

Provider Portal User Guide

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Introduction

This training guide covers the Provider portal features for providers, their staff, and for office administrators.

The Provider web portal allows providers and their office staff the ability to conduct the following activities online:

- Checking claim/pre-estimate/referral status online.
- Viewing CEOB (Consolidated Explanation of Benefits) payment information.
- Submitting claims claim/pre-estimates/referrals online.
- Looking up member eligibility.
- Accessing information for all provider offices with a single login.
- Accessing online provider directories.
- Communicating with DentaQuest using a secure messaging system.
- If you are a Provider Super User you can add, edit, and delete users.

The Provider portal allows you to view your information:

- General information
- Location information
- Languages
- Specialties
- Network affiliations
- Office locations
- Affiliated providers for an office

Note: Contact DentaQuest to update any of this information.

User Accounts Overview

Each provider group is set up with three separate tiers. The primary Provider Super User for your provider group is responsible for setting up the users for your practice and determining what access they should be allowed. Your access is determined based on your tier and security role. Your Tier Assignment determines the offices and providers to which you have access. Your Security Role controls what functions you are allowed to perform. The following outlines the tier structure and the security roles.

Tier Structure

A user assigned to the... Business Entity (tier 1)	is able to access information... for all providers at all locations. You should assign a user at this level if you want them to be able to view and/or maintain information for your entire organization (all service offices/locations) and all providers.
SO - Service Office (tier 2)	for all providers in a specific location. You should assign a user at this level if you have staff members who view and/or maintain information for a specific service office/location and the providers assigned to the specific service office/location.
Individual Dentist (tier 3)	Users are not assigned to this tier. This tier lists the individual dentists.

Note: Remember, Service Office users can only access information for the dentists assigned to that service office.

Security Roles

If a user is assigned the role of...	at the tier they have been assigned they are able to...
1 - Provider Super User	<ul style="list-style-type: none"> • Create and manage user accounts for staff • Perform Member Eligibility searches • View EOBs (Explanation of Benefits) • Check status of Claims/Pre-estimates/Referrals • Enter and submit Claims and Pre-Estimates/Referrals
2 - Provider Office User	<ul style="list-style-type: none"> • Perform Member Eligibility searches • View EOBs (Explanation of Benefits) • Check status of Claims/Pre-estimates/Referrals • Enter and submit Claims and Pre-Estimates/Referrals
3 - Provider Office User, No Remit	<ul style="list-style-type: none"> • Perform Member Eligibility searches • Check status of Claims/Pre-estimates/Referrals • Enter and submit Claims and Pre-Estimates/Referrals

Guide Conventions

The following conventions are used throughout this training guide:

1. Notes

Note: All notes providing you with additional information appear in a grey box.

2. The names of fields, buttons, menus, and other elements that appear in the portal appear in **Bold Format**.

Portal Fields

The tab key allows you to move from field to field, minimizing mouse use.

Note: Required fields are marked with a red asterisk (*).

Enter Information into a Field

1. Move your mouse pointer over the field and click once.

Note: The term “click” in this guide refers to a left-click using your mouse. The term “right-click” is used when a right-click is necessary.

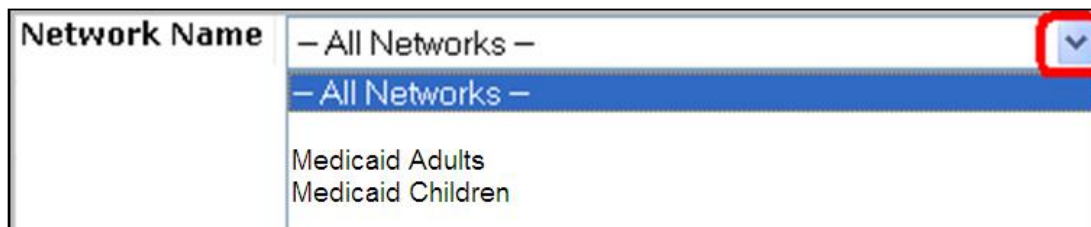
2. Once the cursor is flashing in the field, begin entering data.

Note: Only use the Enter key after you enter all the information for the current page. Hitting the Enter key submits the page. Use the Tab key or your mouse to move to the next field.

Use a Drop-down List

Many fields are configured as drop-down lists that allow you to select from a list of options.

1. Click the arrow in the field () to display the drop-down list.
2. Click the option you want with your mouse.




The image shows a form field labeled "Network Name". The field contains a drop-down menu with the text "- All Networks -". A red square highlights the down arrow icon on the right side of the field. The drop-down menu is open, showing a list of options: "- All Networks -", "Medicaid Adults", and "Medicaid Children". The first option, "- All Networks -", is highlighted in blue.

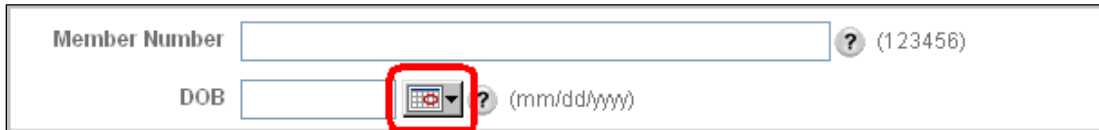
Note: You can use the Down-Arrow key to highlight the option you want, and then hit the Tab key to select it. You can also type the first letter of the name to move the cursor to the beginning of names that begin with that letter and then scroll from there.

Enter a Date


Enter dates in the following format: MMDDYYYY. For example, enter 08202018 for August 20, 2018.

Select a Date Using the Pop-Up Calendar

1. Click the **Calendar** icon  next to the date field for which you are selecting a date.

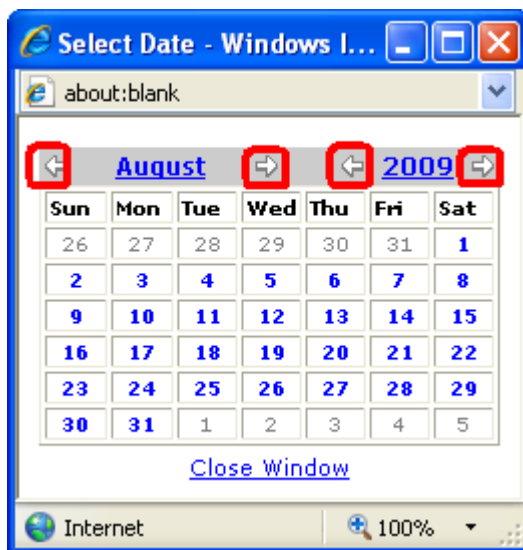


Member Number ? (123456)


DOB  ? (mm/dd/yyyy)

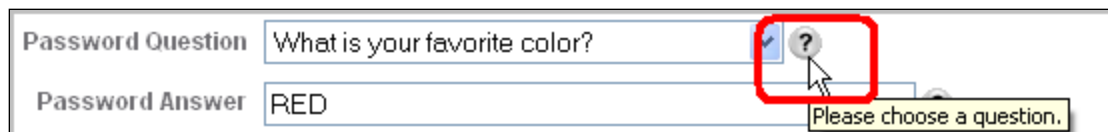
2. In the pop-up **Calendar** that appears, navigate to the date you want to select:
 - a. Click on the left or right arrow to select a month.
 - b. Click on the left or right arrow to select a year.
 - c. Click the number for the day of the month you want to select on the calendar to enter that date in the **Date** field.


The calendar closes and the **Date** field is populated with the date you selected.



View Help Text for a Field

Fields that have associated help text appear with a help icon  displayed next to the field. Move your mouse pointer over the help icon to display the help text.



Password Question What is your favorite color? 

Password Answer RED

Please choose a question.

Result Column Headings

Many of the pages in this portal have the following structure:

1. A **Search** section
2. A **Results** section

Whenever you see a **Results** section in this portal, you can sort the information by clicking on one of the underlined column headings. The data is sorted in alphabetical or numeric order depending on the type of data in the column.

Note: To reverse the order of the sort, click the column heading a second time.

The screenshot shows a web page titled "Document List". At the top left is a "Home" link. Below it is a search section with three input fields: "Title", "Description", and "File Detail Category", each with a help icon. A "Search" button is located below these fields. A red box labeled "1" highlights the search section. Below the search section is a "Results" section. It features a table with three columns: "Title", "File Detail Category", and "Description". The table contains four rows of data. A red box labeled "2" highlights the table. To the right of the table is a "Download File" icon. At the bottom of the page, it says "Page 1 of 1".

Title	File Detail Category	Description
Spring 2009 Newsletter	Newsletters	Spring 2009 Newsletter
Summer 2009 Newsletter	Newsletters	Summer 2009 Newsletter
W-9 Form	Forms	Request for Taxpayer Identification Number and Certification
ADA Form	Forms	*Attention: 2006 ADA Claim Form now required for all paper claim submissions!*

Using the Breadcrumb Trail

The breadcrumb trail in the upper-left corner of your page lists all of the previous pages that you have navigated through to reach the current page. Use the breadcrumb trail to return to any previous page by clicking the link for the page to which you want to return.

WARNING: Do not use your browser's **Back** button. The portal does not support the use of a browser's back button, which is why the breadcrumb trail is available for you to return to a previous page.

The screenshot shows the header of the DentaQuest portal. On the left is the "DentaQuest" logo. On the right is an orange box with the word "Dentist". Below the logo is the text "This is user id:jprovider" and on the right "Home | FAQ | Sign Out". Below this is a breadcrumb trail: "Home > Claim/Pre-Authorization Status Search > Claim/Pre-Authorization Status List". The "Home" link is circled in red. Below the breadcrumb trail is a navigation menu with "Administration" and "Claims Pre" visible. On the right side of the page, the text "Member Detail" is displayed.

Common Tools

There are common tools you can use on various pages throughout the portal when available.

1. The **Download File** link allows you to download tables of information in a comma separated values (.csv) text file. Use *Excel* or another application that can handle (.csv) text files to view the file.

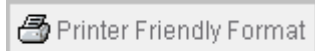
- a. Click the **Download File** link.



- b. In the **File Download** dialog window that appears, click **Save**.
- c. In the **Save As** dialog window that appears, select the location where you want to save the file, change the file name if necessary, and then click **Save**.

2. The **Printer Friendly Format** link allows you to print the information on the current page in a printer friendly format.

- a. Click the **Printer Friendly Format** link.

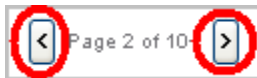


A new browser window opens with the information on the current page in printer friendly format.

- b. Click **File > Print...** from the new browser window menu to print the page on your configured printer.

3. There are navigation arrows beneath the **Results** section when the results of a search do not fit on a single page.

To navigate between pages for multi-page search results, use the left and right arrows.



Home > Find a Dentist

Dentist Directory List

This page lists providers of the type you selected. If you narrowed the list, it displays only those meeting your search criteria. Clicking a provider name displays that provider's detailed information. Clicking a map/directions link for a specific provider displays a map and directions to that provider's office. To view a version of this list suitable for printing, click the printer friendly link.

Results				1 → Download File Printer Friendly Format	
Dentist/Office Name	Network Name	Specialty	Dentist Identifier	Address	Phone
Dental Services	Medicaid	Dentist -General Practice		40 S Ave Deming, NM 88030	(575) 575-5575
Dental Services	Medicaid Adults	Dentist -General Practice		40 S Ave Deming, NM 88030	(575) 575-5575
Williams	Medicaid	Dentist -General Practice	55555555 (Medicaid) , DD5555 (State License) , 5555555555 (NPI)	40 S Ave Deming, NM 88030	(575) 575-5575
Williams	Medicaid Adults	Dentist -General Practice	55555555 (Medicaid) , DD5555 (State License) , 5555555555 (NPI)	40 S Ave Deming, NM 88030	(575) 575-5575

3 → < Page 2 of 10+ >

Web Portal Login Page

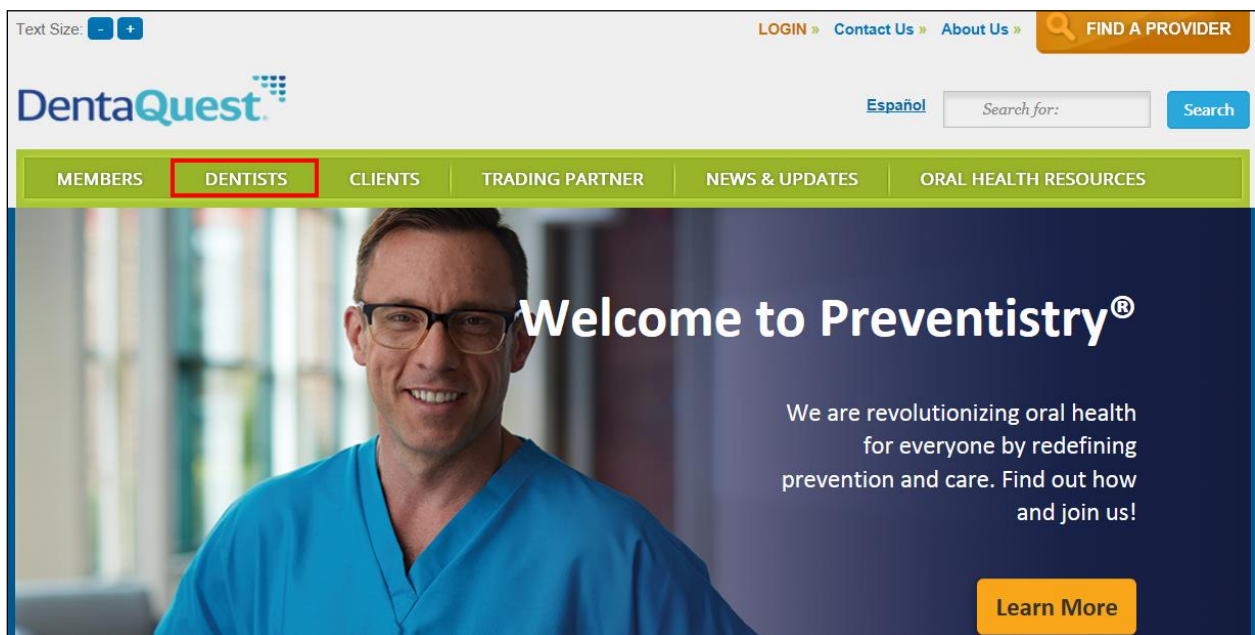
The **Login** page allows you to login to the Provider Portal.

Logging into Your Portal

To login to the portal, you must have a unique username and password, which you receive from your supervisor.

Log into Your Portal

1. Use your web browser to navigate to the DentaQuest website at www.dentaquest.com.
2. Click on **Dentists** in the upper-center of the web page and choose **Dentists**.



3. Click on the state where the Employer Group is located.

Welcome Dentists

At DentaQuest, we are revolutionizing oral health by redefining prevention and care. We call our approach Preventistry®, and we are reshaping the oral health system as you know it.

DentaQuest is committed to helping you improve the oral health of your patients. We use our knowledge and passion to drive progress through research, access initiatives and community engagement. We provide the integrated solutions you need to make it easier to deliver the best prevention-focused care to your patients.

Thanks again for choosing to work with us. We'll always be here to support your practice as you work to serve the community. And by working together, we will move toward the future of seamless, prevention-focused care.

Not part of Our Network? Join Now and Make an Impact!

You can make a positive impact on the oral health of your community while making a positive effect on your practice. We go beyond the chair, connecting oral health leaders and the broader health community to improve access and outcomes for everyone. And we want you to join us.

You'll find the information you need to sign on to our network – including an improved online enrollment and credentialing tool – in the helpful links below.

Easy Access to the Information You Need

New Provider Application Materials

- » [Start a New Online Credentialing Application](#)
- » [Continue an ALREADY STARTED ONLINE CREDENTIALING APPLICATION](#)

Information About the Online Enrollment and Credentialing Tool

- » [Provider Guide](#)
- » [FAQ](#)

Existing Network Provider Materials

- » [Online Services Tool](#) (Authorize Claims, Confirm Member Eligibility, Access Payment Information)

Update Your Provider Information

- » [Standard Updates Request Form](#)
- » [Standard Updates Request Form \(condensed\)](#)

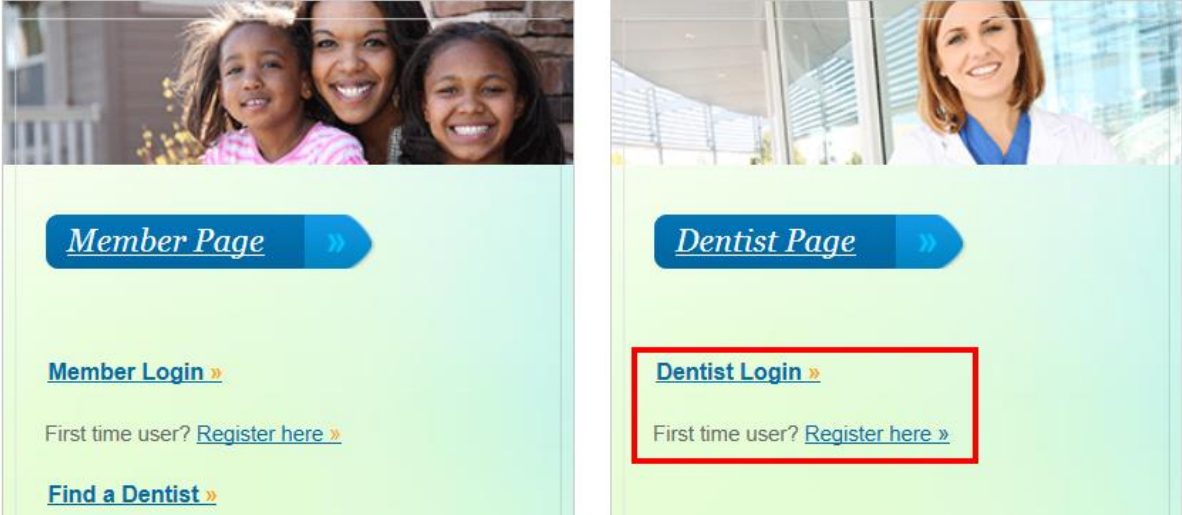
- » [Alabama](#)
- » [Arkansas](#)
- » [Arizona](#)
- » [Missouri](#)
- » [New Hampshire](#)
- » [New Jersey](#)

4. In the Dentist Page section, either:
 1. Click on **Dentist Login** if you have already registered to use the portal or
 2. Click on **Register here** if you have not registered yet.

Improving Oral Health

DentaQuest serves more than 20 million Medicaid, CHIP, and Medicare Advantage members and 48,000 dentists nationwide. Our goal is to form lasting connections between members and providers.

We make it easy for you to participate in our programs and keep a healthy smile.

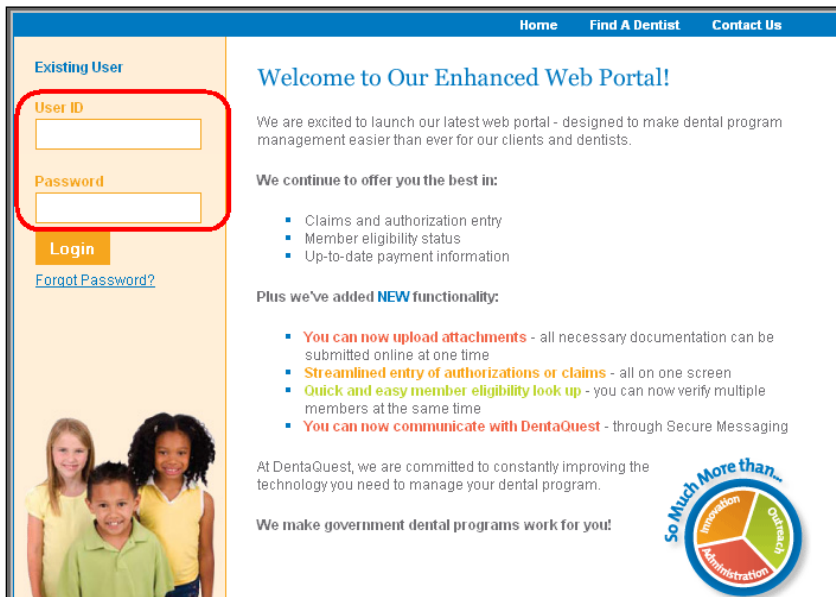


The screenshot displays two side-by-side panels. The left panel, titled 'Member Page', features a header image of a smiling woman and two children. Below the header, there is a blue button labeled 'Member Page' with a right-pointing arrow. Underneath, there are three links: 'Member Login »', 'First time user? Register here »', and 'Find a Dentist »'. The right panel, titled 'Dentist Page', features a header image of a smiling female dentist. Below the header, there is a blue button labeled 'Dentist Page' with a right-pointing arrow. Underneath, there are two links: 'Dentist Login »' and 'First time user? Register here »'. The 'Dentist Login »' link is enclosed in a red rectangular box.

5. On the portal login page that appears, enter your username in the **User ID** field, your password in the **Password** field, and then click the **Login** button.

Note: If this does not work or you do not know your User ID, contact your Office Administrator or DentaQuest.

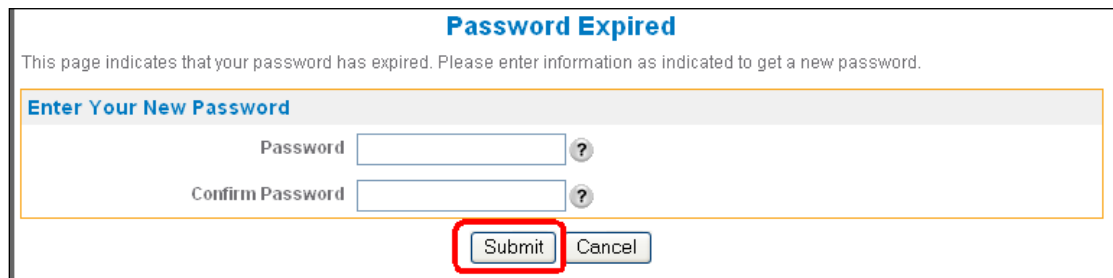
Note: If you do not have or remember your password, you can request your password from DentaQuest with the Forgot Password link.



6. The first time you log in, you are prompted to enter a new password:

Note: Your password needs to be 8 to 16 characters, contain at least one upper case, one lower case and one number and/or special character. You cannot use the following special characters: (;, \, {, }, [,], ", %, ~, *, :). You are prompted to change your password every sixty days. You cannot use any of your last ten passwords.

- a. Type a new password into **Password** field.
- b. Type the same password into the **Confirm Password** field.
- c. Click the **Submit** button below these fields.




7. The first time you log in, you are prompted to accept the **Web Portal Provider User Agreement**:

- a. If you accept the terms, select the **Yes, I agree with the statement** option.
- b. Click the **Next** button.

Your **Home** page appears after a successful login.

Terms and Conditions

 [Printer Friendly Format](#)

WEB PORTAL PROVIDER USER AGREEMENT

When you agree to this statement, your agreement will be time and date stamped and will become the date this Agreement is effective between the parties.

In order to continue, you must agree with the statement.

Yes, I agree with the statement **No, I do not agree with the statement**

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Current Dental Terminology © American Dental Association
CPT® codes, descriptions and other data only are copyright 2010 American Medical Association. All rights reserved.
CPT® is a registered trademark of the American Medical Association(AMA).

Copyright © 2010 DentaQuest

Retrieving Your Password

If you do not know your password, you can request it by clicking the **Forgot Password?** Link.

Retrieve Your Password

1. Click the **Forgot Password?** Link below the **Login** button on the left side of the page.

A screenshot of a login form. At the top, there is a label 'Password' above an empty text input field. Below the input field is a yellow 'Login' button. Underneath the 'Login' button is a blue link labeled 'Forgot Password?'. This link is enclosed in a red rectangular box.

The **Request Password** page appears.

2. Type your User ID (Username) into the **User ID** field.
3. Type your last name into the **User Last Name** field.
4. Type your first name into the **User First Name** field.
5. Click the **Next** button.

If **Username**, **User Last Name**, and **First Name** match the records, the **Request Password Response** page appears.

A screenshot of the 'Request Password' page. The title 'Request Password' is at the top in blue. Below it is a section titled 'Password Request' with a light gray background. This section contains three input fields: 'User ID', 'User Last Name', and 'User First Name'. Each field has a red asterisk to its left, indicating it is a required field. The 'User Last Name' field has a small question mark icon to its right. At the bottom of the form, there are two buttons: 'Next >' and 'Cancel'. The 'Next >' button is highlighted with a red rectangular box.

Note: If this does not work or you do not know your User ID, you need to contact DentaQuest or your Office Administrator.

6. On the **Request Password Response** page, click the **Send Password** button to have your password sent to your email address.

A screenshot of the 'Request Password Response' page. The title 'Request Password Response' is at the top in blue. Below it is a section titled 'Password Request for justonclient' with a light gray background. At the bottom of this section, there are two buttons: 'Send Password' and 'Cancel'. The 'Send Password' button is highlighted with a red rectangular box.

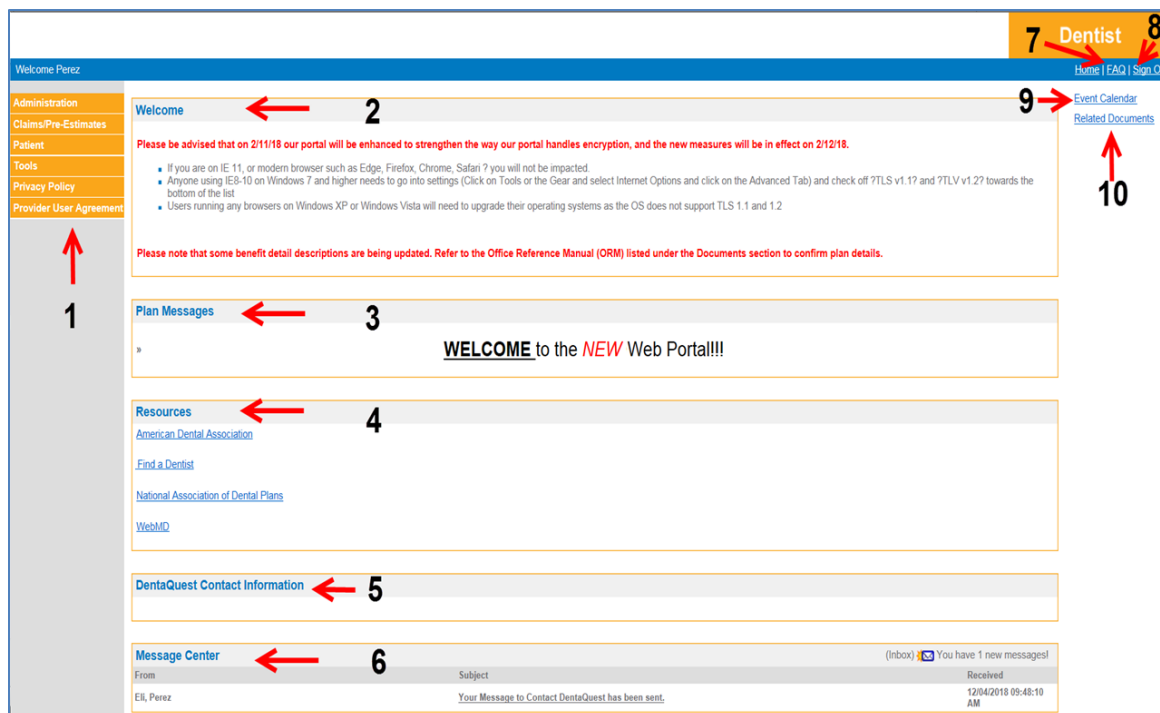
Provider Home Page

The **Home** page has the following elements:

1. **Portal Menus** – The **Administration, Claims/Pre-Estimates, Patient, Tools, Privacy Policy,** and **Provider User Agreement** menus are displayed along the left side of the **Provider** portal.
2. **Welcome** – This section contains the DentaQuest welcome message.
3. **Plan Messages** – This section contains any plan messages from DentaQuest to your plan. You can access message details when available by clicking the message link. This section only displays if there is a message.
4. **Resources** – This section links to various health resources.
5. **DentaQuest Contact Information** – This section contains DentaQuest’s contact information.
6. **Message Center** – This section contains messages sent to you from DentaQuest.

Note: The Message Center only appears on your Home page if there are messages in your Inbox.

7. **FAQ** – This link opens the **View FAQ** page where you can view frequently asked questions.
8. **Sign Out** – This link signs you out when you are done.
9. **Event Calendar** – This link opens the **Event Calendar**.
10. **Related Documents** – This link opens the **Document List** page.



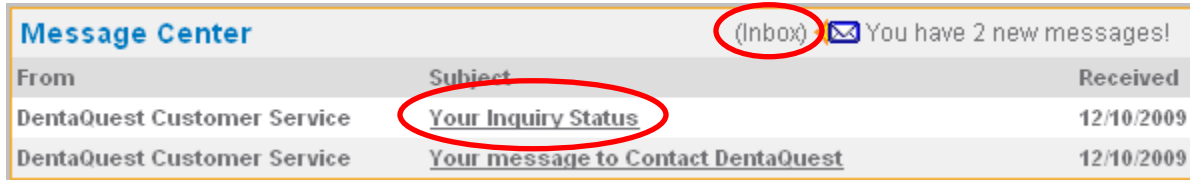
Portal Menus

The Portal Menus are where you access the functional areas of the portal:

1. **Administration (if you are a Super User)** – this menu contains the following menu items:
 - **Dentist List** – view dental office and individual dentist details.
 - **User List** – view and edit user accounts. (Only available to Super Users, see Provider Administration Guide for additional information)
 - **Billed Amount List** – add, edit or view billed amount lists.
 - **Billed Amount Associations** – associate billed amount lists with your service office and individual dentists (if different from the service office list).
 - **Electronic Fund Transfer** (Only available to Super Users, see Provider Administration Guide for additional information) - to enroll in EFT via the web portal, providers must: Complete online EFT form and include attach the required documentation under file attachment.
 2. **Claims/Pre-Estimates**– this menu contains the following menu items:
 - **Claim/Pre-Estimate Status Search** – search for the status of a claim or pre-estimate.
 - **Consolidated Explanation of Benefits** – search for claim payment information associated to a specific claim.
 - **Dental Claim Entry** – submit a claim.
 - **Dental Pre-Estimate Entry** – submit a pre-estimate.
 - **Dental Claim Confirmation Report** – view and/or print a report for all the claims and pre-estimates you have submitted for the day.
 3. **Patient** – this menu contains the following menu items:
 - **Member Eligibility Search** – perform an eligibility search for one or more members.
 4. **Tools** – this menu contains the following menu items:
 - **User Profile** – edit your user account.
 - **Inbox** – view secure messages sent to you from DentaQuest.
- Note:** Also available via the Message Center section of your Home page.
- **Contact DentaQuest** – send secure messages to DentaQuest.
 - **Find a Dentist** – search for a specific type of dentist, view detailed provider information, and get directions to a dentist's office.
5. **Privacy Policy** – this menu allows you to view the DentaQuest Privacy Policy.
 6. **Provider User Agreement** – this menu allows you to view the DentaQuest Terms of Use.

Using the Message Center

The **Message Center** appears on your **Home** page when you have messages in your **Inbox**. You can view a specific message by clicking its **Subject** link or you can click the **Inbox** link to go to your **Inbox**. For more information, see “Using Your Inbox”.



Message Center		
From	Subject	Received
DentaQuest Customer Service	Your Inquiry Status	12/10/2009
DentaQuest Customer Service	Your message to Contact DentaQuest	12/10/2009

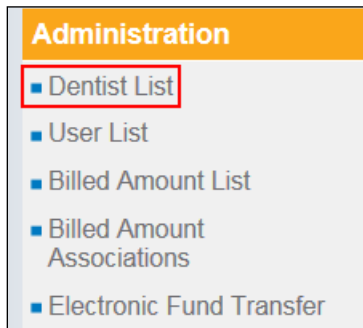
(Inbox) You have 2 new messages!

Administration Menu

Click the **Administration** menu on the left-side of the page to display the menu items.

Using the Dentist List

The **Administration > Dentist List** menu allows you to open the **Dentist List** page and to search for and select provider offices or specific dentists that are affiliated with your business entity depending on your Tier Assignment (you can only view your assigned tier and below).



Provider Office Tiers

The tiers are listed on the **Dentist List** page:

Note: This is one of the main differences between the Dentist List and the Find a Dentist pages. The Find a Dentist page never shows Business Entity (Tier 1) information.

1. Business Entity

This is considered Tier 1 and users created for the business entity office can see and access provider information for all office locations, so they see all three tiers.

The business entity appears on the **Dental List** page with a **Record Type** of **Business**.

2. Service Office/Location

This is considered a Tier 2 level and users created for a service office can only see and access provider information and dentists assigned to that location, so they will not see tier 1 (the business entity) or other tier 2 service offices.

A service office appears on the **Dental List** page with a **Record Type** of **Location**. If a service office has an NPI, it is a type 2 NPI (also known as a subpart NPI). NPI may not be populated if they do not have a type 2 NPI.

3. Individual Dentist

Individual dentists are considered Tier 3.

A dentist appears on the **Dental List** page with a **Record Type** of **Dentist**. Any relevant IDs, such as a state license, NPI (National Provider Identifier), Medicaid and Medicare IDs will be listed in the Provider ID field.

Results					
Record Type	Provider Id	Dentist/Office Name	Provider Type	Address	Contact Phone
Business ← 1	382887785 (EIN)	KEVIN P MURRELL DDS PC			
Location ← 2		KEVIN P MURRELL DDS		54951 MOUND ROAD, SHELBY TOWNSHIP, MI. 48316	(586) 677-9099
Dentist ← 3	1508806415 (NPI), 2901015342 (State License)	MURRELL, KEVIN PAUL		54951 MOUND ROAD, SHELBY TOWNSHIP, MI. 48316	(586) 677-9099

Search for a Dentist/Office

1. If you see the **Dentist/Office Name** link you are looking for in the **Results** section, click on it to open the **Dentist Detail** page and view details for that office or dentist. Otherwise continue to search for the dentist or office you want.
2. On the **Dentist List** page, none of the search fields are mandatory, so type in as much information as you need to narrow down your search results. By default all results initially appear in the list.
 - If you know the dentist’s last name or the name of the dental office, type it into the **Dentist Last Name/Office Name** field.
 - If you know the dentist’s first name, type it into the **Dentist First Name** field.
 - You can type the city into the **City** field.
 - You can select the state from the **State** drop-down list.
 - You can type the phone number into the **Contact Phone** field.
3. Click the **Search** button.

The screenshot shows a search form titled "Search" with the following fields: "Dentist Last Name/Office Name", "Dentist First Name", "City", "State" (a dropdown menu), and "Contact Phone". Each field has a question mark icon to its right. At the bottom right of the form is a "Search" button. In the top right corner of the form area, there are links for "Download File" and "Printer Friendly Format".

4. Click a **Dentist/Office Name** link to open the **Dentist Detail** page and view details for that office or dentist.

The screenshot shows a table titled "Results" with the following data:

Record Type	Provider Id	Dentist/Office Name	Provider Type	Address	Contact Phone
Business ← 1	382887785 (EIN)	KEVIN P MURRELL DDS PC			
Location ← 2		KEVIN P MURRELL DDS		54951 MOUND ROAD, SHELBY TOWNSHIP, MI. 48316	(586) 677-9099
Dentist ← 3	1508806415 (NPI), 2901015342 (State License)	MURRELL, KEVIN PAUL		54951 MOUND ROAD, SHELBY TOWNSHIP, MI. 48316	(586) 677-9099

The Dentist Detail Page

This page contains the following sections (use the scroll-bar to view all sections):

Note: The information shown for each section varies depending on the tier you are viewing (business entity, service office, or individual dentist).

- **General Information** – This section lists all the general information for a dentist, service office, or business entity.
- **Provider Identifiers** – This section lists any provider identifiers for a dentist or business entity (Medicaid/Medicare IDs, State License, NPI, and EIN) and whether or not an identifier is the primary identifier for HIPAA requirements.
- **Provider Languages** – This section lists the languages for a dentist or service office and whether it's their primary language, when available.

Note: For a service office, all the languages for the dentists in that office are listed.

- **Specialties & Certifications** – This section lists all the specialties and certificates for a dentist or service office. It has no entries for a business entity. Click a **Specialties & Certifications** link to view the associated web site outside of the portal. For example, click the [ABO](#) link to see The American Board of Orthodontics' website.
- **Provider Locations** – This section lists the office location(s) for a dentist with basic details and contact information. When you are viewing a business entity or service office, it lists that location. Click an **Office Name** link to view location details on the **Provider Location Detail** page.
- **Provider Network Affiliations** – This section does not display for the Business or Location. For the Dentist it will display the networks they are in for that office.
- **Provider Affiliations** – If you are viewing a business entity, this section lists all the service offices. If you are viewing a service office, it lists all the dentists in that service office. It has no entries for a dentist.
- **Hospital and Group Affiliations** – This section lists all the Hospital and Group affiliations for the dentist.
- **Patient Restrictions** – When you are looking at a dentist, this section lists any restrictions the dentist has on accepting patients for each of their networks. It has no entries for a business entity or service office.
- **Provider Employees** – This section lists the employees at this business entity or service office/location. Click a **Name** link to view an employee's details on the **Dentist Employee Detail** page
- **User Account Information** – This section only appears for an individual dentist at tier 3. It is used to display the user account information for the selected dentist you are viewing, but since we are not currently adding users at tier three, it should be blank.

[Home](#) > [Dentist List](#)

Dentist Detail

- Access information for the selected practice or dentist.
- To add an Employee Website user, click "Add Employee" at the bottom of this page.

General Information [View Panel Roster](#)

Dentist Last Name/Office Name: KEVIN P MURRELL DDS

Dentist First Name

Middle Name

Suffix

Additional Name

Salutation

Gender

DOB

Ethnicity

SSN

EIN

Degree

Comments

State License No

Issuing State

Tax Information

Phone (568) 677-0099

Pager

Fax (568) 677-0098

Cell Phone

Email

URL

Provider Identifiers

Identifier	Type	HLAA Primary	Specialty	Location
No Results Found				

Provider Languages

Language	Use of Language	Is Primary
No Results Found		

Specialties & Certifications

Specialty	Certification Status	Certification Date	Board Certified	Board Name
No Results Found				

Provider Locations

Office Name	Address	Address 2	City	State	Zip Code	Contact Name	Office Telephone
KEVIN P MURRELL DDS	54851 MOUND ROAD		SHELBY TOWNSHIP	MI	48316		(568) 677-0099

Provider Affiliations

Name	Affiliated Location
MURRELL, KEVIN PAUL	54851 MOUND ROAD SHELBY TOWNSHIP, MI 48316

Hospital and Group Affiliations

Name	Affiliated Location	Effective Date	Expiration Date
KEVIN P MURRELL DDS PC	54851 MOUND ROAD SHELBY TOWNSHIP, MI 48316	01/01/2018	12/31/9999

Patient Restrictions

Benefit Plan	Provider Taxonomy	Network Name	Line Of Business Name	Location	Affiliation	Patient Gender	Patient Age Range	Accepting Patient
No Results Found								

Provider Employees [Add Employee](#)

Name	Title/Position	Telephone
No Results Found		

Adding Billed Amount Lists

The billed amount lists allow you to create a list of procedure codes with a specific billed amount for each procedure code and associate that list with a specific service office or provider. When submitting claims via the web, the billed amount will automatically populate the claim.

1. You cannot associate a billed amount list with a business entity or a client specific plan.
2. The list you associate with your office is the default for all dentists in the office and all claims submitted via the portal use the billed amounts in that list.

Note: A service office can only be associated with a single billed amount list.

If a dentist uses different billed amounts for certain procedures, you can add and associate an additional list with that dentist:

- The codes and billed amounts in this list override the default office list (you only need to add the codes with billed amounts that are different from the office defaults).
- You can only associate a single billed amount list with each unique Service Office/Provider combination.

Note: If a Service Office/Provider combination is listed on a claim, the system checks the configured Billed Amount List (Fee Schedule) for that Service Office/Provider combination for a billed amount for each procedure in the claim. If a procedure is not found in that list, it checks the default Billed Amount List for the Service Office.

WARNING: A billed amount list and its associations can only be edited or deleted by the Tier that created the list. If a business entity user (Tier 1) creates a list, service office users (Tier 2 users) can only view the list and associations; they cannot delete or edit the list and its associations.

A specific billed amount list can be associated with multiple service offices or service office/provider combinations:

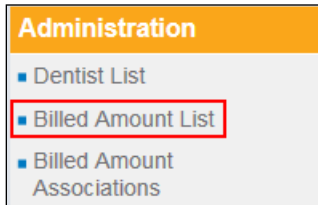
- If you want to use an office default list across multiple service offices, a business entity user (Tier 1) should create the list and associate it with all the service offices that are using that list as their default billing amounts.
- If the business is managing all service office billing lists and associations, be aware that service office users (Tier 2) cannot edit the lists or associations.
- If service office users are going to manage the service office/provider associations, these lists need to be created by a service office user in each service office.

For Fee Schedules that have been manually populated into the portal from the old Fee Schedule system (PWP):

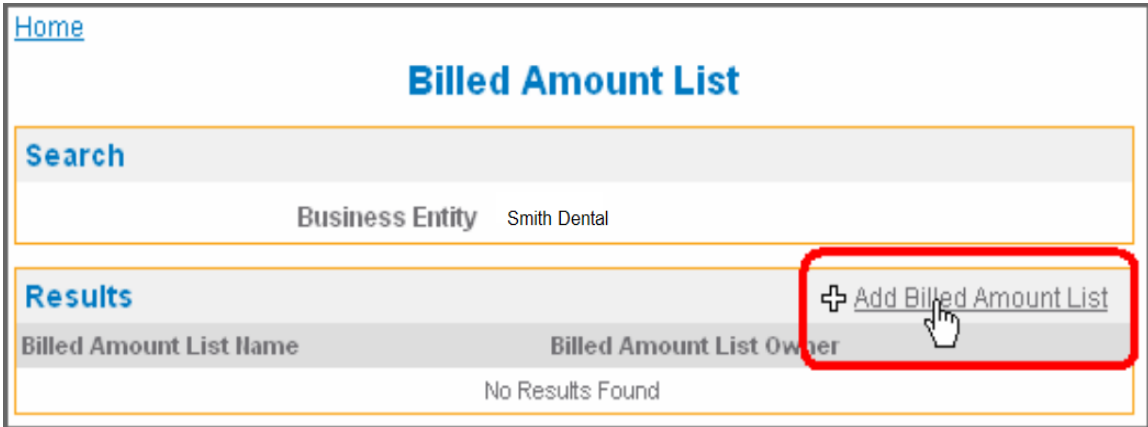
- Existing fee schedules are populated into the portal as billing lists at the service office level (Tier 2).
- Only service office users (Tier 2) can edit these lists and associations.
- If you are a business entity user (Tier 1), you need to have a user login at each service office to edit these existing fee schedules (billing lists) and associations. A Provider Super User can create these user account logins, see the "DQ Provider Portal Admin Guide" for more information on how a Provider Super User can create and manage business entity and service office user accounts.


Add a Billed Amount List

1. Select **Administration > Billed Amount List** from the portal menus on the left.



2. Click the **Add Billed Amount List** link.



3. In the **Billed Amount List Name** field, enter the name you want the list to have.
4. To add a procedure code to the list:
 - a. In the **Code** field under the **Billed Amount List Detail** section, enter the first code you are adding to this list (the 4 digit procedure code must be preceded by a “D,” for example, **D1110**).
 - b. The **Description** automatically populates.
 - c. In the **Fee Amount** field, enter the amount you bill for this procedure code.
 - d. Click the plus arrow  to the right to add a row and repeat step 4 for each procedure code you are adding to this list.

- Once you have added all the procedure codes and fee amounts, click the **Submit** button.

[Home](#) > [Billed Amount List](#)

Add or Edit Billed Amount List

Business Entity Smith Dental

Billed Amount List Name

Billed Amount List Owner Smith Dental

Billed Amount List Detail

Code	Description	Fee amount		
1 <input style="width: 50px;" type="text" value="d1110"/> ?	prophylaxis - adult	<input style="width: 80px;" type="text" value="\$100.00"/>	+	-

Submit
Cancel

- On the **Billed Amount Detail** page that appears, click the **Add Billed Amount Association** link.

[Home](#) > [Billed Amount List](#)

Billed Amount Detail

Printer Friendly Format

Business Entity Smith Dental

Billed Amount List Name Office List

Owner Last Name Smith Dental

Billed Amount List Associations

Service Office	Dentist
No Results Found	

+ Add Billed Amount Association

Billed Amount List Detail

+ Add or Edit Codes

Procedure Code	Procedure Code Description	Billed Amount	
d1110	prophylaxis - adult	\$100.00	Delete

7. On the **Add Billed Amount List Association** page:
 - a. In the **Service Office** field, select the service office you want to associate this list with from the drop-down list.
 - b. Select a dentist if necessary:
 - If this list is the default billed amount list for the service office, do not select a dentist.
 - If this billed amount list is for a specific dentist in the office, select that dentist from the **Associated Provider** drop-down list.

Note: A billed amount list can be associated with more than one specific dentist if necessary.

8. Click the **Add** button to add the association.

Home > Billed Amount List > Billed Amount Detail

Add Billed Amount List Association

Add Association

*Billed Amount List

Business Entity

*Service Office

Associated Provider

*Required Fields

The billed amount list and association is now active for this service office.

Home > Billed Amount List

Billed Amount Detail

Printer Friendly Format

Business Entity Smith Dental

Billed Amount List Name Office List

Owner Last Name Smith Dental

Billed Amount List Associations + Add Billed Amount Association

Service Office	Dentist	
Smith Dental	(Office Default)	Unlink

Billed Amount List Detail + Add or Edit Codes

Procedure Code	Procedure Code Description	Billed Amount	
d1110	prophylaxis - adult	\$100.00	Delete

Add an Association to an Existing List

Adding an association to a billed amount list assigns (associates) the list to a service office or individual dentist.

1. Select **Administration > Billed Amount Associations** from the portal menus on the left.
2. Click the **Add Billed Amount Association** link.

Home

Billed Amount Associations

Search

Billed Amount List

Business Entity Smith Dental

Service Office

Associated Provider

Search

Billed Amount List Associations [Printer Friendly Format](#) **+ Add Billed Amount Association**

Billed Amount List Name	Service Office	Dentist	
Office List	Smith Dental	(Office Default)	Unlink
Office List	Smith Dental	Lloyd	Unlink

Page 1 of 1

3. On the **Add Billed Amount List Association** page, select the billed amount list you want to add an association to from the **Billed Amount List** drop-down list.
4. In the **Service Office** field, select the service office for this association from the drop-down list.
5. Select a dentist if necessary:
 - If this list is the default billed amount list for the service office, do not select a dentist.
 - Otherwise, select a dentist from the **Associated Provider** drop-down list.
6. Click the **Add** button.

Home > [Billed Amount Associations](#)

Add Billed Amount List Association

Add Association

*Billed Amount List

Business Entity Smith Dental

*Service Office

Associated Provider

*Required Fields

Add

Edit a Billed Amount List

1. Select **Administration > Billed Amount List** from the portal menus on the left.
2. To delete a list, click the **Delete** link in that list’s row on the right side.

Note: You must remove all associations from a list before you can delete it, see step 4.

3. Click on the **Billed Amount List Name** link for the list you want to edit.

4. On the **Billed Amount Detail** page:
 - To add another association, click the **Add Billed Amount Association** link. See “Add an Association to an Existing List” for more information.
 - To remove an association from the list, click the **Unlink** link on the right side of that association’s row in the **Billed Amount List Associations** section.
 - To add or edit procedure codes, click the **Add or Edit Codes** link. See “Add a Billed Amount List” for more information.
 - To delete a procedure code from the list, click the **Delete** link on the right side of that procedure code’s row in the **Billed Amount List Details** section.

Claims/Pre-Estimates Menu

The **Claims** menu on the left side of the page includes the following menu items:



1. **Claim/Pre-Estimate Status Search**
Use this menu to search for the status of a claim or pre-estimate.
2. **Consolidated Explanation of Benefits**
Use this menu to search for claim payment information associated to a specific claim.
3. **Dental Claim Entry**
Use this menu to submit a claim.
4. **Dental Pre-Estimate Entry**
Use this menu to submit a pre-estimate.
5. **Dental Claim Confirmation Report**
Use this menu to view and/or print a report for all the claims and pre-estimates you have submitted for the day.

Claim Codes and Descriptions

The following table lists and describes the claim status for your claims, pre-estimates, and referrals (when applicable) in the Portal.

Description	Definition
Successfully Entered	The claim/pre-estimate has been successfully entered. This status only applies to claims entered through the portal.
Accepted	The claim/pre-estimate has been accepted into the claim adjudication system. This status only applies to claims entered through the portal.
In Process	The claim/pre-estimate is being processed in the claim adjudication system.
Adjudicated	The claim/pre-estimate has been determined. Waiting to process payment in the next pay cycle.
Finalized	The claim/pre-estimate has completed processing and payment (or approval for a pre-estimate). No more action will be taken.

Claim/Pre-Estimate Status Search

The **Claim/Pre-Estimate Status Search** menu allows you to open the **Claim/Pre-Estimate Status Search** page and conduct a claim or pre-estimate search by identifying the patient and/or dentist.

Note: Tier 2 service office users can view information for the dentists assigned to their service location. Business entity users can view all information.

Search for the Status of a Claim/Pre-Estimate

1. Click the **Claim/Pre-Estimate > Claim/Pre-Estimate Status Search** menu from the Portal Menus on the left side of the page.
2. Enter at least one search criteria:
 - If you know the member’s first name, type it into the **Member First Name** field.
 - If you know the member’s last name, type it into the **Member Last Name** field.
 - If you know the member number, type it into the **Member Number** field.
 - If you know the member’s date of birth, type it into the **DOB** field.
 - If you know the member’s gender, select it from the **Gender** dropdown.
 - If you know the dentist, select the dentist from the **Servicing Treating Dentist** drop-down list.
 - If you know the claim/pre-estimate number, type it into the **Claim/Pre-Estimate Number** field.

- Select the **Show Related Claims** option if you are looking for a claim that has related claims associated with it. This is for claims that have been split and have associated claim numbers.
- In the **Claim Type** drop-down list, select whether you want to search for claims or pre-estimate. Leave it blank to search for both.

- If you know the status category of the claim/pre-estimate, select it from the **Claim Status Cat** drop-down list. Leave it blank to search all the claims/pre-estimates in the system regardless of status.

- If searching for a claim, and you know the date range for the claim’s Date of Service, type in the **Service Date From** and **To** dates or select the dates from the pop-up calendar, see “Select a Date Using the Pop-Up Calendar”.
- If you know the date range for the claim/pre-estimate Received Date, type in the **Claim Received Date From** and **To** dates or select the dates from the pop-up calendar, see “Select a Date Using the Pop-Up Calendar”.

Note: Using the received date is useful when you are looking up pre-estimates, which do not have date of services.

3. Click the **Search** button at the bottom of the page.

[Home](#) **Claim/Pre-Estimate Status Search**

- Access information on your claim(s) and pre-estimate(s).
- Narrow your search by entering information in multiple search fields.

Search

Patient/Subscriber Information

First Name ?

Last Name ?

Member No ? (123456)

DOB ? (mm/dd/yyyy)

Gender

Claim Information

Servicing Treating Dentist

Claim No Show Related Claims

Claim Type

Claim Status Cat Code

Service Date From to

Claim Received Date From to

The **Claim/Pre-Estimate Status List** page appears with any claims and/or pre-estimates that meet your search criteria.

Note: Dates of Service will not appear for Pre-Estimates.

- To view the member’s details, click the **Member Name** link. For more information, see “View Member Details”.
- To perform a new search, click the **Search Again** button.
- To perform an EOB search, click the **RA Search** button.

Note: Remittance Advice (RA) = Consolidated Explanation of Benefits (CEOB)

[Home](#) > [Claim/Pre-Estimate Status Search](#)

Claim/Pre-Estimate Status List

This page displays a list of claims/pre-estimates submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. Click on the member name to view member detail information. Click on RA Search (Remittance Advice) to access the CEOB (Consolidated Explanation of Benefits). Click Search Again to initiate a new search.

Pre-Estimate Disclosure:
Pre-Estimates are not a guarantee of payment. Benefits are calculated based on current available benefits and payment eligibility. Estimates are subject to modification based on eligibility, coordination of benefits, the contract allowance, and the benefit plan in effect at the time services are completed.

Results Download File

Claim No	Claim Type	Member Name	Service Date	Dentist/Office Name	Claim Status	Total Claim Charge Amt	Tot Patient Responsibility Amt	Payment
201833850000100	Dental Claim	JAFAR JONES	11/30/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833195000200	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$150.00		
201833195000300	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833850000200	Pre-Estimates	JAFAR JONES		MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		

1

View Claim/Pre-Estimate Status Details

1. Find the claim/pre-estimate status you want to view.
2. In the **Results** section on the **Claim/Pre-Estimate Status List** page, click the **Claim/Pre-Estimate Number** link for the claim/pre-estimate status you want to view. The **Claim/Pre-Estimate Status Detail** page appears.

[Home](#) > [Claim/Pre-Estimate Status Search](#)

Claim/Pre-Estimate Status List

This page displays a list of claims/pre-estimates submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. Click on the member name to view member detail information. Click on RA Search (Remittance Advice) to access the CEOB (Consolidated Explanation of Benefits). Click Search Again to initiate a new search.

Pre-Estimate Disclosure:
Pre-Estimates are not a guarantee of payment. Benefits are calculated based on current available benefits and payment eligibility. Estimates are subject to modification based on eligibility, coordination of benefits, the contract allowance, and the benefit plan in effect at the time services are completed.

Results								Download File
Claim No	Claim Type	Member Name	Service Date	Dentist/Office Name	Claim Status	Total Claim Charge Amt	Tot Patient Responsibility Amt	Payment
201833850000100	Dental Claim	JAFAR JONES	11/30/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833195000200	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$150.00		
201833195000300	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833850000200	Pre-Estimates	JAFAR JONES		MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		

1

This page contains the following sections:

- **Member Information** – contains information about the patient.
- **Servicing Dentist Information** – contains information about the dentist.
- **Claim/Pre-Estimate Information** – contains information about the claim/pre-estimate.
- **COB Information** – contains information about Coordination of Benefits, if available.
- **Service Line Information** – contains information for each service (procedure) in the claim/pre-estimate and processing policies (when applicable).
- **Processing Policies** – contains information on any applicable processing policies for the claim/pre-estimate, if available. This only displays if there are Processing Policies on the claim.
- **File Attachments** – lists any files that have been attached to the claim/pre-estimate.

[Home](#) > [Claim/Pre-Estimate Status Search](#) > [Claim/Pre-Estimate Status List](#)

Claim/Pre-Estimate Status Detail

This page displays the selected claim or pre-estimate detail.

Pre-Estimate Disclosure:

Pre-Estimates are not a guarantee of payment. Benefits are calculated based on current available benefits and payment eligibility. Estimates are subject to modification based on eligibility, coordination of benefits, the contract allowance, and the benefit plan in effect at the time services are completed.

Member Information Printer Friendly Format

Member Name JAFAR JONES
 Member No 930134497
 DOB 10/16/1968
 Gender MALE
 Subgroup Plan A

Servicing Dentist Information

Dentist/Office Name MURRELL, KEVIN PAUL (150806415)
 Service Office KEVIN P MURRELL DDS - 54951 MOUND ROAD, SHELBY TOWNSHIP, MI, 48316
 Business KEVIN P MURRELL DDS PC ()

Claim/Pre-Estimate Status Information

Claim No 201833195000200
 Claim Type Dental Claim
 Claim Status Successfully Entered
 Service Date 11/27/2018
 Office Ref#
 POS Office
 ICD Diagnosis Codes
 Referral #
 Total Claim Charge Amt \$150.00
 Tot Patient Responsibility Amt
 Payment
 Claim Received Date 11/27/2018
 Check Issue Or Eft Date
 Check Or Eft Trace No
 Adjudication Date
 Note

Service Line Information

Line Counter	Service Date	Procedure Code	Tooth	Surfaces	Quad	Arch	Qty	Claim Status Cat Code	Processing Policies	Bill Amt.	Patient Responsibility Amt	Payment
1	11/27/2018 -	D1110					1.0			\$100.00		
2	11/27/2018 -	D0120					1.0			\$50.00		

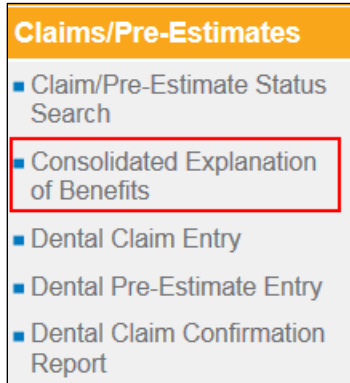
File Attachments 10 attachments maximum

Line Counter	File Type	File Name	Upload Date
No Results Found			

Consolidated Explanation of Benefits

The **Consolidated Explanation of Benefits** menu allows you to open the **Consolidated Explanation of Benefits** search page and search for claim payment information associated with a specific claim or to view the capitation roster and payments made to your office. A “+” next to the payer name will indicate it is a roster payment. This roster represents the member list that was in effect when the payment was made. To see a current roster use the **Panel Roster** link in the **Patient** section on the left toolbar.

Note: Roster information will only display if the employer group has a plan that uses rosters.



Search for an Consolidate Explanation of Benefits

1. Select the **Claims/Pre-Estimates > Consolidate Explanation of Benefits** menu from the Provider Menus on the left side of the screen.
2. Click on the Check or EFT Trace number **or** to narrow down your search, enter the search criteria you have into the appropriate fields:

Note: There is no mandatory information, the search finds the Consolidated Explanation of Benefits (CEOB) related to the information you enter.

- a. Type the check or EFT trace number into the **Check or Eft Trace Number** field.
- b. Select the payment type from the **Payment Type** drop-down list.
- c. Enter the payer in the **Payer Name** field.
- d. Enter the payee in the **Payee Name** field.
- e. Enter a Check/EFT release date or date range to narrow down the search results:
 - Type the Check/EFT release date into the **Check/EFT Release Date** field or select it from the pop-up calendar.

OR

 - Enter a Check/EFT release date range (From and To dates) in the **Date Range** fields (or select the dates from the pop-up calendars).

- Click the **Search** button. EOBs for this search appear in the **Results** section.

[Home](#)

Consolidated Explanation of Benefits

- Access your Consolidated Explanation of Benefits (CEOB).
- Narrow your search by entering information in one or more search fields.

Please note that you may have an issue viewing your CEOB if you have Adobe X and Internet Explorer (IE). It is a known issue that Adobe X and Internet Explorer (IE) does not work well together when viewing pdfs. This issue must be fixed by Adobe and Internet Explorer (IE). In the meantime you have a few choices to view your CEOB

- Save the file to your computer and open the file from there
- Use another web browser, such as Mozilla Firefox
- Downgrade your Adobe X to version 9.4

Search

Check Or Eft Trace No

Payment Type

Payer Name

Payee Name

Check/EFT release date (mm/dd/yyyy)

-OR-

Date Range to (mm/dd/yyyy)

Results [Download File](#)

Check Or Eft Trace No	Payer Name	Payee Name	Check Issue Or Eft Date	Payment Type	Tot Provider Payment Amt
No Results Found					

- To view an EOB and see what claims are included, click the **Check or EFT Trace Number** link for that EOB. A PDF file opens for the EOB.

Results [Download File](#)

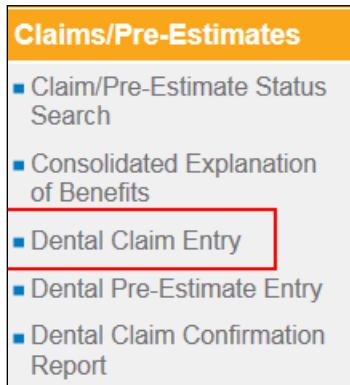
Check Or Eft Trace No	Payer Name	Payee Name	Payee Address	Payee City	Payee State	Check/EFT release date	Payment Type	Payment Amount
No Results Found								

Note: There are three types of EOBs:

1. Paid by check
2. Paid by EFT
3. Not Applicable – this means there was no payment, but the EOB has other information, such as adjustments. “Not Applicable” shows under the Check Or Eft Trace Number column in the Results section for these EOBs.

Dental Claim Entry

The **Dental Claim Entry** menu allows you to open the **Dental Claim Entry** page and enter a new claim.



There are five sections to the **Dental Claim Entry** page:

1. **Basic Information** – enter the basic office information for the claim in this section.
2. **Member Eligibility** – enter member information in this section.
3. **Service Lines** – enter the services related to the claim in this section.
4. **File Attachments** – attach any files you need for the claim in this section.
5. **Optional information** – you can select the **COB** option, **EPSDT** option, **Emergency** option, enter optional accident information, and enter your NEA Attachment ID (if you are using the NEA to submit an attachment with this claim) in this section. A **COB** section only appears on the page if you select that option.

The screenshot shows the "Dental Claim Entry" form with five sections highlighted by red arrows and numbers:

- 1 Basic Information:** Includes fields for Date, Group NPI (1234567890), Service Office, Treating Dentist, and POS.
- 2 Member Eligibility:** Includes fields for Member ID, Last Name, and First Name, with a "Clear" button and a "Show Member Service History" button.
- 3 Service Lines:** A table with columns for Procedure Code, Description, Tooth, Surface, Quad, Arch, Qty (1), Service Date, Auth No, and Billed Amt.
- 4 File Attachments:** A table with columns for Line Counter, File Type, File Name, and Upload Date. It includes an "Add File" button and "Submit" and "Cancel" buttons at the bottom.
- 5 Optional Information:** Includes fields for Accident Type, Accident State, Accident Date, Office Ref#, Referral #, and checkboxes for Emergency, COB, and EPSDT. It also has a "Notes" field with a placeholder text: "Notes- Please enter your NEA Attachment ID, if needed."

Enter a New Claim

1. Select the **Claims/Pre-Estimates > Dental Claim Entry** menu from the Provider Menus on the left side of the screen.
2. In the **Basic Information** section, enter the basic office information for the claim:
 - a. Enter a service date in MM/DD/YYYY format for this claim in the **Date** field.
 - b. Select the service office from the **Service Office** drop-down list.

Note: The service offices only appear in the Service Office drop-down after you have entered a service date in the correct format. The address for a service office appears as help text when you hold the mouse over a service office.

- c. Select the dentist from the **Treating Dentist** drop-down list.
- d. Select the type of facility from the **POS** drop-down list.

3. In the **Member Eligibility** section, enter the member's information:
 - a. Enter the member's date of birth in the **DOB** field.
 - b. Enter the member's ID in the **Member ID** field, or enter the member's first and last name in the **Name** fields.

Note: The system identifies the member and displays their eligibility status, Active, Inactive, or Not Found.


- c. Once the member is identified, click the **Show Member Service History** button to view their service history. Click the main screen to return to the **Claim Entry** form.


Note: The Service History pop-up window that appears lists the most recent services that DentaQuest has processed for this member regardless of the plan or dentist.

Procedure Code	Procedure Description	Tooth/Quad/Arch	Place of Service	Date of Service
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	9	Office	11/01/2018

4. In the **Service Lines** section, enter the procedures for this claim:
 - a. Enter the procedure code in the **Procedure Code** field.
The description automatically appears.
 - b. Enter the tooth number in the **Tooth** field, if applicable.
 - c. Select the **Surface**, **Quad** and **Arch** for the procedure from those drop-down lists, if applicable.
 - d. Enter a quantity (if different than 1) in the **Qty** field.
 - e. If the service date for this procedure is different than the service date entered for the claim, enter the procedure's service date in the **Service Date** field.
 - f. Enter your authorization/estimate number in the **Auth No** field.
 - g. Enter the billed amount in the **Billed Amt** field.

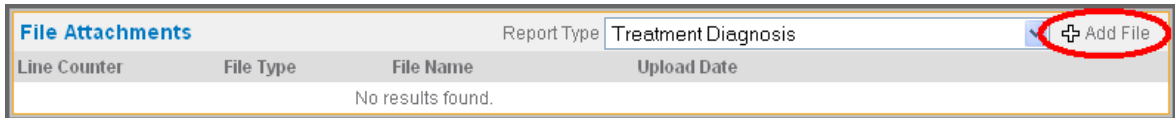
Note: This is automatically populated if the procedure is included in a billed amount list associated with the service office or dentist for this claim.

- h. Click the plus icon  to add a new procedure row and repeat the previous steps for each procedure you are entering in this claim.

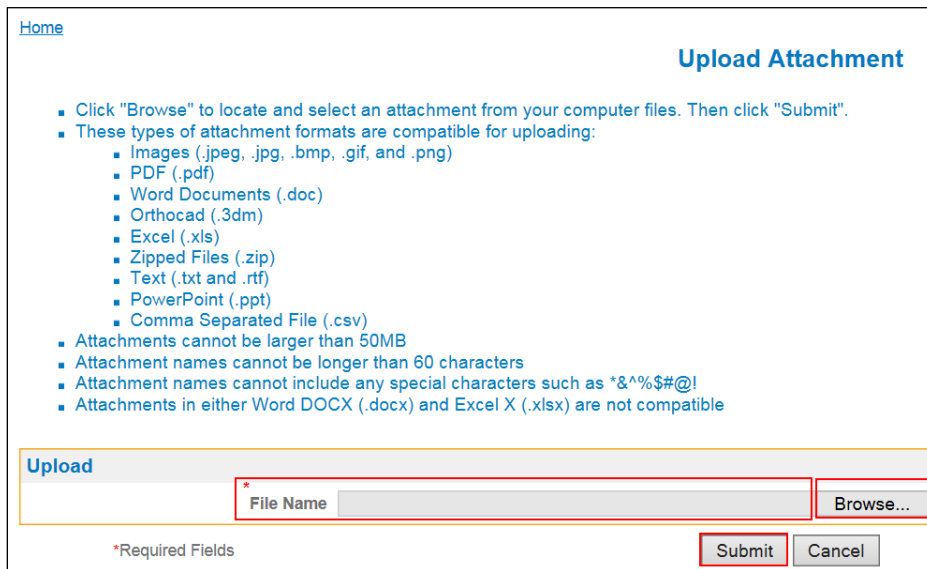
Note: Click the minus icon  in a procedure's row to remove it from the claim.

Service Lines										
*Procedure Code	Description	Tooth	Surface	Quad	Arch	*Qty	*Service Date	Auth No	*Billed Amt	
1 D1110	Prophylaxis - Adult...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	11/30/2018	<input type="text"/>	\$100	<input type="button" value="+"/> <input type="button" value="-"/>

5. Use the **File Attachments** section to attach any files to this claim:
 - a. Select the type of report you are attaching from the **Report Type** drop-down list.
 - b. Click the **Add File** button to browse and select a file.

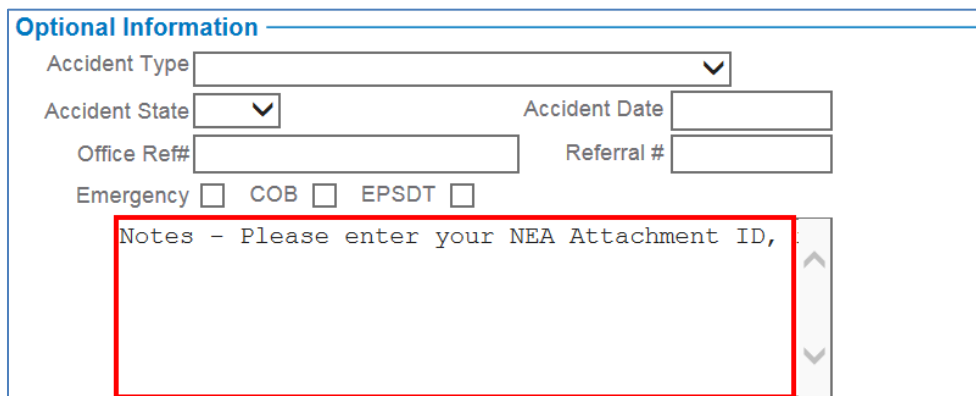


- c. Click Browse and locate and attach the appropriate file.
- d. Click Submit.



6. Enter any notes (such as an NEA Attachment ID) associated with this claim into the text field in the **Optional Information** section.

Note: There is a 225 character limit in the Note field. The following characters cannot be entered in the Note field: ; \ { } [] " % ~ * :



7. If the claim is related to an emergency/accident, enter the accident information in the **Optional Information** section:
 - a. Select the **Emergency** check box.
 - b. Select the type of accident from the **Accident Type** drop-down list.
 - c. Enter the office reference and referral numbers in the **Office Ref#** and **Referral #** fields. This data is saved in the claim.
 - d. Select the Accident State in the **Accident State** field.
 - e. Enter the date of the accident in the **Accident Date** field.

Optional Information

Accident Type* Other Accident ▼

Accident State NM ▼ Accident Date* 12/11/2009

Office Ref# 55555 Referral # 55555

Emergency COB EPSDT

Note: Please enter any notes related to this claim in this field.

?

- 8. If this claim is an EPSDT claim, click the **EPSDT** check box in the **Optional Information** section.

The screenshot shows a form titled "Optional Information" with the following fields and controls:

- Accident Type: dropdown menu
- Accident State: dropdown menu
- Accident Date: text input field
- Office Ref#: text input field containing "55555"
- Referral #: text input field containing "55555"
- Emergency:
- COB:
- EPSDT:
- Note field: A text area with a placeholder "Note: Please enter any notes related to this claim in this field." and a help icon (?) on the right.

- 9. If there is any coordination of benefits information related to other coverage for the member and this claim, select the **COB** check box.

The screenshot shows the same "Optional Information" form as above, but with the following changes:


- Emergency:
- COB:
- EPSDT:
- Note field: A text area with a placeholder "Note: Please enter any notes related to this claim in this field." and a help icon (?) on the right.

10. Add other payers:

- a. Click the  button next to the **Other Payer** field to select a payer.



The screenshot shows a table with columns: Other Payer, Last Name, First Name, Policy Number, DOB, and Group Number. The 'Other Payer' field contains a dropdown arrow icon circled in red, and a 'Clear' button is visible next to it.

- b. Click the **Select** button next to the payer’s name to select them. If the list is too large enter a carrier name or number in the search fields and click **Search**.
- c. Click the plus button  to the right of the **Other Payer** entry and repeat this step to add an additional payer.

You can search for the payer by insurance name or company number.



The screenshot shows a search interface with fields for 'Filter Code' (set to NAIC), 'Other Insurance Company's Name', and 'Other Insurance Company's Number'. A 'Search' button is circled in red. Below the search fields, a message states: '100 or more results have been returned by the specified search criteria. Please use the search filters to narrow the criteria.' A table lists results with columns for 'Other Insurance Company Name' and 'Other Insurance Company ID'. The first row is 'ACE IND INS CO' with ID '10030'. The second row is 'AFFILIATED FM INS CO' with ID '10014'. The third row is 'ALL NATION INS CO' with ID '10049', and its 'select' button is circled in red. The fourth row is 'ALLIANCE OF NONPROFITS FOR INS RRG' with ID '10023'. The fifth row is 'ALLIED FIDELITY INS' with ID '10065'.

- d. Click the **Clear** button to remove a payer from the **Other Payer** field.




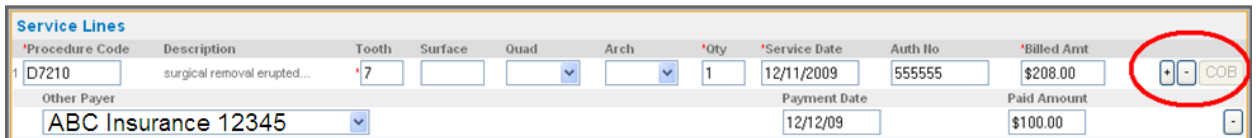
The screenshot shows the 'Other Payer' field containing 'ABC Insurance 12345'. A 'Clear' button is circled in red next to the field.

- e. Enter the subscriber’s information for this payer into the **COB** fields.
- f. If there are addition payers, click the + to add another row and repeat this step to add another payer.

11. To enter COB information for an individual procedure:

- a. Click the **COB** button for the individual procedure.
- b. Select the payer from the **Other Payer** drop-down list.
- c. Enter the payment date and the amount paid.

- d. Click the plus button  to the right of the **Other Payer** entry and repeat this step to add an additional payer to this service line.



The screenshot shows a table with columns: Procedure Code, Description, Tooth, Surface, Quad, Arch, Qty, Service Date, Auth No, and Billed Amt. The first row contains: D7210, surgical removal erupted..., 7, [blank], [blank], [blank], 1, 12/11/2009, 555555, \$208.00. Below the table, the 'Other Payer' field is set to 'ABC Insurance 12345', 'Payment Date' is '12/12/09', and 'Paid Amount' is '\$100.00'. A 'COB' button is circled in red at the bottom right of the form.

- 12. To submit the claim once you have entered all your claim information, click the **Submit** button at the bottom of the page. You will receive a confirmation message along with the assigned claim number.

[Home](#)

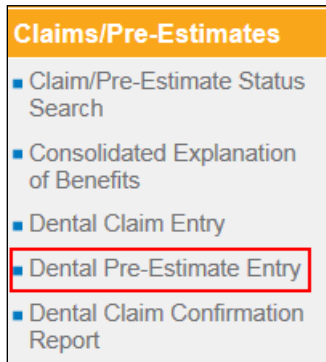
Claim Submission Success

**Your claim has been submitted and assigned the Claim Number of 201732655000100.
Please keep this number for your records**

13. If you have any additional claims to enter with the same Date of Service as the previous claim, click . If you have to enter another claim with a different Date of Service, click and begin from step 1.

Dental Pre-Estimate Entry

The **Dental Pre-Estimate Entry** menu allows you to open the **Dental Pre-Estimate Entry** page and enter a new claim.



There are five sections to the **Dental Pre-Estimate Entry** page:

1. **Basic Information** – enter the basic office information for the claim in this section.
2. **Member Eligibility** – enter member information in this section.
3. **Service Lines** – enter the services related to the pre-estimate in this section.
4. **File Attachments** – attach any files you need for the pre-estimate in this section.
5. **Optional information** – you can select the **EPSDT** (emergency) option, enter optional accident information, and enter your NEA Attachment ID or other electronic attachments IDs (if you are using the NEA to submit an attachment with this claim) in this section.

The screenshot shows the "Dental Pre-Estimate Entry" form with the following sections and callouts:

- Claim** section:
 - Basic Information (1)**: Includes fields for Group NPI, Service Office (dropdown: KEVIN P MURRELL DDS - SHELBY TOWN), Treating Dentist (dropdown: MURRELL, KEVIN - 1508806415), and POS (dropdown).
 - Member Eligibility (2)**: Includes fields for DOB, Member ID, Last Name, and First Name, with "Clear" and "Show Member Service History" buttons.
 - Optional Information (5)**: Includes Accident Type (dropdown), Accident State (dropdown), Accident Date (text), Office Ref# (text), Referral # (text), and Emergency checkboxes for EPSDT.
 - Notes**: A text area with the instruction "Notes - Please enter your NEA Attachment ID, ...".
- Service Lines (3)**: A table with columns: *Procedure Code, Description, Tooth, Surface, Quad, Arch, *Qty, Auth No, Billed Amt. A single row is visible with a quantity of 1.
- File Attachments (4)**: A table with columns: Line Counter, File Type, File Name, Upload Date, Report Type (dropdown), and Add File button. It shows "No Results Found".

At the bottom of the form are "Submit" and "Cancel" buttons.

Enter a New Pre-Estimate

1. Select the **Claims/Pre-Estimates > Dental Pre-Estimate Entry** menu from the Provider Menus on the left side of the screen.
2. In the **Basic Information** section, enter the basic office information for the pre-estimate:
 - a. Select the service office from the **Service Office** drop-down list.

Note: The address for a service office appears as help text when you hold the mouse over a service office.

- b. Select the dentist from the **Treating Dentist** drop-down list.
- c. Select the type of facility from the **POS** drop-down list.

Basic Information

Group NPI: _____

Service Office* **KEVIN P MURRELL DDS - SHELBY TOWN:** ▼

Treating Dentist* MURRELL , KEVIN - 1508806415 ▼

POS* _____ ▼

3. In the **Member Eligibility** section, enter the member's information.
4. Enter the member's date of birth in the **DOB** field.
5. Enter the member's ID in the **Member ID** field, or enter the member's first and last name in the **Name** fields.

Note: The system identifies the member and displays their eligibility status, Active, Inactive, or Not Found.

6. Once the member is identified, click the **Show Member Service History** button to view their service history. Click again to return to the **Pre-Estimate Entry** form.

Member Eligibility **Active**

DOB* 10/16/1958 Member ID 930134497

Last Name JONES First Name JAFAR


Clear **Show Member Service History**


Note: The Service History pop-up window displays the most recent services that DentaQuest has processed for this member regardless of the plan or dentist.

Procedure Code	Procedure Description	Tooth/Quad/Arch	Place of Service	Date of Service
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	9	Office	11/01/2018

7. In the **Service Lines** section, enter the procedures for this pre-estimate:
 - a. Enter the procedure code in the **Procedure Code** field.
The description automatically appears.
 - b. Enter the tooth number in the **Tooth** field, if applicable.
 - c. Select the **Surface**, **Quad** and **Arch** for the procedure from the drop-down lists, if applicable.
 - d. Enter a quantity (if different than 1) in the **Qty** field.
 - e. Enter your estimate number in the **Auth No** field.
 - f. Enter the billed amount in the **Billed Amt** field.

Note: Pre-estimates never auto-populate this field – they do not retrieve the billed amounts from any associated billed amount lists.

Note: Click the plus icon  to add a new procedure row and repeat the previous steps for each procedure you are entering in this pre-estimate.

Note: Click the minus icon  in a procedure's row to remove that procedure.

Service Lines									
*Procedure Code	Description	Tooth	Surface	Quad	Arch	*Qty	Auth No	Billed Amt	
1 D1110	Prophylaxis - Adult...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="text"/>	\$100	<input type="button" value="+"/> <input type="button" value="-"/>

8. Use the File Attachments section to attach any files to this claim:
 - a. Select the type of report you are attaching from the **Report Type** drop-down list.
 - b. Click the **Add File** button to browse and select a file.

File Attachments			
	Report Type	Treatment Diagnosis	<input type="button" value="+ Add File"/>
Line Counter	File Type	File Name	Upload Date
No results found.			

- c. Click Browse and locate and attach the appropriate file.
- d. Click Submit.

[Home](#) **Upload Attachment**

- Click "Browse" to locate and select an attachment from your computer files. Then click "Submit".
- These types of attachment formats are compatible for uploading:
 - Images (.jpeg, .jpg, .bmp, .gif, and .png)
 - PDF (.pdf)
 - Word Documents (.doc)
 - Orthocad (.3dm)
 - Excel (.xls)
 - Zipped Files (.zip)
 - Text (.txt and .rtf)
 - PowerPoint (.ppt)
 - Comma Separated File (.csv)
- Attachments cannot be larger than 50MB
- Attachment names cannot be longer than 60 characters
- Attachment names cannot include any special characters such as *^%\$#@!
- Attachments in either Word DOCX (.docx) and Excel X (.xlsx) are not compatible

Upload

* File Name

*Required Fields

9. Enter any notes (such as an NEA Attachment ID) associated with this claim into the text field in the **Optional Information** section.

Note: There is a 225 character limit in the Note field. The following characters cannot be entered in the Note field: ; \ { } [] " % ~ * :

10. If the pre-estimate is related to an emergency/accident, enter the accident information in the **Optional Information** section.
 - a. Select the **Emergency** check box.
 - b. Select the type of accident from the **Accident Type** drop-down list.
 - c. Enter the office reference and referral numbers in the **Office Ref#** and **Referral #** fields.
 - d. Enter the date of the accident in the **Accident Date** field.

- 11. If this pre-estimate is an EPSDT pre-estimate, click the EPSDT check box in the **Optional Information** section.

Optional Information

Accident Type

Accident State Accident Date

Office Ref# Referral #

Emergency EPSDT

- 12. To submit the pre-estimate once you have entered all your pre-estimate information, click the **Submit** button at the bottom of the page.

[Home](#)

Pre-Estimate Submission Success

Your claim has been submitted and assigned the Pre-Estimate Number of 201833850000200.
Please keep this number for your records

Dental Claim Confirmation Report

The **Dental Claim Confirmation Report** menu allows you to open the **Dental Claim/Pre-Estimate Confirmation Report** page and view a list of all the submitted claims and pre-estimates for the day. You can run this report at the end of the day and save it (or print it) for your records. This report is cleared out nightly.

Claims/Pre-Estimates

- Claim/Pre-Estimate Status Search
- Consolidated Explanation of Benefits
- Dental Claim Entry
- Dental Pre-Estimate Entry
- Dental Claim Confirmation Report

1. You can narrow the report down by selecting a specific office, dentist, and/or type (claim or pre-estimates), and then clicking the **Search** button.

Note: Leave the Claim Type blank to view claims and pre-estimates.

2. Use the **Report Sort Order** drop-down list to select a specific order in which you would like the claims/pre-estimates to appear, and then click the **Search** button.

Report Sort Order ▼

- Member ID
- Member Last Name
- Date of Service (Claim)

Dental Claim/Pre-Estimate Confirmation Report

Search

Service Office

Treating Dentist

Claim Type

Report Sort Order

Results [Download File](#) [Printer Friendly Format](#)

Pre-Estimates

Member No	Member Name	DOB	Submitted Eligibility Status				
930134497	JONES, JAFAR	10/16/1958	Member Eligible				
Claim No	Entered Date	Plan	ICD Diagnosis Codes				
201833850000200	12/04/2018 01:43:30 PM	Plan A					
Treating Dentist	Service Office Location	POS	Office Ref#				
MURRELL, KEVIN PAUL	KEVIN P MURRELL DDS 54951 MOUND ROAD SHELBY TOWNSHIP, MI 48316	Office					
Note							
Code	Service Date	Qty	Tooth/Quad/Arch	Surfaces	Auth No	Bill Amt	COB Amt
1 D1110 Prophylaxis - Adult		1.0	/ /			\$100.00	\$0.00
							\$100.00 \$0.00

Dental Claim

Member No	Member Name	DOB	Submitted Eligibility Status				
930134497	JONES, JAFAR	10/16/1958	Member Eligible				
Claim No	Entered Date	Plan	ICD Diagnosis Codes				
201833850000100	12/04/2018 01:31:16 PM	Plan A					
Treating Dentist	Service Office Location	POS	Office Ref#				
MURRELL, KEVIN PAUL	KEVIN P MURRELL DDS 54951 MOUND ROAD SHELBY TOWNSHIP, MI 48316	Office					
Note							
Code	Service Date	Qty	Tooth/Quad/Arch	Surfaces	Auth No	Bill Amt	COB Amt
1 D1110 Prophylaxis - Adult	11/30/2018	1.0	/ /			\$100.00	\$0.00
							\$100.00 \$0.00

Patient Menu

The **Patient** menu on the left side of the page contains the following menu items:



1. **Member Eligibility Search**

Use this menu to view detailed member information, such as eligibility and other health coverage.

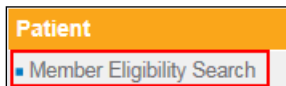
Performing a Member Eligibility Search

To check eligibility, you need information about the member, the provider, and the anticipated service date. If you feel a member is eligible for service but the results of a search indicate the member is ineligible, please contact a customer service representative. Due to the changing nature of eligibility, the eligibility status does not guarantee payment and is subject to change without notice.

You can perform an eligibility check on multiple members at once. The members you can search are limited to the members in your affiliated provider network(s).

Note: All required fields are marked with a red asterisk (*).

1. Click the **Patient > Member Eligibility Search** menu from the Portal Menus on the left side of the page to display the **Member Eligibility Search** page.



2. Select a valid service office and dentist combination from the **Select a Location and Provider** drop-down list.
3. Enter the member(s) for whom you want to perform an eligibility search:

Note: All required fields are marked with a red asterisk (*).

- a. Enter the service date or select it from the pop-up calendar in the **Eligible as of Date** field.
 - b. Enter the DOB (date of birth) or select it from the pop-up calendar in the **DOB** field.
 - c. You must include either the member number **OR** the member's last name and part of the first name:
 - Type in the member number in the **Member No** field **or**
 - Type in the member's last name and part of the first name in the **First Name** or **Last Name** fields.
 - d. Repeat this step for each member you are searching.
4. To add additional rows, click the **Additional Search Lines** button.

Note: You can search for up to thirty members at a time on this screen.

5. To remove a member from the search, click the **Delete** link at the end of the row for that specific member. The row is automatically removed from the page.

6. Click the **Search** button.

Home

Member Eligibility Search

This functionality will allow you to perform member eligibility searches.

To check eligibility, please enter either of following:

- Eligible as of Date, Date of Birth and Member ID Number
- Eligible as of Date, Date of Birth, Member's Last Name and at least a partial First Name

If you feel a member should be eligible for service, but search results indicate they are not, please contact Customer Service.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Required search information: Member DOB with Member ID or Member name

Search + Additional Search Lines

Service Date	DOB *	Member No	First Name	Last Name	
1 12/04/2018 <input type="text"/> ?	10/16/1958 <input type="text"/> ?	930134497 ?	<input type="text"/> ?	<input type="text"/> ?	Delete
2 12/04/2018 <input type="text"/> ?	01/01/1980 <input type="text"/> ?	<input type="text"/> ?	Jane ?	Smith ?	Delete
3 12/04/2018 <input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	Delete
4 12/04/2018 <input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	Delete
5 12/04/2018 <input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/> ?	Delete

Include Ineligible Yes No

*Required Fields

Search

The **Member Eligibility List** page displays whether the members you searched for were active and ineligible on the dates you entered. There will also be a **“Not Found”** section when necessary.

There are three sections on this page – each member will appear in the section that is appropriate for the service date entered for that member:



1. **Active** (Eligible): the member's coverage is active for the service date entered.
2. **Ineligible** (Not Eligible): the member's coverage is not active for the service date entered.
3. **Not Found** (Member Not Found): a matching member could not be identified or the provider is not contracted to accept the member's plan on the service date entered. **This section only appears if one of the members searched for is not found.**

The **Member Eligibility List** page contains general member eligibility information. Click **Search Again** to redisplay the **Member Eligibility Search** page and repeat the search process.


Home > [Member Eligibility Search](#)

Member Eligibility List

■ To view benefits, procedure code time-limitations, and network information, click on the client name under the "Policy Benefit Name" heading below.

Active  

Order Entered	Service Date	Member No	DOB	Member Name	Policy Benefit Name	Benefit	Employer No	Coverage Type Code	Network Name	Paid Through Date	Dentist/Office Name	Provider Effective Date
1	12/04/2018	930134497	10/16/1958	JAFAR JONES	Plan A	Usage	0410002002	Dental	DentelMax P25M			

Ineligible 

Order Entered	Service Date	Eligibility Member No	DOB	Member Name	Eligibility Effective Date	Eligibility Expiration Date
No Results Found						

Not Found

Order Entered	Member No	DOB	First Name	Last Name	Error Message
2		01/01/1990	Jane	Smith	Unable to identify member. You can search again with additional information or contact the health plan.

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

View Member Details

On the **Member Eligibility List** page, click a **Member Name** link to display the **Member Detail** page for that member.

Order Entered	Service Date	Member No	DOB	Member Name	Policy Benefit Name	Benefit	Employer No	Coverage Type Code	Network Name	Paid Through Date	Dentist/Office Name	Provider Effective Date
1	12/04/2018	930134497	10/16/1958	JAFAR JONES	Plan A	Usage	0410002002	Dental	DenteMax P25M			

There are five sections on this page:

1. **Family** section – lists the member’s name and number.
2. **Member** section – lists the member information and has links to view additional information in the upper-right corner.
3. **Eligibility Information** section – lists the plan for this member.
4. **Primary Care Dentist** section – lists the Primary Care Dentist for the member on Capitation Plans, when applicable.

[Home](#) > [Member Eligibility Search](#) > [Member Eligibility List](#)

Member Detail

This page displays member-specific information.

Search

Service Date: (mm/dd/yyyy)

*Required Fields

Client: **Plan A - 0410002002**

Family 1

Member Name	Relationship	Member No
JAFAR JONES	Self	930134497

JAFAR JONES 2 [View Benefit Maximums](#) [View Claims](#) [View Service History](#)

Subscriber Name: JAFAR JONES
 Subscriber No: 930134497
 DOB: 10/16/1958
 Gender: MALE
 Student Status Code:
 Marital Status Code:
 Address: 300 PEPES FARM RD MILFORD, Connecticut 06460
 Home Phone: (203) 789-4588
 Work Phone:
 Fax:

Eligibility Information 3 [View Eligibility History](#)

Policy Benefit Name	Coverage Type Code	Coverage Level Code	Effective Date	Expiration Date	Paid Through Date
Plan A	Dental	Enrollee Only	01/01/2018		

Primary Care Dentist 4

Dentist/Office Name	Coverage Type Code	Network Name	Provider Effective Date
No Results Found			

View a Member’s Benefit Maximum

If a member has benefit maximums, the Benefit Maximum section of the portal allows you to:

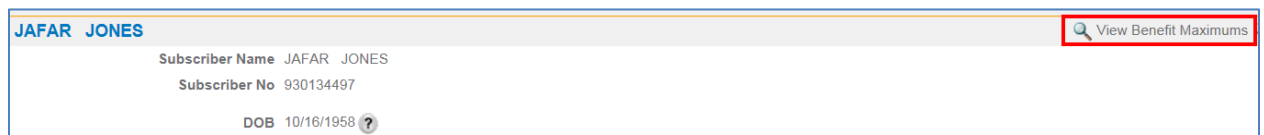
- View a member’s eligibility.
- View a member’s maximum limit.
- View the amount of dollars that have accumulated or been applied toward a member’s maximum.
- View the benefit maximum remaining balance for a member.

Note: This section will be blank if the member does not have a maximum.

To view a member’s benefit maximum, you can click on Benefit Usage from the Member Eligibility List page or you can access it from the **Member Detail** page. The **Member Detail** page can be accessed from any menu option that allows a member search.

To access from the Member Detail page:

1. Access the Member Detail page by searching for the member through any menu option that performs a member search (i.e. Member Eligibility Search).
2. From the Member Detail page, click **View Benefit Maximums**. The **Benefit Maximums** page will display.



The Benefit Maximum page has three sections:

- Search.
- Member Information.
- Benefit Maximums and Deductibles.

Home > Member Eligibility Search > Member Eligibility List > Member Detail

Benefit Maximums

This page displays benefits that indicate both an accrued amount to date and a maximum amount allowed at both the individual and family level, as well as for in-network and out-of-network activities. Please note that the deductibles are displayed in this order:

1. Individual/Member
2. Family

Search 1

Service Date: (mm/dd/yyyy)

Client Name:

Benefit:

Member Information 2

Member Name: JAFAR JONES

Benefit Maximums and Deductibles 3

Client Name: Plan A Member Number: 930134497

Benefit: Plan A


Type	Level	Network	Benefit Period	Period	Unit	Limit	Applied	Remaining
Deductible - All Classes except for Diagnostic, Prev	Individual		Years	-	Dollars	\$100.00	\$ 0.00	\$100.00
Maximum - All Class grps, including Ortho	Individual		Years	-	Dollars	\$1,000.00	\$ 0.00	\$1,000.00

The Benefit Maximums and Deductibles section provides all the plan benefit maximum information.

Benefit Maximums and Deductibles								<input type="button" value="Download File"/>	
Client Name: Plan A		Member Number: 930134497							
Benefit: Plan A									
Type	Level	Network	Benefit Period	Period	Unit	Limit	Applied	Remaining	
Deductible - All Classes except for Diagnostic, Prev	Individual		Years	-	Dollars	\$100.00	\$ 0.00	\$100.00	
Maximum - All Class grps, including Ortho	Individual		Years	-	Dollars	\$1,000.00	\$ 0.00	\$1,000.00	

Column Heading	Description
Type	The type of benefit: <ul style="list-style-type: none"> • Out of Pocket Maximum • Lifetime Maximum • Deductible
Level	The type of coverage, for example: <ul style="list-style-type: none"> • Individual • Family

Column Heading	Description
Network	The network where the benefit type is applied: <ul style="list-style-type: none">• In Network• Out of Network• All Networks
Benefit Period	The date range for the benefit maximum/accumulator.
Period	Time period for the maximum benefit: <ul style="list-style-type: none">• Annual• Quarterly• Lifetime based on time period
Unit	The form of currency.
Limit	The total amount the member is entitled to per period qualifier.
Applied	The total amount used against the benefit limit amount from the current period.
Remaining	The amount remaining of the benefit limit amount for the time period displayed.

3. When you have finished viewing the benefit maximum information for the member, click  to return to the Member Detail page.

View Member Claims

1. In the **Member** section of the **Member Detail** page, click the **View Claims** link.

Client: **Plan A - 0410002002**

Family		
Member Name	Relationship	Member No
JAFAR JONES	Self	930134497

JAFAR JONES [View Benefit Maximums](#) [View Claims](#) [View Service History](#)

Subscriber Name JAFAR JONES
Subscriber No 930134497

The **Claim/Pre-Estimate Status List** page appears with the claims submitted for this member.

[Home](#) > [Member Eligibility Search](#) > [Member Eligibility List](#) > [Member Detail](#)

Claim/Pre-Estimate Status List

This page displays a list of claims/pre-estimates submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. Click on the member name to view member detail information. Click on RA Search (Remittance Advice) to access the CEOB (Consolidated Explanation of Benefits). Click Search Again to initiate a new search.

Pre-Estimate Disclosure:
Pre-Estimates are not a guarantee of payment. Benefits are calculated based on current available benefits and payment eligibility. Estimates are subject to modification based on eligibility, coordination of benefits, the contract allowance, and the benefit plan in effect at the time services are completed.

Results								Download File
Claim No	Claim Type	Member Name	Service Date	Dentist/Office Name	Claim Status	Total Claim Charge Amt	Tot Patient Responsibility Amt	Payment
201833850000100	Dental Claim	JAFAR JONES	11/30/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833195000200	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$150.00		
201833195000300	Dental Claim	JAFAR JONES	11/27/2018	MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		
201833850000200	Pre-Estimates	JAFAR JONES		MURRELL, KEVIN PAUL	Successfully Entered	\$100.00		

1

[RA Search](#)

2. To view details on a claim, click the **Claim/Pre-Estimate Number** link. See the **Claim Search Section** for additional details.
3. To perform an EOB search, click the **RA Search**

Note: Remittance Advice (RA) = Explanation of Benefits (EOB).

4. Use the breadcrumb trail to redispatch the **Member Detail** page.

View Member Service History

1. In the **Member** section of the **Member Detail** page, click the **View Service History** link.

Client: **Plan A - 0410002002**

Family		
Member Name	Relationship	Member No
JAFAR JONES	Self	930134497

JAFAR JONES [View Benefit Maximums](#) [View Claims](#) [View Service History](#)

Subscriber Name JAFAR JONES
Subscriber No 930134497

The **Member Service History** page appears with the service history of paid claims for this member. Each procedure is listed with:

- A procedure code.
 - A procedure code description.
 - The tooth quad arch, if applicable.
 - Place of service.
 - The date of service.
2. Click the **Done** button to return to the **Member Detail** page.

[Home](#) > [Member Eligibility Search](#) > [Member Eligibility List](#) > [Member Detail](#)

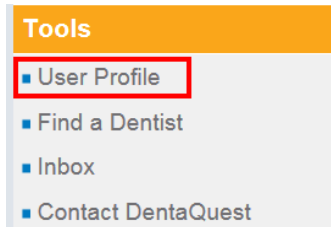
Member Service History

Member Information				
Member Name JAFAR JONES				
DOB 10/16/1958 ?				
Member ID 930134497				
Download File Printer Friendly Format				
Member Service History				
Procedure Code	Procedure Code Description	Tooth/Quad/Arch	Place of Service	Date of Service
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	9	Office	11/01/2018
1				

Done

Tools Menu

Click the **Tools** menu to display the menu items:



1. **User Profile**
Use this menu to view your user information and change your name, password, security question and email address.
2. **Find a Dentist**
Use this menu to search for a specific type of dentist, view detailed provider information, and get directions to a dentist's office.
3. **Inbox**
Use this menu to view any messages sent to you by DentaQuest.
4. **Contact DentaQuest**
Use this menu to send secure messages to DentaQuest.

Viewing the User Profile

The **Tools > User Profile** menu on the left side of the page allows you to open the **User Profile** page and change your name, password, security question, and email address.

Edit Your User Profile

1. Edit any information you want to update:
 - To update your name, edit the name fields in the **Personal Information** section.
 - To change your password, type the old password into the **Old Password** field in the **Change Password** section, type a new password into the **Password** field, and then type the new password into the **Confirm Password** field.
- Note:** Your password needs to be 8 to 16 characters, contain at least one upper case, one lower case and one number and/or special character. You cannot use the following special characters: (;, \, {, }, [,], ", %, ~, *, :). You are prompted to change your password every 60 days and cannot re-use any of the last ten passwords you have used.
- To change your email address, type your new email address into the **Email** field in the **Email Address** section.
 - To edit your security question, select a security question from the **Password Question** drop-down list in the **Security Question** section and type your answer into the **Password Answer** field.

- 2. To save your changes and return to the **Home** page, click the **Submit** button.

[Home](#) User Profile

Profile

Personal Information

First Name ?

Middle Name ?

Last Name ?

Change Password

If no text is entered in this section, your password will remain unchanged.

Old Password

Password ?

Confirm Password ?

Email Address

Email ?

Confirm Email ?

Security Question

Password Question 1 ?

Password Answer 1 ?

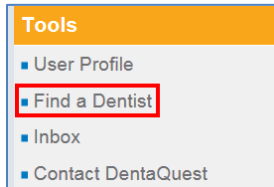
Preferences

Preference	Selected
Accept notification emails	<input checked="" type="checkbox"/>
Allow health plan to login to the portal as yourself to better assist and support you.	<input checked="" type="checkbox"/>

*Required Fields

Finding a Dentist

The **Tools > Find a Dentist** menu on the left side of the page allows you to open the **Find a Dentist** page and search for a dentist or office, get directions, and view detailed provider information. You can search all dentists, which allows you to offer your members referrals to offices according to their needs.



1. In the **Plan** section, select the product the member is covered under.

A screenshot of the 'Plan' section. It has a blue header 'Plan'. Below the header, there are three radio button options: 'Medicare Advantage' (which is selected), 'Pediatric Dental', and 'All other plans'.

2. In the **Your Location** section, enter at least the required address fields.

A screenshot of the 'Your Location' section. It has a blue header 'Your Location'. Below the header, there is a text instruction: 'You may enter the city and state combination or just the zip code but not both.' There are three input fields: 'Address', 'City', and 'State'. Below these, there is a '- OR -' separator and a 'Zip Code' input field. The 'City' and 'State' fields have an asterisk next to them, indicating they are required.

3. In the **Sorting, Distance and Number of Results** section (optional), select the:
 - Maximum miles willing to travel and
 - Number of Results to preview.

A screenshot of the 'Sorting, Distance and Number of Results' section. It has a blue header 'Sorting, Distance and Number of Results'. Below the header, there are three sections: 'Sort Results By:' with a 'Distance' dropdown menu; 'Maximum miles willing to travel:' with radio buttons for 5, 10, 15, 20, 30, 40, and 50 (where 10 is selected); and 'Number of Results:' with a '50' dropdown menu. A blue text note states: 'In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until results are found up to a maximum of 100 miles.' Below the 'Number of Results' dropdown, there is a note: 'Changing this value will limit the number of Dentists returned.'

4. In the **Additional Search Criteria** section enter any of the following (optional):
 - Dental Provider Last Name.
 - Practice Name.
 - Specialty.
 - Accepting New Patients.
5. Click **Search**. This displays the **Dentist Directory List** page.

Dental Provider Search Results

Based on your criteria, we have identified the following Dentists. You can modify your search criteria to conduct a more detailed search by clicking the New Search link.

Note: Please verify the participation status with the dentist for the desired location. Dental treatment provided outside the United States may not be covered by your benefits plan. Please contact your Benefits Administrator to verify coverage.

Search Criteria

City State	West hartford CT	Results Sorted by:	91	Distance:	15
-------------------	------------------	---------------------------	----	------------------	----

[<< NEW SEARCH](#)

JACK GISH

JLG DENTAL LLC 1245 FARMINGTON AVEUE WEST HARTFORD CT 06107 (860) 313-0025	Specialty: <u>General Dentist</u>	This provider participates in: Medicare Advantage	Accept New Patients: Y
	0.00 from your location		

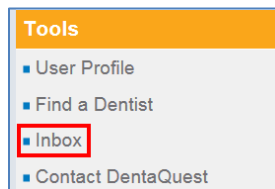
Using Your Inbox

The **Tools > Inbox** menu on the left side of the page allows you to open the **Inbox** page and to view any messages sent to you by DentaQuest.

Note: Most messages sent to you from DentaQuest are in response to messages you sent to DentaQuest using the Contact DentaQuest page. For more information, see “Contacting DentaQuest”.

If you have new messages in your **Inbox**, you can also click the **Inbox** link in the upper-right corner of the **Message Center** that appears on your **Home** page to open the **Inbox** page.

Note: All communication via the portal is secure from a HIPAA/PHI standpoint.

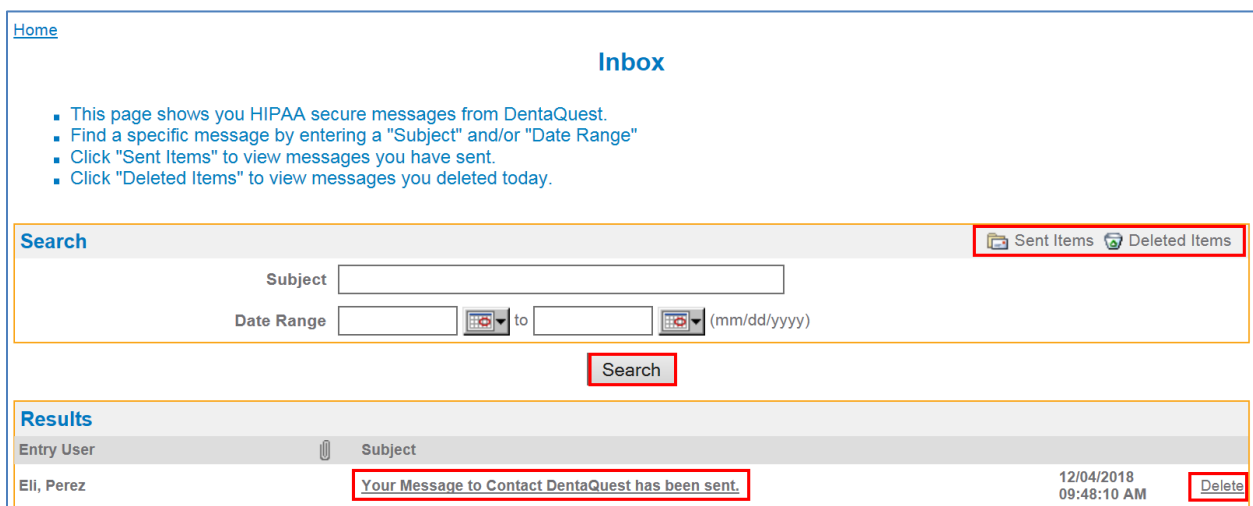


Use your **Inbox** to read and manage your messages. You can navigate between the **Inbox**, **Sent Items**, and **Deleted Items** using the links in the upper-right corner of the **Search** section.

1. To display a message, click the **Subject** link for that message.
2. To delete a message, click the **Delete** link for that message.
3. To display the messages you have sent, click the **Sent Items** link.
4. To display the messages you have deleted, click the **Deleted Items** link.

Search Your Messages

1. Type a subject into the **Subject** field in the **Search** section, or type a date range into **Date Range** fields (or use the pop-up calendars).
2. Click the **Search** button.
The messages in the **Results** section are narrowed down according to your search criteria.



View and/or Delete a Message

1. Click **Inbox** under the **Tools** menu to view your messages.
2. If necessary, use the **Search** section on your **Inbox** page to find the message you want to view.
3. Click the **Subject** link for the message you want to view.
The **View Message** page appears.
4. To view message details, click the **View Detail** link.

Inquiry Detail

Detail of Submitted Ticket

Inquiry Information

Inquiry Number 402

Message Type Provider Eligibility Benefits

Status New

Inquiry Resolution

Description The member for this claim should be eligible.

Created 06/07/2010 01:37:03 PM

More Information

Claim/Pre-Authorization Number 201000000000100	Pending Claim/Pre-Authorization Number 201000000000100
Member Name	Member Number
Dentist Name	

No Attachment - No file is attached to this Inquiry

5. To view an attachment, click the **Download** link for that attachment.
6. To remove the selected message, click **Delete**. In the dialog that appears, click **OK** to delete the message or **Cancel** to return to the **View Message** page for that message.
7. Use the breadcrumb trail to return to your **Inbox**.

Home > Inbox

View Message

This page allows you to view a quick summary of the message

Subject Information

From Eli, Perez

To Eli, Perez

Date 12/04/2018 09:48:10 AM

Subject Your Message to Contact DentaQuest has been sent.

View Detail

Thank you for contacting us. Your message has been sent. To check the status of your message, please go to your Message Inbox. This is an automated response. Please do not reply to this email.

Message Details:
Message Message Number: 26
 Date Submitted: 12/04/2018 09:48:10 AM
 Message Type: Customer Service
 Description: Have you received the claim for John Smith for DOS 11/8/18?

Attachments

File Name	Download
Delete	

Contacting DentaQuest

The **Tools > Contact DentaQuest** menu on the left side of the page allows you to open the **Contact DentaQuest** page and send secure messages to DentaQuest.

Note: All communication via the portal is secure from a HIPAA/PHI standpoint.

Tools

- User Profile
- Find a Dentist
- Inbox
- Contact DentaQuest**

[Home](#)

Contact DentaQuest

This page enables you to send secure messages to DentaQuest. Select the type of message from the dropdown menu and type your question, comment or suggestion in the Description text box. If desired, add an attachment, claim, member or provider record to your message. Clicking submit sends the message.

Message

Your Name: Perez Eli

* Message Type: Customer Service

* Description:

Claim/Pre-Treatment Number	Pending Claim/Pre-Treatment Number	Claim Search	<input type="button" value="Clear Claim"/>
Member Name	Member Number	Member Search	<input type="button" value="Clear Member"/>
Dentist Name		Dentist Search	<input type="button" value="Clear Provider"/>
Attachment			

[Upload](#) [View](#) [Remove Attachment](#)

*Required Fields

Send a Secure Message to DentaQuest

Note: Required fields are marked with a red asterisk (*).

1. Select **Customer Service** from the **Message Type** drop-down list.
2. Type your question or comment in the **Description** text box.

3. You can add an attachment, a claim/pre-estimate, a member or a provider record to your message. Follow:
 - a. Step 4 to add an attachment.
 - b. Step 5 to add a claim/pre-estimate.
 - c. Step 6 to add a member.
 - d. Step 7 to add a dentist.
4. To add an attachment:

Note: You can only have one file attachment per message. If you have multiple files or file types you can attach them as a zip file. You can also indicate a NEA # or electronic attachment in the comment box.

- a. Click the **Upload** link.

Claim/Pre-Treatment Number	Pending Claim/Pre-Treatment Number
Member Name	Member Number
Dentist Name	
Attachment	
Upload View Remove Attachment	

- b. In the **Upload Attachment** page that appears, click **Browse**.

[Home](#)

Upload Attachment

- Click "Browse" to locate and select an attachment from your computer files. Then click "Submit".
- These types of attachment formats are compatible for uploading:
 - Images (.jpeg, .jpg, .bmp, .gif, and .png)
 - PDF (.pdf)
 - Word Documents (.doc)
 - Orthocad (.3dm)
 - Excel (.xls)
 - Zipped Files (.zip)
 - Text (.txt and .rtf)
 - PowerPoint (.ppt)
 - Comma Separated File (.csv)
- Attachments cannot be larger than 50MB
- Attachment names cannot be longer than 60 characters
- Attachment names cannot include any special characters such as * & ^ % \$ # @ !
- Attachments in either Word DOCX (.docx) and Excel X (.xlsx) are not compatible

Upload

* File Name Browse...

*Required Fields Submit Cancel

- c. Use the **Choose File** window that appears to navigate to and select the file you want to upload.
- d. Click the **Submit** button to upload the file you selected. You can click the **View** link to view the attachment or click the **Remove Attachment** link to remove the attachment.

Claim/Pre-Treatment Number	Pending Claim/Pre-Treatment Number
Member Name	Member Number
Dentist Name	
Attachment	
Upload View Remove Attachment	

5. To add a claim/pre-estimate (one per message):

Note: You can only add one claim/pre-estimate per message.

- a. Click the **Search** magnifier icon in the **Claim/Pre-Estimate Number** section.

- b. On the **Claim Status Search** page that appears, search for and select the claim you want to add to this message. For more information, see “See Claim/Pre-Estimate Status Search”.
- c. To remove a claim as an attachment, click the **Clear Claim** button.

6. To add a member:

Note: You can only add one member per message.

- a. Click the **Search** magnifier icon in the **Member Number** section.

- d. On the Member Eligibility Search page that appears, search for and select the member you want to add to this message. For more information, see “See Performing a Member Eligibility Search”.
- b. To remove a member, click the **Clear Member** button.

7. To add a dentist:

Note: You can only add one dentist per message.

- a. Click the **Search** magnifier icon in the **Dentist Name** section.

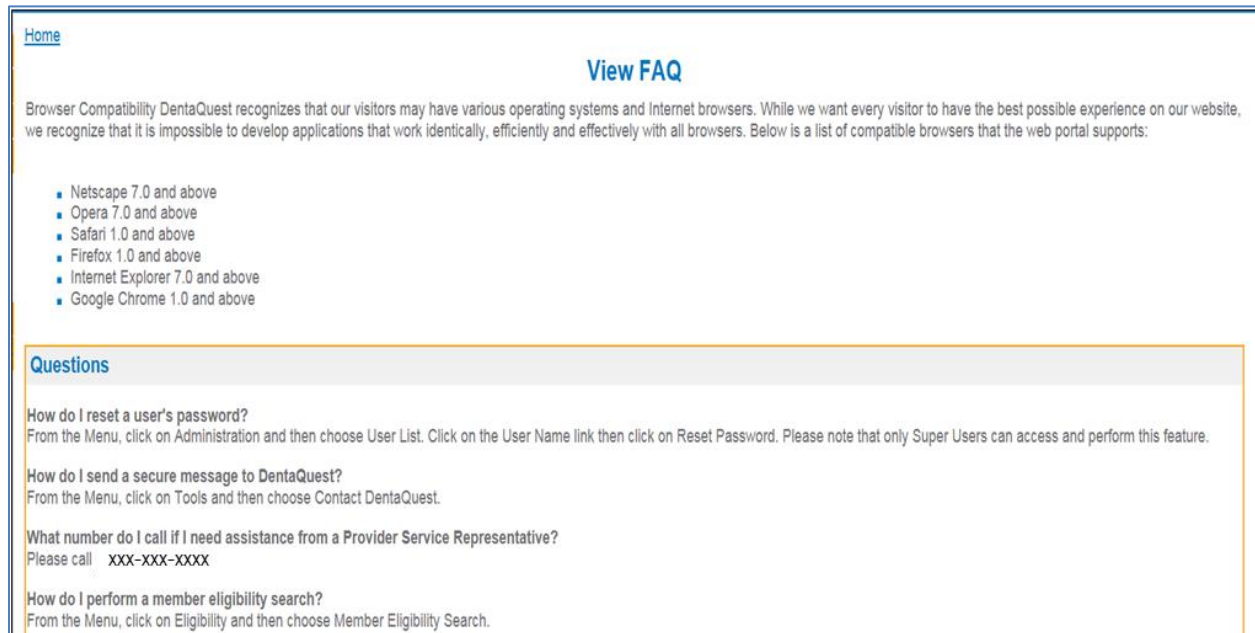
- b. On the **Dentist List** page that appears, search for and select the dentist you want to add to this message. For more information, see “Using the Dentist List”.
- c. To remove a dentist, click the **Clear Dentist** button.

8. Click the **Submit** button to send the message.

Other Home Page Items

Using the FAQ Link

Click the **FAQ** link in the upper-right corner of your **Home** page to display the **View FAQ** (Frequently Asked Questions) page.



[Home](#)

[View FAQ](#)

Browser Compatibility DentaQuest recognizes that our visitors may have various operating systems and Internet browsers. While we want every visitor to have the best possible experience on our website, we recognize that it is impossible to develop applications that work identically, efficiently and effectively with all browsers. Below is a list of compatible browsers that the web portal supports:

- Netscape 7.0 and above
- Opera 7.0 and above
- Safari 1.0 and above
- Firefox 1.0 and above
- Internet Explorer 7.0 and above
- Google Chrome 1.0 and above

Questions

How do I reset a user's password?
From the Menu, click on Administration and then choose User List. Click on the User Name link then click on Reset Password. Please note that only Super Users can access and perform this feature.

How do I send a secure message to DentaQuest?
From the Menu, click on Tools and then choose Contact DentaQuest.

What number do I call if I need assistance from a Provider Service Representative?
Please call **xxx-xxx-xxxx**

How do I perform a member eligibility search?
From the Menu, click on Eligibility and then choose Member Eligibility Search.

Using the Event Calendar

1. Click the **Event Calendar** link on your **Home** page to display the **Event Calendar** and view upcoming event information that DentaQuest has posted.
2. To view details for an event, click the **Day Number** link to open the **Day Events** page, which lists the details for any events that DentaQuest has set up.

[Home](#)

Event Calendar

This page displays all events defined for your user type.

< October, 2009 >

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 - test	2 - test	3 - test
4 - test	5 - test	6 - test	7 - test	8 - test	9 - test	10 - test
11 - test	12 - test	13 - test	14 - test	15 - test	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

3. Use the breadcrumb trail to return to the **Event Calendar**.

[Home](#) > [Event Calendar](#)

Day Events

Thursday, October 15

This page displays the event detail for the day.

test

Subject Seminar

Location



Organizer

Start Date 10/01/2009

End Date 10/15/2009

Description Provider Seminar

Viewing Related Documents

1. Click the **Related Documents** link on your **Home** page to display the **Document List** page. This list contains any provider documents or URL links that DentaQuest has posted.
 -  - Items with this symbol are secure documents that you can download and save.
 -  - Items with this symbol are URL links to documents (or information) on external sites, such as a W-9 link to the IRS website or Medicaid and Medicare URL links. The document or website opens in a new browser window.
2. To search for a document, enter the **Title** or **Description**, select a file type from the **File Detail Category** drop-down list, and then click the **Search** button.
3. To download and display a document or open a URL link, click the title for that document or link.

[Home](#)

Document List

This page allows you to access the documents related to your user type. You can sort the list by document name and description. Clicking the document name displays the document.


Search









Title ?

Description ?

File Detail Category ▾

Search

Results  Download File

Title	File Detail Category	Description
 Ortho Continuation of Care Form	Forms	Ortho Continuation of Care Form
 Provider Change Form	Forms	Provider Change Form
 Provider Portal Admin Guide	General	Provider Portal Admin Guide
 Recall Examination Form	Forms	Recall Examination Form
 Request for Transfer of Records Form	Forms	Request for Transfer of Records Form
 Spring 2010 Newsletter	Newsletters	Spring 2010 Newsletter
 W-9 Form	Forms	Request for Taxpayer Identification Number and Certification
 yahoo	General	asdf

< Page 2 of 2