

Registering for the Provider Portal

To register on the portal, you will need the following information:

- Tax Identification Number (TIN) of the practice or practices
- Business Key
- Zip code

Follow the instructions below to register:

1. Navigate to www.providers.dentaquest.com.
2. Click **Get started**.

The screenshot shows the 'Provider portal' registration page. It is divided into two main columns. The left column is titled 'Sign in' and contains a form with fields for 'Username' and 'Password', a 'Remember me' checkbox, a yellow 'Sign in' button, and a 'Forgot password?' link. The right column is titled 'Ready to register?' and contains a yellow 'Get started' button. Below this, there is a section titled 'Have questions or need help?' with a link to 'Training & education' and an image of a laptop displaying the portal interface.

The *Welcome* page is displayed.

The screenshot shows the 'Welcome!' page. It features a heading 'Welcome!' followed by three paragraphs of text. The first paragraph instructs users to select 'Continue' if they are the office manager or TIN administrator for one or more dental practices. The second paragraph instructs users to select 'Cancel' if they are not the TIN administrator. The third paragraph instructs users to select 'register here' if they work for a third party. At the bottom, there are two buttons: 'Cancel' and 'Continue'.

3. Click **Continue** if you are a Practice Manager or TIN administrators. If you are not a Practice Managers or TIN administrator, you should click Cancel and reach out to your manager for access.

Note – Practice Managers and TIN administrators can create user accounts for other office team members.

The *Create your account* page is displayed.

1 Create account 2 Set up security

Create your account

Create an account to securely access the information related to your practice and patients. We will use your email address for additional security.

First name *
Enter your first name

Last name *
Enter your last name

Username *
Enter your username

Email address *
enteryouremail@mail.com

Phone number
Type Enter your phone number

I agree to receive e-mails, voice calls, and/or SMS messages from Great Dental Plans, or its service providers. I agree to the [Terms of Use](#).

Cancel Submit

4. Complete the required fields, and then click **Submit**.

The *Verify with your email* page is displayed.

Verify with your email

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

Email address
j***e@dentalclient.com

Verification code *
Enter your verification code

Resend code Next

5. Access your email to obtain the verification code. You can either click the link in the email or enter the code in the *Verification code* field, and then click **Next**. The Set up security page is displayed.

1 Create account — 2 Set up security

Set up security

Create a secure password that does not include all or part of your name or username.

Username

Password *

8 - 32 characters
at least 1 uppercase character
at least 1 lowercase character
at least 1 number
at least 1 special character

Re-enter password *

Submit

6. Enter and re-enter password using the required criteria, and then click **Submit**. The *User profile* page is displayed.

Home / User profile

User profile

My profile TIN access

TIN access needed
To begin using your account, please request access to a TIN.

New access request

TIN
Enter tax ID number

ZIP code
Enter the TIN ZIP code

Cancel **Request access**

7. Click TIN access at the top of the page.
8. Enter the TIN and the Zip code in the appropriate fields, and then click **Request access**. The Verify your TIN access page is displayed.

Verify your TIN access ×

Terms of use

You must agree to our terms of use to continue *

By checking this box, I agree to receive e-mail, voice calls and/or SMS messages from Great Dental Plans or its service providers. I agree to receive paperless correspondence for my TIN.

Do you have your business ID?

Your business ID can be found on your welcome letter or [an EOB](#). ⓘ

Business ID

- OR -

Get a one-time code

Get a one-time code using the phone number or email address on file for your practice.

One-time code will be sent to:

Phone number, voice - XXX-XXX-0000

Email address on file - XXXXXer@gmail.com

9. Accept the terms of use to continue.
 10. Enter your Business ID in the *Business ID* field, and then click **Submit**. Your TIN will be added to the TIN access list.
- Note - You can click **Request access to a TIN** and repeat this process for numerous TINs. When you have multiple TIN access, you can click on the drop down arrow at the top right of the page to seamlessly switch between TINs.

Submit a Claim on the Provider Portal

To submit a claim on the provider portal, follow the steps below:

1. Access the portal at www.providers.dentaquest.com.
2. Click **ESTIMATES, AUTHS, CLAIMS**, and then click **Search a member to start**.
The *Eligibility Plan & New Search* page is displayed.
3. Enter the date of service in the *Date of service* field. The default is the current date.
4. Select the location in the *Location* field, and then select the provider from the *Provider* field.
5. Enter the members date of birth in the *Date of birth* field, and then enter the member ID or the first and last name of the member in the *Member or subscriber information* field.
6. Click **Search the member** to add the member to the eligibility list.

HOME | MEMBERS ▾ | ESTIMATES, AUTHS, CLAIMS ▾ | PAYMENTS | PRACTICE TOOLS ▾ | RESOURCES ▾

New search | Saved searches | Panel roster

Members / Check eligibility & new search

Save search | Print | Clear list

Check eligibility & new search

Date of service: 11/01/2024 | Location: BELLEVUE AND SIMMS DENTAL PROF... | Provider: Jason Heintz | Date of birth: 02/11/1981 | Member or subscriber information: Herb Cromwell

Name	Member ID	Date of service	Status	Location	Provider	Network	Plan	Level of coverage
Samantha Cantrell DOB: 01/01/1980	123456789	11/01/2024	Active 11/01/2024, 12:48 pm	BELLEVUE AND SIMMS DENTAL PROF... 11625 W Belleview Ave - Littleton, CO 80127	Delana Gunn	Not applicable	Heritage Central	Employee + Family
Herb Cromwell DOB: 01/01/1980	123456790	08/01/2023	Active 08/01/2023, 12:48 pm	BELLEVUE AND SIMMS DENTAL PROF... 11625 W Belleview Ave - Littleton, CO 80127	Jason Heintz	National - Welcare...	Welcare Dual Liberty ...	ECH-Member only
Herb Cromwell DOB: 01/01/1980	123456789	08/01/2023	Active 08/01/2023, 12:48 pm	BELLEVUE AND SIMMS DENTAL PROF... 11625 W Belleview Ave - Littleton, CO 80127	Jason Heintz	NM - Presbyterian...	Presbyterian Turquoise ...	ECH-Member only
Cameron Bates DOB: 01/01/1980	123456789	11/01/2024	Active (OON) 11/01/2024, 12:48 pm	University Dental 20 W 34th St., New Yor...	Delana Gunn	NY Partners Health Plan Adult Medicaid	Not Configured	Family
Inge Trevelyan DOB: 01/01/1980	123456789	11/01/2024	Inactive 11/01/2024, 12:48 pm	University Dental 20 W 34th St., New Yor...	Delana Gunn	Not applicable	MEDICAID	ECH-Member only
Livia Frye DOB: 01/01/1980	123456789	11/01/2024	Not eligible at location 11/01/2024, 12:48 pm	University Dental 20 W 34th St., New Yor...	Rena Kravitz	NY Partners Health Plan Adult Medicaid	Not Configured	Family

7. Click the ellipsis to the right of the member's level of coverage, and then click **Create claim**.

- Create pre-authorization
- Create claim
- Create real-time coverage estimate
- Remove from the table

The *Submit claim* page is displayed.

The screenshot displays the 'Submit claim for Samantha Cantrell' page. At the top, there is a navigation bar with links for HOME, MEMBERS, ESTIMATES, AUTHS, CLAIMS, PAYMENTS, PRACTICE TOOLS, and RESOURCES. On the left, a sidebar shows the user's status as 'Not active' and the name 'Samantha Cantrell'. Below this, a vertical list of steps is shown: 1. Claim, details (selected), 2. Claim, optional, and 3. Summary. The main content area is titled 'Submit claim for Samantha Cantrell' and contains several sections:

- Member details:** A table showing member information:

First name:	Samantha	Location:	BELLEVIEW AND SIMMS DENTAL PROFESSIONALS, Conf...
Last name:	Cantrell	Provider:	Delana Gunn
Date of birth:	06/10/1980	Provider network:	Dental Health Alliance (DHA)
Member ID:	123456789		
- Facility type:** A dropdown menu currently set to 'Office'.
- Is this Claim for an accidental injury?** Radio buttons for 'Yes' and 'No', with 'No' selected.
- Does this member have other coverage (coordination of benefits)?** Radio buttons for 'Yes' and 'No', with 'No' selected.
- Add ICD diagnosis codes?** Radio buttons for 'Yes' and 'No', with 'No' selected.
- Procedure codes:** A section header for entering procedure codes.

8. Select the facility type from the *Facility type* field. The field defaults to Office.
9. Select **Yes** if the pre-authorization is for an accidental injury or select **No** if it is not related to an accidental injury.
 - a. If **Yes** is selected, enter the accident type, accident state, and the accident date in the appropriate fields.
10. If the member has other coverage (COB), select **Yes**, or select **No** if the member does not have other coverage.
 - a. If **Yes** is selected, in the appropriate fields, enter the member's First name, Last name, Date of birth, as well as the Payer name, Group Number, and Policy number for the additional coverage.
 - b. Click the **Add another payer** link to add any additional payers and then follow the above step to fill each field.
11. To add an ICD diagnosis code, click **Yes**. The system defaults to No.
 - a. When **Yes** is selected, fields for Primary diagnosis code, 2nd diagnosis code, 3rd diagnosis code, and 4th diagnosis code are displayed. Enter the appropriate code in each field. At least one code must be entered.

12. In the *Procedure Codes* section, enter the following information:
 - a. In the *Date of service* field, enter the date of service.
 - b. In the *Procedure code* field, enter the appropriate procedure code, and then enter the tooth number, arch, quad, surface, and/or quantity in the appropriate fields, as necessary.
 - c. Enter the billed amount in the *Billed amount* field. This may default to a preset amount if you have entered a billed amounts list.
 - d. If the member will be using any additional coverage added in the previous step, select *Coordination of benefits* by clicking the toggle button.
 - e. If you need to add any ICD codes, click the *Diagnosis codes* toggle button to activate it.
 - f. If any additional procedures need to be added to the pre-treatment estimate, click **Add a procedure**, and then follow the steps above to add each procedure.
13. When all procedure codes are entered, click **Save as draft** to save the claim or click **Next Step** to continue to submit the claim.

The *Claims, optional* page is displayed.

Samantha Cantrell

- 1 Claim, details
- 2 Claim, optional
- 3 Summary

Member details ▾

Optional information

This service qualifies as Early and Periodic Screening, Diagnostic and Treatment.

This was an emergency service

Office reference number

Referral number

Notes 0/100

Please enter your NEA Attachment ID, if needed

Attach files



Add files

You can add a document in the following formats: doc, ppt, xls, csv, txt, rtf, gif, jpg, png, bmp, zip, .htm, .pdf, .xml, .3dm, .smv, .dcm

Add up to 10 documents. Each document must be 15MB or less

or drag & drop in this zone

You may enter any additional information to support the claim on this page.

- If you have a patient account number, enter it in the *Office reference number* field.
- If you have a referral number, enter it in the *Referral number* field.
- Enter any notes in the **Notes** field. This can be any special instructions for processing, clinical notes, doctor narrative, etc.

14. Attach pertinent files but clicking **Add a file** or by dragging a dropping a file or files into the *Attach files* field, and then click **Next step**.
The Summary page is displayed.

HOME | MEMBERS ▾ | ESTIMATES, AUTHS, CLAIMS ▾ | PAYMENTS | PRACTICE TOOLS ▾ | RESOURCES ▾

Not active ⓘ

Samantha Cantrell

- 1 Claim, details
- 2 Claim, optional
- 3 Summary

Submit claim for Samantha Cantrell

Procedure Edit section

Date of service	Procedure code	Tooth	Quad	Arch	Surface	Quantity	Billed amount		
01/03/2023	D0160					1	\$165.00	Edit	Delete
01/03/2023	D2750	28				1	\$725.00	Edit	Delete
Total:							\$890.00		

Optional information Edit section

Office reference number: _____

Referral number: _____

Notes: _____

This service qualifies as Early and Periodic Screening, Diagnostic and Treatment.: **No**

This was an emergency service: **No**

Attachments Edit section

Document number one.docx

By submitting this claim, I acknowledge that I have reviewed all information contained herein that I am submitting and hereby attest that it is accurate and complete

Cancel Save as draft Previous step Submit Claim

15. Review the information for accuracy. You can edit any section by clicking **Edit section** button or you can click **Previous step** to go back to the previous page.
16. Click to highlight the attestation, and then click **Submit Claim**.