

Search by estimate number/procedure name

Member ID	Plan name	Coverage effective date	Termination date	Status
*****2154	Delta Dental	06/01/2023	-	Active
*****7635	Delta Dental	05/07/2023	11/11/2023	Active
*****3521	Delta Dental	04/20/2023	-	Inactive
*****2643	Delta Dental	01/04/2023	-	Gap
*****8905	Delta Dental	12/07/2022	-	Inactive
*****4321	Delta Dental	12/07/2022	-	Inactive
*****8364	Delta Dental	12/07/2022	-	Inactive
*****0997	Delta Dental	12/07/2022	-	Inactive
*****3009	Delta Dental	12/07/2022	-	Inactive

The Benefits Summary section lists all procedures for in-network providers.

Member Information for Carlos Smith

Member Information

Employment & Family Information

Personal plan information

Health & Insurance

Member History

Benefits Summary for in-network providers

Procedure class	Code	Description	Age	Frequency	Coinsurance	Deductible	Waiting period
✓ Dental cleanings	D0146	Sealant-per tooth	14-15	one time every 6 months per...	100%	Not applicable	14 days
✓ X-Rays	D0215	Space maintainer-fixed...	18-66	one time every 6 months per...	80%	Not applicable	90 days
^ Examination	D0982	Space maintainer-fixed...	14-15	one time every 6 months per...	70%	Not applicable	14 days

Waiting period: All ages  
Teeth covered: First and Second Molars  
Narrative: (NAR0982) This data has been masked in all non-production environments as per Enterprise Information Security Policy(2013).  
Review required: No  
Documentation required: Not applicable  
Copay amount: \$ 125.00  
Copay age range: 14-15  
Maximum: Not applicable  
Out-of-pocket maximum: Applies

Procedure class	Code	Description	Age	Frequency	Coinsurance	Deductible	Waiting period
✓ Dental cleanings	D0146	Space maintainer-fixed...	No age limit	one time every 6 months per...	60%	Not applicable	14 days
✓ Oral surgery	D0314	Sealant-per tooth	18-26	one time every 6 months per...	95%	Not applicable	90 days

1 2 3 4 5 6 ... 12 > 5 / page Go to 1

## Member Details → Benefits Summary

### Benefits summary for in-network providers

Procedures

Search by Procedure name/Code/Keyword

Procedure class	Code	Description	Age	Frequency	Coinsurance	Deductible	Waiting period
✓ Dental cleanings	D0146	Sealant-per tooth	14-15	one time every 6 months per...	100%	Not applicable	14 days
✓ X-Rays	D0215	Space maintainer-fixed...	18-66	one time every 6 months per...	80%	Not applicable	90 days
^ Examination	D0982	Space maintainer-fixed...	14-15	one time every 6 months per...	70%	Not applicable	14 days

Waiting period: All ages  
Teeth covered: First and Second Molars  
Narrative: (NAR0982) This data has been masked in all non-production environments as per Enterprise Information Security Policy(2013).  
Review required: No  
Documentation required: Not applicable  
Copay amount: \$ 125.00  
Copay age range: 14-15  
Maximum: Not applicable  
Out-of-pocket maximum: Applies

✓ Dental cleanings	D0146	Space maintainer-fixed...	No age limit	one time every 6 months per...	60%	Not applicable	14 days
✓ Oral surgery	D0314	Sealant-per tooth	18-26	one time every 6 months per...	95%	Not applicable	90 days

< 1 2 3 4 5 6 ... 12 > 5 / page Go to 1

## Claims Search Features

The Claim/pre-determination search section allows you to search for a claim/pre-determination number by claim/pre-determination number. Or conduct an advanced search for a claim or a pre-determination.

**Member Details → Member History → Procedures**

### Claims Search

*Claims / Pre-Auth  
Advanced Search*

In the Claims search section, enter in the Claim number as your search criteria. Then click on the Search button to display search results.

**Member Details → Member History → Procedures**

### Claims Search

*Search Results*

### Advanced Search Criteria

## Search Results

Procedures can also be found in the Member History section of the Member Details page.

[illegible]

**Member Details → Member History → Procedures**

DEEP REVIEW

Please login

Johnathan Smith

HOME

MEMBERS

AUTHS & CLAIMS

RESOURCES

Auths & Claims / Claims / Clarice Smith

Print

Processed: 06/01/2023, 9:00:51 AM | Submitted: 06/01/2023, 9:00:51 AM

Claim 202306101321 for Clarice Smith

Related documents

Main Information

Member information

Member name:

Clarice Smith

Date of birth:

02/11/1981

Member ID:

\*\*\*\*\*3567

Plans:

Demo Text

Provider information

Provider name:

John Smith

Service location:

20 W 34th St., New York, NY 10001

Facility type:

Office

Clicking on an individual claim will allow you to view the Procedure Information.

[illegible]

Procedure information							
Date of service	Submitted code	Paid code	Total submitted	Patient pay	Plan payment	Writeoff	Processing policy
11/19/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
06/07/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
11/15/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
<div> <div>Procedure description:</div> <div>Tooth/apical/erect/surface:</div> <div>Quantity:</div> <div>Coinsurance:</div> <div>Required legal disclaimers:</div> <div>Limitation:</div> <div>Documentation:</div> <div>Processing policy:</div> <div>Link to CRM:</div> </div> <div> <div>Description here</div> <div>A/Uppper Right 10-UR/Lower/Distal (D)</div> <div>1</div> <div>Coinsurance information</div> <div>Peer-to-peer rights</div> <div>Every 6 months</div> <div>Documentation information</div> <div>Text here</div> <div>Comprehensive Dental Benefits Guide</div> </div>							
12/14/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
03/09/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/20/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
08/26/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
12/28/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
07/10/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/04/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
Total:			\$7,500.00	\$1,498.60	\$3,200.00	\$3,200.00	

Processing policy, Optional information, Attachments, Related documents and Transaction history is also displayed.

<a href="#">Home</a> <a href="#">About Us</a> <a href="#">Contact Us</a>		<a href="#">Feedback</a> <a href="#">Help</a>		<a href="#">Privacy Policy</a> <a href="#">Terms of Service</a>		<a href="#">FAQ</a> <a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>		<a href="#">Sitemap</a>		<a href="#">About Us</a>		<a href="#">Contact Us</a>		<a href="#">Feedback</a>		<a href="#">Help</a>		<a href="#">Privacy Policy</a>		<a href="#">Terms of Service</a>		<a href="#">FAQ</a>
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Processing policy							
A lot of text will be here							
Optional information							
Office reference number:	Text here	This service qualifies as Early and Periodic Screening, Diagnostic and Treatment.					
Referral number:	Text here						
Notes:	Lorem ipsum dolor sit amet consectetur. Justo id posuere in tristique at vitae blandit lectus gravida. Id non erat risus ornare aliquet. Purus sed amet felis sit eget turpis idko...		Yes				
	Read more						
Attachments							
Document number one.docx							
Document number two.pdf							
Document number three.xls							
Related documents							
Resubmitted claims:	20230612173, 07/17/2023						
Submitted pre-authorization:	20230612173, 07/17/2023						
Transaction history							
123456789_06/01/2024	Check						
123456789_06/01/2024	Check						



## Pre-Determination Search Features

The Members tab on the Home page view allows you to conduct a Pre-Determination search using the Pre-Determination number. Once the results are displayed, you can conduct an advanced member search.

**Pre-auth search**

Date range\* 01/01/2019- 02/01/2024 and **Pre-auth number** 202315202000700 or Provider last name Provider first name Status Choose an option Clear all Search

**Search Results**

Claim number	Date of service	Member name	Provider	Location	Total submitted	Status
202315202000700	10/02/2023	Courtney Henry	Courtney Henry	4140 Parker Rd. Allentown, New Mexico 31134	\$821.00	Submitted

To conduct an advanced search, enter in a Date range, Provider last name, Provider first name and/or Status. Then click on the Search button to display search results.

**Pre-auth search**

Date range\* 01/01/2019- 02/01/2024 and Pre-auth number Pre-auth number or Provider last name Provider first name Status Choose an option Clear all Search

**Advanced Search Criteria**

**Search Results**

Claim number	Date of service	Member name	Provider	Location	Total submitted	Status
202315202000700	10/02/2023	Courtney Henry	Courtney Henry	4140 Parker Rd. Allentown, New Mexico 31134	\$821.00	Submitted
202315202000700	01/21/2023	Jane Cooper	Jane Cooper	6391 Elgin St. Celina, Delaware 10299	\$350.00	Denied
202315202000700	01/15/2023	Annette Black	Annette Black	2972 Westheimer Rd. Santa Ana, Illinois 85486	\$540.00	Submitted
202315202000700	09/01/2023	Kristin Watson	Kristin Watson	2464 Royal Ln. Mesa, New Jersey 45463	\$275.00	Submitted
202315202000700	12/23/2023	Dianne Russell	Dianne Russell	8502 Preston Rd. Inglewood, Maine 98380	\$450.00	Submitted
202315202000700	08/05/2023	Cody Fisher	Cody Fisher	2118 Thornridge Cir. Syracuse, Connecticut 35624	\$450.00	Ready for full payment
202315202000700	05/13/2023	Albert Flores	Albert Flores	2715 Ash Dr. San Jose, South Dakota 83475	\$946.00	Submitted
202315202000700	05/03/2023	Arlene McCoy	Arlene McCoy	1901 Thornridge Cir. Shiloh, Hawaii 81063	\$464.00	Voided
202315202000700	06/09/2023	Savannah Nguyen	Savannah Nguyen	2118 Thornridge Cir. Syracuse, Connecticut 35624	\$237.00	Ready for adjusted amount
202315202000700	09/20/2023	Dianne Russell	Dianne Russell	2118 Thornridge Cir. Syracuse, Connecticut 35624	\$76.00	Submitted

1 2 3 4 5 6 ... 12 10 / page Go to 1



Procedures can also be found in the Member History section of the Pre-determinations page.

**DELTA DENTAL** Massachusetts  
TIN: 123456789 | Johnathan Strange

HOME MEMBERS AUTHS & CLAIMS RESOURCES

Members / Pre-authorizations / Clarice Smith

**Processed: 06/01/2023, 9:00:51 AM** **Submitted: 06/01/2023, 9:00:51 AM**

**Pre-authorization 202306130931**

Related documents

**Main Information**

**Member information**  
 Member name: Clarice Smith  
 Date of birth: 02/11/1981  
 Member ID: \*\*\*\*\*3567  
 Plan: Demo Text

**Provider information**  
 Provider name: John Smith  
 Service location: 20 W 34th St., New York, NY 10001  
 Facility type: Office

**Procedure information**

Date of service	Submitted code	Paid code	Total submitted	Patient pay	Plan payment	Writeoff	Processing policy
11/19/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
06/07/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
11/15/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
Procedure description:			Description here				
Tooth/quad/arch/surface:			4/Upper Right 10-UR/Lower/Distal (D)				
Quantity:			1				
Coinsurance:			Coinsurance information				
Required legal disclaimers:			Peer-to-peer rights				
Limitation:			Every 6 months				
Documentation:			Documentation information				
Processing policy:			Text here				
Link to ORM:			Comprehensive Dental Benefits Guide				
12/14/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
03/09/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/20/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
08/26/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
12/28/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
07/10/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/04/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
<b>Total:</b>			<b>\$7,500.00</b>	<b>\$1,498.60</b>	<b>\$3,200.00</b>	<b>\$3,200.00</b>	

**Processing policy**  
 Ask of member service

**Optional information**

Office reference number: Text here  
 Reason for request: Text here  
 Notes: Text here

**Attachments**  
 Document number one.pdf  
 Document number two.pdf  
 Document number three.pdf

**Related documents**  
 Requested pre-authorization: 202306130931  
 Claim submitted: 202306130931

Member Details → Member History → Procedures

**DELTA DENTAL** Massachusetts  
TIN: 123456789 | Johnathan Strange

HOME MEMBERS AUTHS & CLAIMS RESOURCES

Members / Pre-authorizations / Clarice Smith

**Processed: 06/01/2023, 9:00:51 AM** **Submitted: 06/01/2023, 9:00:51 AM**

**Pre-authorization 202306130931**

Related documents

**Main Information**

**Member information**  
 Member name: Clarice Smith  
 Date of birth: 02/11/1981  
 Member ID: \*\*\*\*\*3567  
 Plan: Demo Text

**Provider information**  
 Provider name: John Smith  
 Service location: 20 W 34th St., New York, NY 10001  
 Facility type: Office

Click on an individual procedure to view details.

**DELTA DENTAL** Massachusetts  
TIN: 123456789 | Johnathan Strange

HOME MEMBERS AUTHS & CLAIMS RESOURCES

Members / Pre-authorizations / Clarice Smith

**Processed: 06/01/2023, 9:00:51 AM** **Submitted: 06/01/2023, 9:00:51 AM**

**Pre-authorization 202306130931**

Related documents

**Main Information**

**Member information**  
 Member name: Clarice Smith  
 Date of birth: 02/11/1981  
 Member ID: \*\*\*\*\*3567  
 Plan: Demo Text

**Provider information**  
 Provider name: John Smith  
 Service location: 20 W 34th St., New York, NY 10001  
 Facility type: Office

**Procedure information**

Date of service	Submitted code	Paid code	Total submitted	Patient pay	Plan payment	Writeoff	Processing policy
11/19/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
06/07/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
11/15/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
Procedure description:			Description here				
Tooth/quad/arch/surface:			4/Upper Right 10-UR/Lower/Distal (D)				
Quantity:			1				
Coinsurance:			Coinsurance information				
Required legal disclaimers:			Peer-to-peer rights				
Limitation:			Every 6 months				
Documentation:			Documentation information				
Processing policy:			Text here				
Link to ORM:			Comprehensive Dental Benefits Guide				
12/14/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
03/09/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/20/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
08/26/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
12/28/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
07/10/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/04/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
<b>Total:</b>			<b>\$7,500.00</b>	<b>\$1,498.60</b>	<b>\$3,200.00</b>	<b>\$3,200.00</b>	

**Processing policy**  
 Ask of member service

**Optional information**

Office reference number: Text here  
 Reason for request: Text here  
 Notes: Text here

**Attachments**  
 Document number one.pdf  
 Document number two.pdf  
 Document number three.pdf

**Related documents**  
 Requested pre-authorization: 202306130931  
 Claim submitted: 202306130931

Member Details → Member History → Procedures

**Procedure information**

Date of service	Submitted code	Paid code	Total submitted	Patient pay	Plan payment	Writeoff	Processing policy
11/19/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
06/07/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
11/15/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
Procedure description:			Description here				
Tooth/quad/arch/surface:			4/Upper Right 10-UR/Lower/Distal (D)				
Quantity:			1				
Coinsurance:			Coinsurance information				
Required legal disclaimers:			Peer-to-peer rights				
Limitation:			Every 6 months				
Documentation:			Documentation information				
Processing policy:			Text here				
Link to ORM:			Comprehensive Dental Benefits Guide				
12/14/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
03/09/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/20/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
08/26/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
12/28/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
07/10/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
09/04/2023	D0789	D0789	\$750.00	\$149.86	\$320.00	\$320.00	Text here
<b>Total:</b>			<b>\$7,500.00</b>	<b>\$1,498.60</b>	<b>\$3,200.00</b>	<b>\$3,200.00</b>	

1 2 3 4 5 6 ... 12 > 100 / page Go to 1

Processing policy, Optional information, Attachments, Related documents and Transaction history is also displayed.

**Pre-authorization 202306100931**

Resubmitted pre-authorization: 202306100931

Claim submitted: 202306100931

**Main information**

Member information		Provider information	
Member name:	John Smith	Provider name:	John Smith
Member ID:	123456789	Member ID:	987654321
Plan:	Basic Plan	Policy type:	Other

**Procedure information**

Start of service	Submitted code	Fee code	Total submitted	Patient pay	Plan amount	Out-of-pocket	Processing policy
10/10/2022	10100	10100	\$100.00	\$0.00	\$100.00	\$0.00	See here
10/10/2022	10100	10100	\$100.00	\$0.00	\$100.00	\$0.00	See here
10/10/2022	10100	10100	\$100.00	\$0.00	\$100.00	\$0.00	See here

Procedure description: 10100 - Early Periodic Screening, Diagnostic and Treatment (EPSDT)

Quantity: 1

Co-payment: \$0.00

Regional legal disclosure: Plan to pay rights

Limitations: Early Periodic Screening, Diagnostic and Treatment (EPSDT)

Processing policy: See here

Link to CMS: Comprehensive Dental Benefit Guide

**Processing policy**

See all text of the policy

**Optional information**

Office reference number: **Text here**

Referral number: **Text here**

Notes: Lorem ipsum dolor sit amet consectetur. Justo id posuere in tristique at vitae blandit lectus gravida. Id non erat risus ornare aliquet. Purus sed amet felis sit eget turpis idkloa..

Read more

**Attachments**

Document number one.docx

Document number two.pdf

Document number three.xls

**Related documents**

Resubmitted pre-authorization: 202306100931

Claim submitted: 202306100931

**Processing policy**

A lot of text will be here

**Optional information**

Office reference number: **Text here**

Referral number: **Text here**

Notes: Lorem ipsum dolor sit amet consectetur. Justo id posuere in tristique at vitae blandit lectus gravida. Id non erat risus ornare aliquet. Purus sed amet felis sit eget turpis idkloa..

Read more

**Attachments**

Document number one.docx

Document number two.pdf

Document number three.xls

**Related documents**

Resubmitted pre-authorization: 202306100931

Claim submitted: 202306100931

## Patient Relationship Codes

HIPAA Individual Relationship Codes	Valid Values
<b>G8</b>	Other Relationship
<b>53</b>	Life Partner
<b>43</b>	Child Where Insured Has No Financial Responsibility
<b>41</b>	Injured Plaintiff
<b>40</b>	Cadaver Donor
<b>39</b>	Organ Donor
<b>36</b>	Emancipated Minor
<b>33</b>	Father
<b>32</b>	Mother
<b>29</b>	Significant Other
<b>24</b>	Dependent of Minor Dependent
<b>23</b>	Sponsored Dependent
<b>22</b>	Handicapped/Dependent
<b>21</b>	Unknown
<b>20</b>	Employee
<b>19</b>	Child
<b>18</b>	Self
<b>17</b>	Stepson or Stepdaughter
<b>15</b>	Ward of the Court
<b>10</b>	Foster Child
<b>7</b>	Nephew or Niece
<b>5</b>	Grandson or Granddaughter
<b>4</b>	Grandfather or Grandmother
<b>1</b>	Spouse

Source: CMS (<https://med.noridianmedicare.com/web/jea/topics/claim-submission/patient-relationship-codes>) Last Updated Dec 09 , 2023

## Billing and Payment

### Pay Invoice Options

This allows you to pay an invoice online and set up recurring payments.



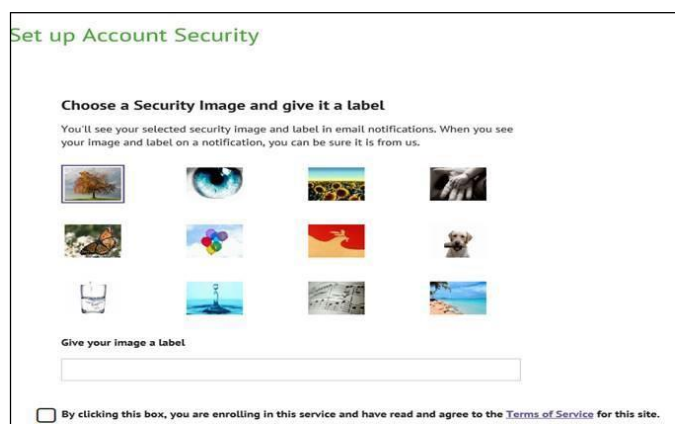
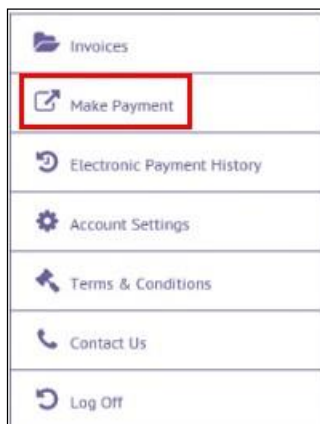
### Make Payment:

Make a One Time Payment:

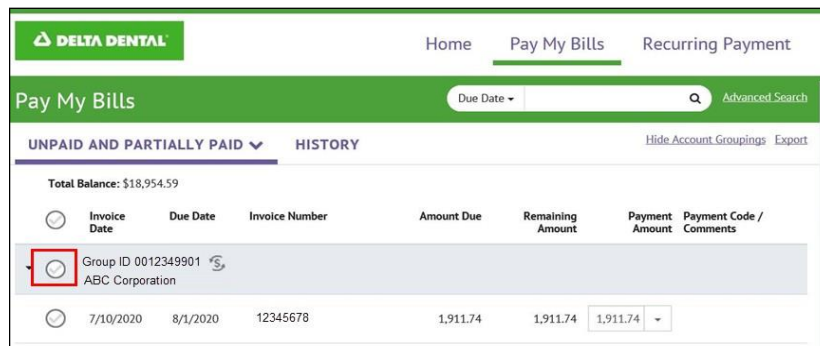
1. Click Make Payment to make a onetime or recurring payment online.

#### Notes:

- This only displays if you have the necessary security to make a payment.
- The first time you make a payment, you will be asked to choose a security image and give it a label. This will help you confirm when a notification is received from Delta Dental Plan.



2. Click on the circle to the left of the current invoice.



3. Click on the down arrow in the **Payment Amount** column, to view the total amount due:
- a. **Risk/Premium/Fully Insured** groups will only see the total amount due for this invoice.

**Notes:**

- This will reflect the total amount due (invoice amount plus any amount past due and credits).
  - This will not reflect payments made outside the portal (i.e. via check or ACH/wire transfer).
- b. **Self-Insured** groups will see the claims and admin.
- In the Amount Due, you will see the claims and admin for the current month plus any past due amount
  - In the Claim Amount Due (self-insured only) you will only see the current month's claims.
  - In the Administrative Amount Due (self-insured only) you will only see the current month's administrative cost.

Amount Due	<b>\$226,371.86</b>
Claims Amount Due	<b>\$208,209.99</b>
Administrative Amount Due	<b>\$22,919.20</b>

**Notes:**

- This will reflect the total amount due (invoice amount plus any amount past due and credits).
- This will not reflect payments made outside the portal (i.e. via check or ACH/wire transfer).

- Enter the amount you want to pay in the **Payment Amount** column.

**Note:**

- If you are paying the amount listed, you do not have to type anything.

**DELTA DENTAL** Home Pay My Bills Recurring Payment Test\_Group\_Name

**Pay My Bills** Due Date Advanced Search

**UNPAID AND PARTIALLY PAID** HISTORY Hide Account Groupings Export

Total Balance: \$662,745.24

Invoice Date	Due Date	Invoice Number	Amount Due	Remaining Amount	Payment Amount	Payment Code / Comments
<b>Group ID 001234-9901</b> Test_Group_Name						
7/1/2020	7/13/2020	12345678	43,326.72	43,326.72	43,326.72	
6/1/2020	6/11/2020	98765432	29,440.71	29,440.71	29,440.71	

**MESSAGES** View

Go Green. Go paperless. Switching from paper billing and payment to paperless is quick and simple. Ask your Benefits

**PAYMENT SUMMARY**

0 Invoices \$0.00

Remove All

Payment Method Add A Payment Method

Pay Date 8/6/2020

Payments confirmed before Thursday, August 06, 2020 4:00 PM ET will be posted on Friday, August 07, 2020. Payments confirmed after Thursday, August 06, 2020 4:00 PM ET will be posted on Monday, August 10, 2020.

Cancel Continue to Payment

- If you are paying an amount other than the total, you will be prompted to select a Payment Code. Choose the item from the dropdown that describes what you are paying.
- Click on the Edit Comment Pencil to add a comment to explain your payment.

**COMMENTS**

Cancel OK

7. The Payment Summary box will display the number of invoices you've selected and the total amount to be paid.
  - a. **Remove all** will remove the invoices chosen.
  - b. Click **Add a Payment Method**, if you are a first-time payer or if you want to add a new payment method.
    - i. Enter the bank information.
    - ii. Click **Add**. This will bring you back to the Payment page.

**Add A Payment Method**

**BANK ACCOUNT**

Account Type: ☐ Personal ☒ Business

Banking Type: ☒ Checking Account ☐ Savings Account

Give This Account a Nickname:

Name on the Account:

Routing Number:

Account #:

Re-enter Account #:

Pay to the Order of:

Routing Number:  Account Number:

Make sure to use your bank account number, not your ATM or Debit card number.

By selecting "Agree and Add Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

☒ Agree and Add Account

**Add**

8. In **Payment Summary** section, choose the correct bank from the dropdown.
9. Click on the calendar in the **Pay Date** section, to choose the date you want the funds pulled from your bank account.
10. Click **Continue to Payment**.

**PAYMENT SUMMARY**

1 Invoice \$341.25

[Remove All](#)

Payment Method: ☒ Add A Payment Method

Anybank USA

Pay Date: 7/24/2020

Payments confirmed before Friday, July 24, 2020 4:00 PM ET will be posted on Monday, July 27, 2020. Payments confirmed after Friday, July 24, 2020 4:00 PM ET will be posted on Tuesday, July 28, 2020.

[Cancel](#) **Continue to Payment**

11. The **Verify Payment** screen will display. Validate that the bank, payment amount and payment date are correct.

12. Click the box for “**By checking this box you agree to the terms and conditions above**”.
13. Click **Make Payment**.
14. The **Payment Confirmation** page will appear. You can:
  - a. Print a Confirmation Page
  - b. Return to Pay My Bills
  - c. Log Out

## Confirmation

**Thank You!** Your payment has been made.

[Print Confirmation Page](#)

ABC Co., Boston

Payment Date	7/20/2020
Payment Method	Delta Dental Payment Anybank USA *****6789
Total Payment	\$642.03

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, July 20, 2020 4:00 PM ET will be posted on Tuesday, July 21, 2020.  
 Payments confirmed after Monday, July 20, 2020 4:00 PM ET will be posted on Wednesday, July 22, 2020.

If you have any further questions about payments to Delta Dental of Massachusetts, please contact our office at 800-872-0500 .

Description	Group ID	Confirmation #	Payment Amount	Number of Invoices
Dental Service of MA	0012349901	3100053665	\$642.03	1

[Return to Pay My Bills](#)
[Log Out](#)

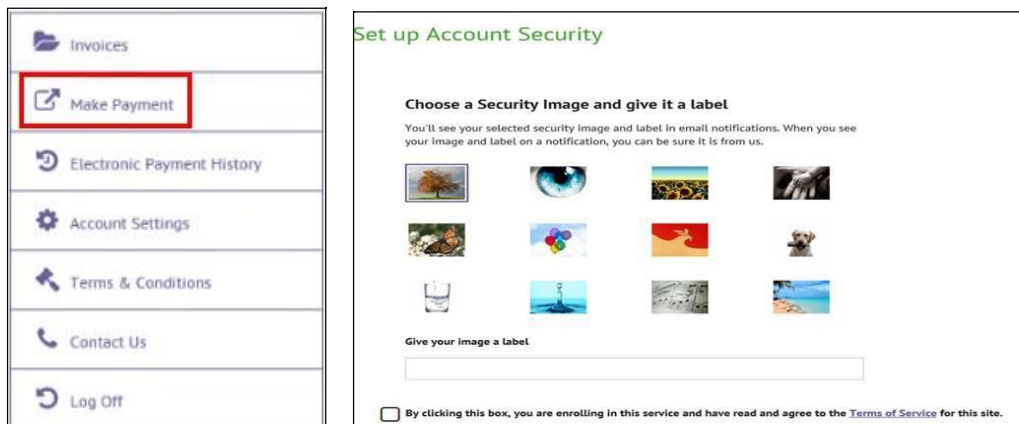


## Make a Recurring Payment

1. Click **Make Payment** to make a recurring payment.

### Notes:

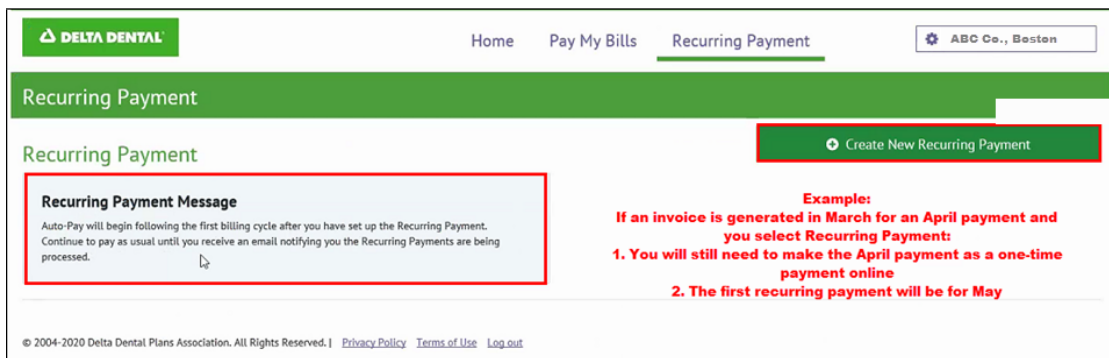
- This only displays if you have the necessary security to make a payment.
- The first time you are making a payment, you will be asked to choose a security image and give it a label. This will insure you that the notification is from us.



2. Click **Recurring Payment**.



3. Click **Create New Recurring Payment**.



4. Enter a name for the payment in the **Payment Name** box (i.e. ABC Company, Monthly Dental Payment).

### Note:

- You must set up recurring for each subgroup separately.

5. Click **Continue**.
6. Select the day of the month you want Delta Dental to withdraw the money, in the **When would you like to make your payment** box.
7. In the **Payment Amount** section, select the Amount Due.

**Note:**

- The amount due on the bill is the total amount due, including any past due balances shown on the invoice.
8. In the **Keep Making This Payment** Section, select one of the following:
    - a. **I Stop the Payment:** the recurring payment will continue until it's cancelled.
    - b. **Number of Payments:** allows you to enter a specific number of payments.
    - c. **Specific Date:** allows you to enter a specific date when you want to stop recurring payments. The recurring payment will execute up to and including the date entered.
  9. Optional: Click the box to **Send a reminder** a certain number of days before the payment is processed.
  10. Click **Continue**.
  11. On the Recurring Payment Setup screen:
    - a. Select a payment method from the dropdown, if it is already created or
    - b. Click **Add a Payment Method** to create a new one.
      - i. Enter the bank information.
      - ii. Click **Add**. This will bring you back to the Payment page.

**Add A Payment Method**

**BANK ACCOUNT**

Account Type:

Banking Type:

Give This Account a Nickname:

Name on the Account:

Routing Number:

Account #:

Re-enter Account #:

Pay to the Order of:

Routing Number:  Account Number:

Make sure to use your bank account number, not your ATM or Debit card number.

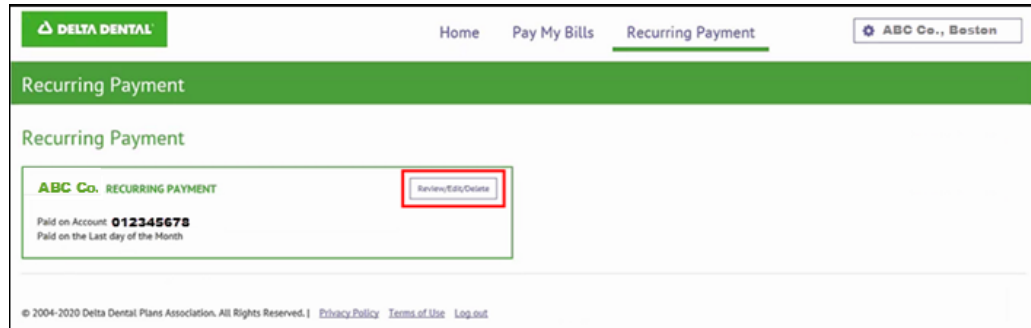
☒ Agree and Add Account

12. The **Recurring Payment Setup – Payment Method** section will reappear. If there is more than one payment method, select the correct banking information from the drop down.
13. Click **Continue**.
14. On the **Billing Authorization** screen, click **By checking this box you agree to the terms and conditions stated above**.

15. Click **Finish**. A confirmation page will appear.

**Note:**

- Click the Review/Edit/Delete button if you want to review, make changes or delete the recurring payment.



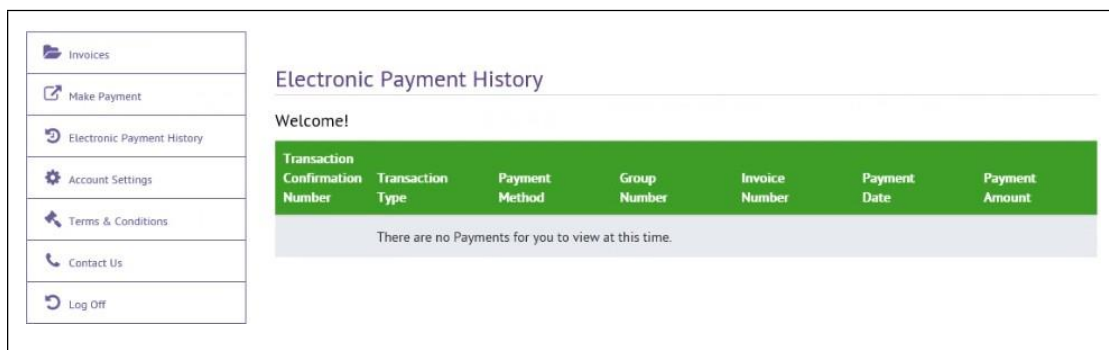
16. Click **Pay My Bills** if you want to return to the main payment screen. You must pay any outstanding balances before Recurring Payment begins.

## Electronic Payment History

1. Click this to display any payments that were made on the Delta Dental Portal.

**Notes:**

- This will not display payments made directly to Delta Dental by check or ACH/wire transfer.
- This will display up to 12 months of payments.



## View Invoice Options

The left-hand toolbar contains the following options:

- Go Paperless:** to go from paper to online payment
- Invoices:** to view invoices
- Make a Payment:** to make a one time or recurring payment
- Electronic Payment History:** to view online payment history
- Account Settings:** to view your personal settings
- Terms & Conditions:** to view the terms and conditions of use
- Contact Us:** to view options for contacting Delta Dental of MA
- Log Off:** to log off the portal

## Go Paperless

1. Click this option to switch from receiving paper invoices and viewing your invoices online.

### Notes:

- If you sign up for paperless invoices, you will get an e-mail when your next new invoice is available.
  - You should not choose “Go Paperless” if you want to continue to pay by check. Payments by check require the remittance stub from the paper invoice that is mailed to you.
  - The “Go Paperless” menu item disappears after you have selected to go Paperless.
  - You must have an email address to Go Paperless.
  - The “Go Paperless” screen will only display the groups that are assigned to you.
2. If you have not accepted the Terms and Conditions:
    - a. Click **Terms and Conditions** to see the requirements for using this feature.
    - b. Click **I have read and accept the Terms & Conditions**.
  3. Click **Enroll/Go Paperless** to enroll all the groups that display on the **Go Paperless** screen.

**Enrollment for Paperless/Electronic Bill Statements**

Group Numbers associated with this profile

Action	Status	Group Number	Group Name
	Print/Mail	001234-9901	ABC Co., Boston
	Print/Mail	001234-9902	ABC Co., Georgia
	Print/Mail	001234-9903	ABC Co., COBRA

**Paperless (Electronic Only) Enrollment Confirmation**

Selecting Paperless/Electronic will STOP the printing and mailing of invoices. If you plan to pay by check, please **DO NOT** select this option, as you still need to provide the scannable coupon remit that is currently received only with a printed invoice.

All Group Number(s) listed above will be (if not already) enrolled for Paperless Delivery.

1. Click the Terms & Conditions button to read and understand what you are consenting to.

[Terms & Conditions](#)

2. Check the box confirming that you have read and accept.

☐ I have read and accept the **Terms & Conditions**

3. Click the button below to complete the enrollment for *Paperless/Electronic Bill Statements*.

[Enroll / Go Paperless](#)

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**Note:**

- If there are some groups you do not want to go paperless, and you are a super user, you can click on Unenroll on specific groups after you enrolled them all.





Action	Status	Group Number	Group Name
<a href="#">Unenroll</a>	Paperless	001234-9901	ABC Co., Boston
<a href="#">Unenroll</a>	Paperless	001234-9902	ABC Co., Georgia
<a href="#">Unenroll</a>	Paperless	001234-9903	ABC Co., COBRA

**Invoices**

1. Click Invoices to display invoices for all subgroups that have been assigned to you.

**Notes:**

- This will only display up to 12 months of invoices.
- If you want to keep invoices longer than the 12 months, download and save a copy in a PDF or HTML format for your records.

Invoices						
Welcome!						
PDF	HTML	Group Number	Invoice Date	Due Date	Invoice Number	Amount Due
		001234-9901	07/10/2020	08/01/2020	01234567	31748.56
		001234-9902	06/10/2020	07/01/2020	98765432	21301.47

2. Click on a column label, to sort by that column.
3. Enter specific criteria in a search box to narrow down your search. For example, enter an Invoice Number.
4. Click on the dropdown next to an invoice to see a snapshot of the Activity Summary page of the invoice.

### Self-Insured View



Activity Summary for Billing Period: 08/01/2020 - 08/31/2020			
<b>ABC Co., Boston</b>			
Previous Balance	\$21,301.47	Activity Summary	
Payment	-\$21,301.47	Claims Paid During Jun 2020	\$24,992.51
Adjustment	\$0.00	Administrative Expense Per Member	\$6,676.45
Carried Forward	\$0.00	Administrative Adjustment	\$79.60
		Subtotal	\$31,748.56
		<b>Total Amount Due</b>	<b>\$31,748.56</b>

### Fully Insured/Risk View

Activity Summary for Billing Period: 08/01/2020 - 08/31/2020			
<b>ABC Co., Boston</b>			
Previous Balance	\$302.40	Activity Summary	
Payment	-\$302.40	Current Amount Due	-\$753.90
Adjustment	\$0.00	<b>Total Amount Due</b>	<b>-\$753.90</b>
Carried Forward	\$0.00		

5. To view or save a PDF or HTML copy of the invoice.

#### Note:

- From HTML you can also export an employee or claims listing, when available, to Excel.
- a. Click  to get and save a PDF version.
  - b. Click  to get and save a HTML version. This allows you to click on an item, like the subscriber listing, and export to Excel.

**Make Payment:**

If you also have the security to make a payment, you can do that from this menu. Please go to the **Make Payment** section of the manual for further instructions.

**Account Settings:**

Click this to display:

- Your email.
- View whether you are set up for Paperless or Print Mail.
  - If you are Print Mail, you have the option to Go Paperless from this screen.

### My User Account Settings

Email

Mary.Smith@mail.com

Group Numbers associated with this profile

Action	Status	Group Number	Group Name
	Print/Mail	001234-9901	ABC Co., Boston

At least one of the Group Number(s) associated with this profile is **NOT** enrolled for Paperless (*Electronic only*) delivery.

Click here to [Go Paperless](#) and begin receiving invoice(s) electronically starting with the next billing cycle.

**Terms and Conditions of Use:**

Click this to display terms and conditions of use for the Delta Dental Electronic Bill Invoices Terms of Service.

**Contact Us:**

Click this to view phone, address and email links to contact Delta Dental of MA.

**DELTA DENTAL** Privacy Notice Terms of Use

**Contact Us**

**Corporate**  
Delta Dental of MA  
465 Medford Street  
Boston, MA 02129-1454

Interactive Voice Response (IVR): Available 24 hours a day, seven days a week  
**E-mail:** [customer.care@deltadentalma.com](mailto:customer.care@deltadentalma.com)

**Customer Care**  
Phone: 617-886-1234  
Toll free: 800-872-0500  
Fax: 617-886-1199  
Monday - Thursday, 8:30 a.m. to 8:00 p.m. EST  
Friday, 8:30 a.m. to 4:30 p.m. EST

**DeltaCare**  
Phone: 617-886-1300  
Toll free: 800-327-6277  
Fax: 617-886-1199

**Provider Operations**  
Phone: 617-886-1160  
Toll free: 800-451-1249 x61160  
Fax: 617-886-1414  
Monday - Friday, 8:30 a.m. to 4:30 p.m. EST  
E-mail: [DeltaDentalCredentialingUpdates@greatdentalplans.com](mailto:DeltaDentalCredentialingUpdates@greatdentalplans.com)

**Employer Group Sales**  
Phone: 617-886-1100  
Toll free: 800-335-8287  
E-mail: [salesteam@deltadentalma.com](mailto:salesteam@deltadentalma.com)

**Claims**  
Delta Dental of MA  
P.O. Box 2907  
Milwaukee, WI 53201-2907  
Fax: 617-886-1199

**Professional Relations**  
Phone: 617-886-1009  
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