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 *Welcome* page is displayed.

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.

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

    The *Verify with your email* page is displayed.

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.

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

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.

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.

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

The *Submit claim* page is displayed.

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.

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.

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**.