

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim<sup>®</sup>](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

#### [Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

#### [Add X-rays to a Rejected Claim](#) New

Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

#### [Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.



[Create An Account](#)

# Account Access

## Sign In

Username

Password

Sign In

[Create an Account](#)  
[Forgot Password?](#)  
[Forgot Username?](#)



# Create an Account

1. **Get Started** → 2. Provide Details → 3. Confirmation

## Start a dentist account

Provider ID or NPI numbers only [?](#)

Provider Tax ID EIN or SSN [?](#)

I have read and agree to the [Provider Agreement](#)

Next

Exit

### Dentist Account Features

- Review patient eligibility and allowances
- Check claim statuses
- Use Speed eClaim to provide real-time edits and ensure faster payments
- Submit claims FREE!
- See your payment history, check payment status and view EOBs

# Complete the Fields as indicated

## Create an Account

1. Get Started → 2. **Provide Details** → 3. Confirmation

### Provider Registration

#### Your Name

Please do not use the name of anyone else in your office.

First Name

Last Name

#### Email

This email will be used to activate your account.

#### Confirm Email

Use the name of the person who will be using the registration. If calling for password reset, can only reset for the name on the account or the Dentist

#### Dentist Account Features

- Review patient eligibility and allowances
- Check claim statuses
- Use Speed eClaim to provide real-time edits and ensure faster payments
- Submit claims FREE!
- See your payment history, check payment status and view EOBs

### Account Information

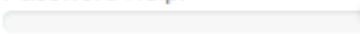
#### Username

8-25 characters

Choose Username

## Complete the Fields as indicated – click submit

**Password**

Password Help: 

Indicates Strength

Password is case-sensitive and must:

- be 8-22 characters
- contain a combination of numbers, upper and lower case letters, and special characters
- make use of ONLY the following special characters: ' ~ ! @ # \$ % ^ & \* ( ) - \_ = +

**Confirm Password**

Note - password requirements

**Security Question**

We'll need this if you forget your account information.

Security Question is case sensitive

**Submit** Previous Exit

## Password

Password meets requirements



Password is case-sensitive and must:

- be 8-22 characters
- contain a combination of numbers, upper and lower case letters, and special characters
- make use of ONLY the following special characters: ' ~ ! @ # \$ % ^ & \* ( ) - \_ = +

# Security Questions

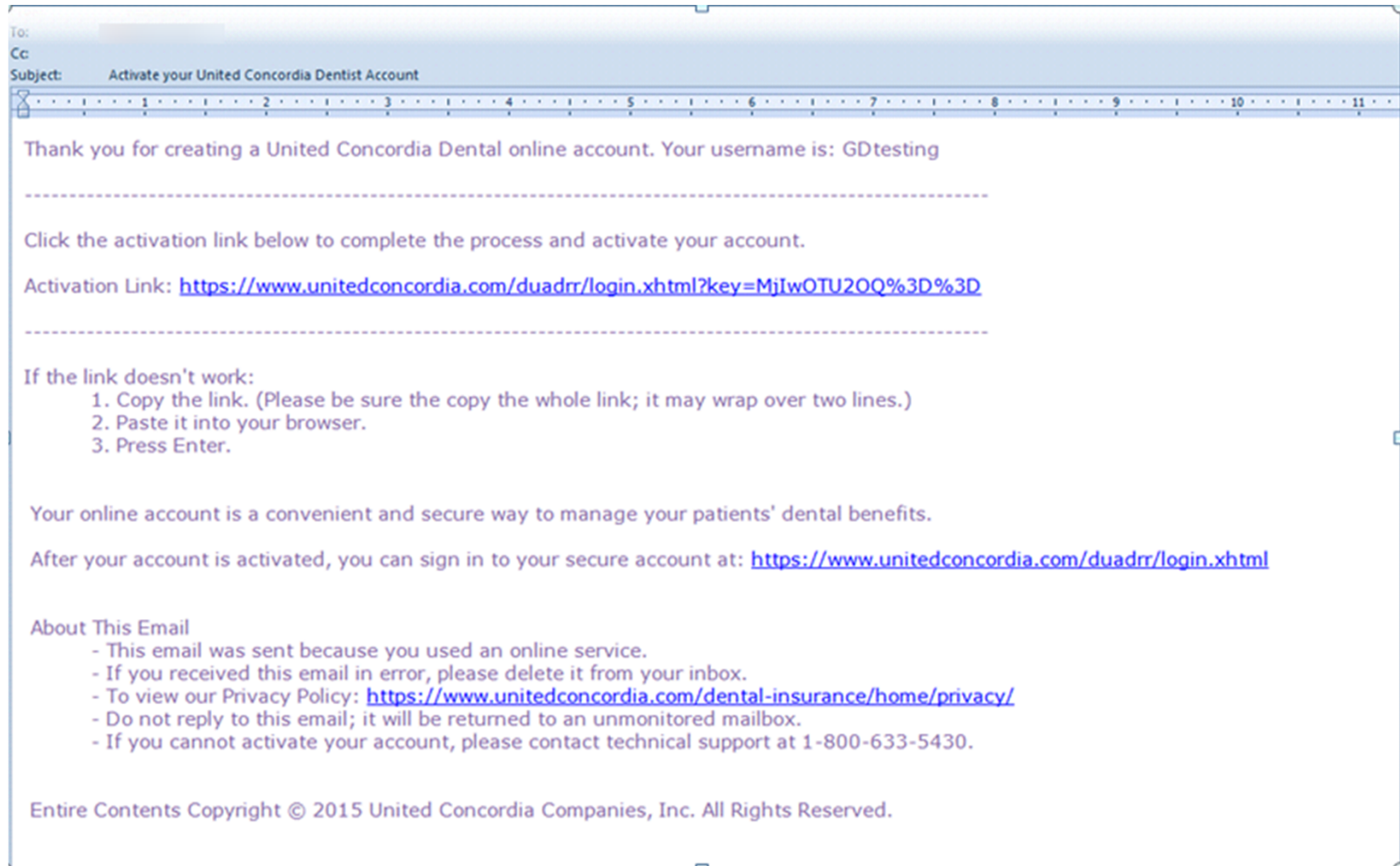
Select Question

Your childhood house number?  
Middle name of your youngest child?  
City or town your sibling lives?  
Maiden name of your maternal grandmother?  
Day of the month you were married?  
Day of the month you were born?  
In what year was your father born?  
In what year was your mother born?

Select Question ▼

**Case  
Sensitive**

# Email sent to Activate Account





# Close out previous browser and sign in to new browser

## Activate Your Account

### Sign In

To complete your account activation, please sign in below.

**Username**

Please enter your Username

**Password**

# Select Task and the Log In page will come up, sign in

## MyDentalCoverage

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New

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Create An Account

Member ID

Date of Birth

Search

Clear

## Welcome to *MyPatients'Benefits*

✓ **Patient Dashboard**

Find the information you need most often, all in one place

✓ **Claims Access**

View claims for any office registered under your Tax ID and in a more intuitive format

✓ **Procedure Lookup**

Calculate patient allowances for any office registered under your Tax ID and view additional procedure information

✓ **Service History**

Access patient history more easily and apply filters to manage views

✓ **Print Options**

Print benefits and service history more easily

And more...

It's here! A faster way to find patients' dental benefits information. [See what's new.](#)

[Contact Us](#) | [Fraud](#) | [Privacy Policy](#) | [Integrity Process](#)

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- Provider and Patient Specific Benefits
- Provider In Network
- Enrollment information
- Service History
- Tabs for Benefits, Claim Status and Ortho treatment
- Out of Network

Dental Plan  
DENTAL

Dental Network  
NO NETWORK

Member ID Date of Birth

Search
Clear

Dental Plan  
DENTAL

Dental Network  
DENTAL BLUE (PPP)

Group / ID

Covered Members  
FAMILY

Carrier Type  
PARTNERSHIP

Service Type  
DENTAL CARE

Policyholder

Mailing Address

Select Member 3
All information retrieved on 06/22/2018

ACTIVE

---

DOB

Age 53

Gender MALE

Relationship SELF

Coverage Effective  
11/01/2011 - Present | [Check Past](#)

Member has a qualified medical condition reported?  
No

### Service History Snapshot What does this include? ?

Procedure #
Tooth
Filter
Clear
 Print

Start	End	Procedure	Tooth	Surface
03/15/2018	03/15/2018	D6010	06	
03/15/2018	03/15/2018	D6010	07	
03/15/2018	03/15/2018	D6010	09	
03/15/2018	03/15/2018	D6104	06	

Note: Procedure history is informational only; not a guarantee of payment.

Benefits
Claims Status
Ortho Treatment Plan

**Procedure Allowance**  
+ related procedure lookup info

Lookup

[View Full Schedule of Allowances](#)

- Initial view of Benefits screen
- Procedure categories sorted by ADA code ranges
- To see additional benefits available if medical condition reported – click See Medical Condition Benefits

**Benefits**
Claims Status
Ortho Treatment Plan

**Procedure Allowance**  
 + related procedure lookup info
 

Procedure # 
Lookup

[View Full Schedule of Allowances](#)

**Search By**

Print  
[View Coverage Summary](#)  
[View Service History](#)

**Policy Information**

- + Deductibles and Maximums
- + Coordination and Other Benefits

Benefit Details by Procedure	Procedure Code Range
+ Preventive Exams	D0120 - D0191
+ X-rays	D0210 - D0395
+ Tests and Examinations	D0414 - D0470
+ Pathology Laboratory	D0472 - D0478
+ Nomenclature	D0479 - D0999
+ Cleanings & Fluoride	D1110 - D1330
+ Sealants	D1351 - D1354
+ Space Maintainers	D1510 - D1999
+ Restorations	D2140 - D2430

**Deductibles**

No deductible applied to the current benefit period. Please check the benefits summary for more information.

**PROGRAM DOLLAR MAX** ⓘ

**INDIVIDUAL**  
01/01/2018 - 12/31/2018

\$2,000.00 Applied    \$2,000.00 Total

**\$0.00 Remaining**

⚠ Please advise patient on the status

Names of covered family members with DOB

- Display of additional benefits member would have if a medical condition was reported

Benefits
Claims Status
Ortho Treatment
Procedure Allowance  
+ related procedure lookup info
Procedure # 
Lookup

[View Full Schedule of Allowances](#)

**Search By**

[View Coverage Summary](#)  
[View Service History](#)

[Print](#)

**Policy Information**

- [+ Deductibles and Maximums](#)
- [+ Coordination and Other Benefits](#)
- [- Wellness Benefits \(Malena has not reported a condition\)](#)

Procedure	Covered	Allowance	Coverage % or Copay \$	Limitation	Applied to Deductible	Applied to Maximum
D1110 <a href="#">Prophylaxis Adult &gt;</a>	Yes	\$55.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions   4 Per Benefit Period Additional	No	No
D1120 <a href="#">Prophylaxis Child &gt;</a>	Yes	\$38.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions   4 Per Benefit Period Additional	No	No
D1208 <a href="#">Topical Fluoride Varnish &gt;</a>	Yes	\$25.00	100%	Oral Cancer Medical Condition   4 Per Benefit Period Additional	No	No
D1208 <a href="#">Topical Fluoride Varnish &gt;</a>	Yes	\$24.00	100%	Oral Cancer Medical Condition   4 Per Benefit Period Additional	No	No
D4341 <a href="#">Scaling/planing 4 + Teeth &gt;</a>	Yes	\$180.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No
D4342 <a href="#">Scaling/planing 1-3 Teeth &gt;</a>	Yes	\$93.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No
D4910 <a href="#">Periodontal Maintenance &gt;</a>	Yes	\$82.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions   4 Per Benefit Period Additional	No	No

**Wellness Benefits**

This patient has NOT reported a medical condition

- [See Medical Condition Benefits](#)

**PROGRAM DOLLAR DED**

**INDIVIDUAL**  
01/01/2017 - 12/31/2017

\$25.00 Applied      \$25.00 Total

**\$0.00 Remaining**

⚠ Please advise patient on the status

**PROGRAM DOLLAR MAX**

**INDIVIDUAL**  
01/01/2017 - 12/31/2017

\$271.24 Applied      \$1,500.00 Total

**\$1,228.76 Remaining**

**ANNUAL MAX ROLLOVER**

**INDIVIDUAL**  
01/01/2017 - 12/31/2017

\$0.00 Applied      \$1,000.00 Total

**\$1,000.00 Remaining**

- Deductible & Maximum information will remain as a graphic and as text at top of benefits section
- + and – allow user to expand to the details under the procedure category
- Click on procedure row to get to additional details

Procedure Allowance
+ related procedure lookup info
Procedure #
Lookup

[View Full Schedule of Allowances](#)

**Search By**

[View Coverage Summary](#)  
[View Service History](#)

Print

Policy Information

**+ Deductibles and Maximums**

**+ Coordination and Other Benefits**

Benefit Details by Procedure

Procedure Code Range

**- Preventive Exams**

D0120 - D0191

Procedure		Coverage %			Applied to Deductible	Applied to Maximum
		Covered	Allowance or Copay \$	Limitation		
D0120	<a href="#">Periodic Evaluation &gt;</a>	Yes	\$31.00	100%	In Network   2 Per Calendar Year   <a href="#">More...</a>	No   Yes
D0140	<a href="#">Limited Oral Evaluation &gt;</a>	Yes	\$41.00	100%	In Network   1 Per Calendar Year ~ Per Dentist   <a href="#">More...</a>	No   Yes
D0145	<a href="#">Oral Eval Under Age 3 &gt;</a>	Yes	\$28.00	100%	In Network   2 Per Calendar Year   <a href="#">More...</a>	No   Yes
D0150	<a href="#">Comprehensive Evaluation &gt;</a>	Yes	\$43.00	100%	In Network   1 Per 24 Months ~ Per Dentist   <a href="#">More...</a>	No   Yes
D0160	<a href="#">Extensive Oral Evaluation &gt;</a>	Yes	\$50.00	100%	In Network   1 Per Calendar Year ~ Per Dentist   <a href="#">More...</a>	No   Yes
D0170	<a href="#">Re-evaluation, Limited &gt;</a>	Not Covered				

**Deductibles**

No deductible applied to the current benefit period. Please check the benefits summary for more information.

**PROGRAM DOLLAR MAX** ?

**INDIVIDUAL**  
01/01/2018 - 12/31/2018

\$2,000.00 Applied    \$2,000.00 Total

\$0.00 Remaining

⚠ Please advise patient on the status

- Procedure history relative to selected procedure is displayed to assist the office in determining patient eligibility for service

[← Back to Benefits View](#)

### D0120: Periodic Evaluation

**Procedure Details**

Covered	Allowance	Coverage % or Copay \$	Limitations	Applies to Deductible	Applies to Maximum
Yes	\$31.00	100%	In Network   2 Per Calendar Year	No	Yes
Cost Share 0% - \$0.00					

Notice: Procedure code allowances do not guarantee payment. Verify plan benefits, procedure eligibility and accumulations for additional information.

**Related Procedures**

Related procedures when 2 Per Calendar Year applies:

- [D0120 - Periodic Evaluation >](#)
- [D0145 - Oral Eval Under Age 3 >](#)

**Procedure Service History**

Service history includes **related procedures** that determine eligibility.

Procedure Code did not return any procedure history.

Note: Procedure history is informational only; not a guarantee of payment.

**Additional Policy Details**

Policy Type	Description
Age-related Benefits Cease	Dependent ~ Age 26 And Older ~ Administered By Group
Age-related Benefits Cease	Student Dependent ~ Age 26 And Older ~ Administered By Group
Individual Maximum	\$2,000 Per Calendar Year ~ In network ~ Age 19 And Older

**Procedure Dictionary**

Surgery Preoperative Days	0
Surgery Postoperative Days	0
Benefit Category	DENTAL DIAGNOSTIC SERVICES
Treatment Length Required	NO
Radiograph Type	--
Valid Tooth Surface	--
Valid Tooth	--



- Patient full procedure history is available in the procedure look or from the View Service History Link in Benefit section

**ACTIVE**

Member ID		Coverage Effective 11/01/2011 - Present   <a href="#">Check Past</a>
DOB		Member has a qualified medical condition reported? No
Age	53	
Gender	MALE	
Relationship	SELF	

### Service History Snapshot What does this include? ?

Start	End	Procedure	Tooth	Surface
03/15/2018	03/15/2018	D6010	06	
03/15/2018	03/15/2018	D6010	07	
03/15/2018	03/15/2018	D6010	09	
03/15/2018	03/15/2018	D6104	06	

Note: Procedure history is informational only; not a guarantee of payment.

Benefits
Claims Status
Ortho Treatment Plan

Procedure Allowance  
+ related procedure lookup info

[View Full Schedule of Allowances](#)

**Search By**

[View Coverage Summary](#)
[View Service History](#)
[Print](#)

**Deductibles**

No deductible applied to the current benefit period. Please check the benefits summary for more information.

### Service History X

Start <span style="font-size: small;">▲</span>	End <span style="font-size: small;">↓</span>	Procedure <span style="font-size: small;">↑</span>	Tooth <span style="font-size: small;">↓</span>	Surface <span style="font-size: small;">↑</span>
03/15/2018	03/15/2018	D6010	06	
03/15/2018	03/15/2018	D6010	07	
03/15/2018	03/15/2018	D6010	09	
03/15/2018	03/15/2018	D6104	06	

- Waiting Periods shown when applicable
- Shows the % of benefit after the waiting period
- Provides the date the waiting period is over

+ X-Rays, All					D0210 - D0330	\$10.00 Applied		\$50.00 Total	
+ Cleanings & Fluoride Treatments					D1110 - D1208			\$30.00* Remaining	
+ Sealant Per Tooth					D1351			* Reduced to the lesser amount of the Family deductible remaining.	
+ Space Maintainers					D1510 - D1575				
+ Restorations					D2140 - D2430				
+ Crowns, Inlays & Onlays					D2510 - D2799				
+ Other Restorative Services					D2910 - D2990				
+ Endodontic Procedures					D3220 - D3357				
+ Surgical Periodontal Services					D3410 - D3920				
- Non-Surgical Periodontal Services					D4210 - D4285				
Procedure		Covered	Allowance	Coverage	Limitation	Applied to Deductible	Applied to Maximum		
D4210	Gingivectomy or gingivoplasty - 4+ teeth/spaces, per quadrant >	No	\$616.00	0%	Not Covered due to Waiting Period   Covered at 80% on 8/1/2016   1 Per 36 Months ~ Per Area Of The Mouth   more...	Yes	Yes		
D4211	Gingivectomy or gingivoplasty - 1-3 teeth/spaces, per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period   Covered at 80% on 8/1/2016   1 Per 36 Months ~ Per Area Of The Mouth   more...	Yes	Yes		
D4212	Gingivectomy for Access >	No	\$616.00	80%	Not Covered due to Waiting Period   Covered at 80% on 8/1/2016   1 Per 36 Months ~ Per Area Of The Mouth   more...	Yes	Yes		
D4230	Anatomical crown exposure - 4+ contiguous teeth per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period   Covered at 80% on 8/1/2016   1 Per 36 Months ~ Per Area Of The Mouth   more...	Yes	Yes		
D4231	Anatomical crown exposure - one to three teeth per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period   Covered at 80% on 8/1/2016   1 Per 36 Months ~ Per Area Of The Mouth   more...	Yes	Yes		

**Program Dollar Maximum** ⓘ

**Individual**  
01/01/2017 - 12/31/2017

\$10.00 Applied    \$1,000.00 Total

\$990.00 Remaining

**Orthodontics**

\$0.00 Applied    \$1,500.00 Total

\$1,500.00 Remaining

- Patient specific benefit information. Sealant not covered for due to age – Not covered, 0% and limitation
- Covered by plan but not covered for patient

RISHAD Print

**Search By** [View Coverage Summary](#)  
[View Service History](#)

Type in a keyword or procedure code

**Policy Information**

- + Deductibles and Maximums
- + Coordination and Other Benefits

**Benefit Details by Procedure** Procedure Code Range

+ Preventive Exams	D0120 - D0191
+ X-rays	D0210 - D0395
+ Tests and Examinations	D0414 - D0470
+ Pathology Laboratory	D0472 - D0478
+ Nomenclature	D0479 - D0999
+ Cleanings & Fluoride	D1110 - D1330
- Sealants	D1351 - D1354

Procedure	Coverage % Covered Allowance or Copay \$	Limitation	Applied to Deductible	Applied to Maximum
D1351 Sealant Per Tooth >	No -- 0%	No Coverage Due to Age Limitation   In Network   1 Per Tooth ~ Per Lifetime ~ Under 14 Years Of Age ~ Permanent 1st And 2nd Molars   <a href="#">More...</a>	No	Yes
D1352 Preventive Resin Rest >		Not Covered		
D1353 Sealant Repair >		Not Covered		
D1354 Interim Caries		Not Covered		

**Deductibles**

No deductible applied to the current benefit period. Please check the benefits summary for more information.

**Maximums**

No maximum applied to the current benefit period. Please check the benefits summary for more information.



- Change patient to child Andrew
- Expand sealant coverage
- Benefits specific to Andrew and now shows covered

The screenshot shows a web application interface for a dental benefits system. The browser address bar indicates the URL is `collaborate.highmark.com/teams3/t12149400/Axure%20Prototypes%20Test/MPB%20-%20`. The patient name is **ANDREW**. The interface is divided into several sections:

- Navigation:** Buttons for "Benefits", "Claim Status", and "Ortho Treatment". A "Procedure Allowance / Co-Pay" section with a "Lookup" button.
- Search:** A search bar with the placeholder "Enter procedure code, name or limitation" and a "Search" button.
- Policy-Related Benefits Details:** A list of expandable categories:
  - Deductibles and Maximums
  - Other Benefits
  - Benefits Details by Procedure
- Benefits Details by Procedure Table:**

Procedure	Covered	Allowance	Coverage	Limitation	Applied to Deductible	Applied to Maximum
D0120 - D0180	Yes	\$30.24	100%	1 Per Tooth - Per 3 Years - Permanent	No	Yes
D1110 - D1208	Yes					
D1351	Yes					
D1510 - D1575	Yes					
D2140 - D2430	Yes					
D2510 - D2799	Yes					
D2910 - D2990	Yes					
D3220 - D3357	Yes					
D3410 - D3920	Yes					
- Summary Cards:**
  - Program Dollar Deductible:**
    - Family (01/01/2015 - 12/31/2015): \$120.00 Paid, \$150.00 Total, \$30.00 Remaining.
    - Individual (01/01/2015 - 12/31/2015): \$40.00 Applied, \$50.00 Total, \$10.00\* Remaining.
  - Program Dollar Maximum:**
    - Individual (01/01/2015 - 12/31/2015): \$40.00 Applied, \$1,000.00 Total, \$960.00 Remaining.
    - Orthodontics: \$0.00 Applied, \$1,500.00 Total, \$1,500.00 Remaining.

- Not covered by plan
- Alternate Benefit

Benefit Details by Procedure					Procedure Code Range		
— Preventive Exams					D0120 - D0191		
Procedure	Covered	Allowance	Coverage % or Copay \$	Limitation	Applied to Deductible	Applied to Maximum	
D0120	<a href="#">Periodic Evaluation &gt;</a>	Yes	\$31.00	100%	In Network   2 Per Calendar Year   <a href="#">More...</a>	No	Yes
D0140	<a href="#">Limited Oral Evaluation &gt;</a>	Yes	\$41.00	100%	In Network   1 Per Calendar Year ~ Per Dentist   <a href="#">More...</a>	No	Yes
D0145	<a href="#">Oral Eval Under Age 3 &gt;</a>	Yes	\$28.00	100%	In Network   2 Per Calendar Year   <a href="#">More...</a>	No	Yes
D0150	<a href="#">Comprehensive Evaluation &gt;</a>	Yes	\$43.00	100%	In Network   1 Per 24 Months ~ Per Dentist   <a href="#">More...</a>	No	Yes
D0160	<a href="#">Extensive Oral Evaluation &gt;</a>	Yes	\$50.00	100%	In Network   1 Per Calendar Year ~ Per Dentist   <a href="#">More...</a>	No	Yes
D0170	<a href="#">Re-evaluation, Limited &gt;</a>					Not Covered	
D0171	<a href="#">Post-operative Office Visit &gt;</a>					Not Covered	

D2391	<a href="#">1 Surf Resin Posterior &gt;</a>	Yes	\$112.00	67%	In Network   1 Per 12 Months   No Alternate Benefit   <a href="#">More...</a>	No	Yes
D2392	<a href="#">2 Surf Resin Posterior &gt;</a>	Yes	\$143.00	67%	In Network   1 Per 12 Months   No Alternate Benefit   <a href="#">More...</a>	No	Yes
D2393	<a href="#">3 Surf Resin Posterior &gt;</a>	Yes	\$172.00	67%	In Network   1 Per 12 Months   No Alternate Benefit   <a href="#">More...</a>	No	Yes
D2394	<a href="#">4 Or More Surf Resin Post &gt;</a>	Yes	\$190.00	67%	In Network   1 Per 12 Months   No Alternate Benefit   <a href="#">More...</a>	No	Yes

- PDF Print / Save capability
- Select sections the provider is interested in details for
- Select all sections if needed

The screenshot displays a web application interface for patient benefits. A modal dialog box titled "Select and Print All Services by Section" is open, allowing a user to choose which sections to print. The dialog lists the following sections with corresponding buttons:

- Benefits Summary: Print Summary
- Covered Services Section: Select All, Deselect All
- Deductibles and Maximums: Select
- Coordination and Other Benefits: Select
- Wellness Benefits: Select
- Preventive Exams: Deselect
- X-rays: Deselect
- Tests and Examinations: Select
- Pathology Laboratory: Select
- Nomenclature: Select
- Cleanings & Fluoride: Deselect

At the bottom of the dialog are "Print" and "Cancel" buttons. The background page shows patient information for JOVANNE MORC (Member ID 950071541, DOB 07/02/1953, Age 64, Gender MALE, Relationship SPOUSE). Below this is a "Benefits" tab and a "Claims" tab. A search bar is visible with the text "Type in a keyword or procedure" and "CPC: 522C5". The main content area shows a list of services with expandable sections:

- + Deductibles and Maximums
- + Coordination and Other Benefits
- + Wellness Benefits (Jovanne has not reported a condition)

On the right side, there is a "Deductibles" section with the text: "No deductible applied to the current benefit period. Please check the benefits summary for more information."

- Print

All information retrieved on **11/08/2017**



In-Network  
Dentist

Dental Plan  
DENTAL

Provider ID

Group / ID

VSP DENTAL GOLD PLUS  
VISI / F01486000

Coverage Effective

05/01/2017 - Present

**ACTIVE**

Name

**Deductibles and Maximums**

Individual Deductible: \$20 Per Contract Year ~ In network

Individual Maximum: \$1,000 Per Contract Year ~ In network

**Benefit Details by Procedure**


Preventive Exams

D0120 - D0191

Procedure	Covered	Allowance	Coverage % or Copay \$	Limitation	Applied to Deductible	Applied to Maximum
D0120	Yes	\$31.00	100%	In Network   2 Per Contract Year ~ Per Same Group	Yes	Yes
D0140	Yes	\$41.00	100%	In Network   1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes
D0145				No Coverage		
D0150	Yes	\$43.00	100%	In Network   1 Per 24 Months ~ Per Dentist ~ Per Same Group	Yes	Yes
D0160	Yes	\$50.00	100%	In Network   1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes
D0170				No Coverage		
D0171				No Coverage		
D0180	Yes	\$52.00	100%	In Network   1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes
D0190				No Coverage		
D0191				No Coverage		

- View / Print Coverage Summary

All information retrieved on **11/08/2017**

 **Dental Plan**  
DENTAL

**Group / ID**  
VSP DENTAL GOLD PLUS  
VISI / F01488000

**Coverage Effective**  
05/01/2017 - Present  
**ACTIVE**

**In-Network Dentist**

**Provider ID**

**Name**

---

**Deductibles and Maximums**

**Individual Deductible:** \$20 Per Contract Year ~ In network

**Individual Maximum:** \$1,000 Per Contract Year ~ In network

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**Benefits Summary**  
View detailed benefits for procedure level coverage, exclusions and limitations

Category	Procedure*	Coverage % or Copay \$*	Category	Procedure*	Coverage % or Copay \$*
Exams	D0120	100%	Endodontics	D3330	80%
Cleanings	D1110	100%	Periodontics	D4341	80%
Sealants	D1351	Not Covered	Implants	D6010	50%
Bitewing X-Rays	D0274	100%	Oral Surgery	D7210	80%
Full Mouth X-Rays	D0210	100%	Implant Related Prosthetics	D6058	50%
Space Maintainers	D1510	Not Covered	Prosthetics	D6240	50%
Basic Restorative, Fillings	D2150	80%	Orthodontics	D8080	Not Covered
Basic Restorative, Fillings	D2391	80%	Wellness Benefits Due To Qualifying Medical Condition		No condition reported
Crowns	D2750	50%	Missing Tooth Clause		Will Not Apply

Provider Acknowledges and understands that the information contained herein reflects current files. Claims will be processed according to benefit and membership information on our files at the time of processing. Therefore, the information contained herein does not guarantee reimbursement.

\* The procedure code and coverage listed for a category represent one example. Coverage will vary for the category depending on the procedure code used.



- Claim Status – recent claim alert

[Benefits](#)
[Claims Status 1 RECENT](#)
[Ortho Treatment Plan](#)
[Procedure Allowance](#) + related procedure lookup info

[View Full Schedule of Allowances](#)

---

**Patient Claims**

View

Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
05/08/2018	18130234063	003317191	\$189.00	\$79.18	<span>Paid</span>	<input type="button" value="Hide Details"/> ▾

**Claim Details - 18130234063**

Service Date	Proc. Code	Proc. Count	Tooth	Non Charge Amount	NC CD	Sub Liab.	SL CD	Reject Code	507 Code	508 Code	Other Ins.	Provider Charge	Allowed Amount	Payment Amount
05/08/2018	D0120	1		\$22.05	P1			--	F1	1	\$0.00	\$46.00	\$23.95	\$23.95
05/08/2018	D1110	1		\$37.39	P1			--	F1	1	\$0.00	\$84.00	\$46.61	\$46.61
05/08/2018	D0274	1		\$30.38	P1	\$20.00	A1	--	F1	1	\$0.00	\$59.00	\$28.62	\$8.62
<b>Total Payment Amount:</b>													<b>\$79.18</b>	

Carrier LIFE AND SPECIALTY VENTURES	Date Claim Received 05/10/2018
Health Care Claim Status Category Code F1	Health Care Claim Status Code 1

Check #	Issued	Payee	Amount	Offset	Status	Date	EOB
0035996194	05/10/2018	PROVIDER	\$79.18	No	Matched	05/23/2018	<a href="#">View</a>

- View Details

# Reimbursements

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

#### [Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

#### [Add X-rays to a Rejected Claim](#) New

Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

#### [Schedule of Allowances](#)

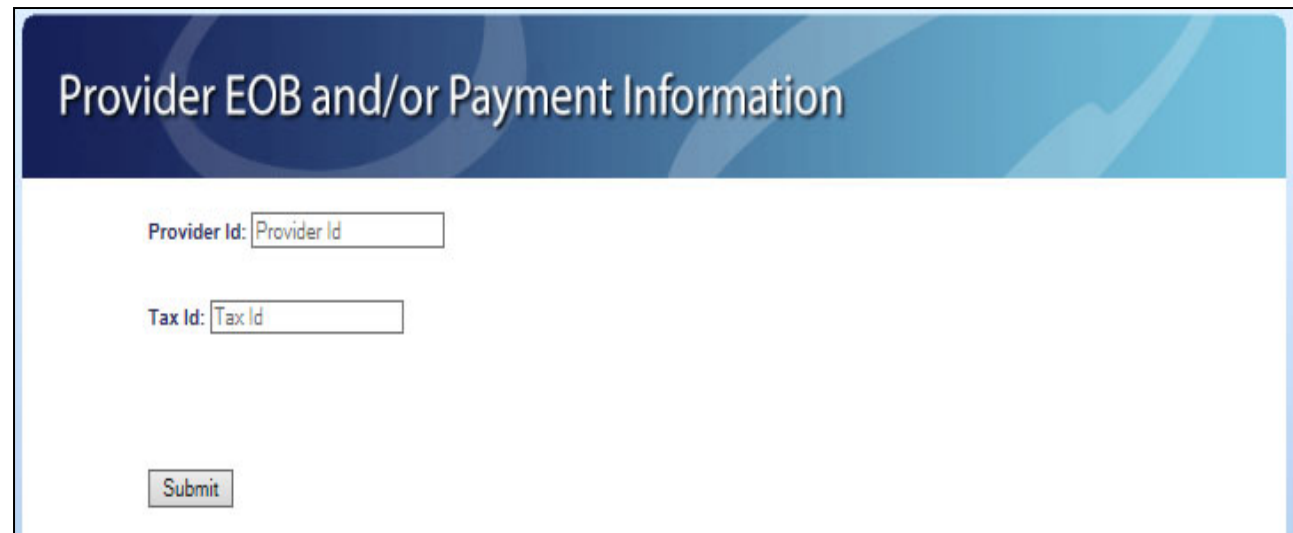
Download the schedule of allowances for your participating networks.



Create An Account

## Reimbursements

- After logging in, Enter Provider ID & Tax ID



Provider EOB and/or Payment Information

Provider Id:

Tax Id:

- Enter date range to search provider check information
- Select Search Date Range



Provider EOB and/or Payment Information

*EOBs and Payments processed under the Tax id (the same one used to register the User id) are displayed via this option.*

Key the Begin and End dates and select the Search Date Range button to see providers and offices with EOBs and/or Payments for a time frame.

Begin Date (MM/DD/YYYY)  End Date (MM/DD/YYYY)

## Provider EOB and/or Payment Information

*EOBs and Payments processed under the Tax id (the same one used to register the User id) are displayed via this option.*

Key the Begin and End dates and select the *Search Date Range* button to see providers and offices with EOBs and/or Payments for a time frame.

**Begin Date** (MM/DD/CCYY)  **End Date** (MM/DD/CCYY)

The groups and providers on this list have EOBs and/or Payments for the time frame above.

To view more use the scroll bar.

Provider Name will appear here; Select and Click Submit button below

Select the group or provider and Click on the *Submit* button to view EOBs and/or Payments.

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# Summary of recent provider payments and EOBs displayed

## Provider EOB and/or Payment Information

### EOB And/Or Payment Summary

View The Results For Payee ID:

Issue Date Range: 03/28/2018 To 04/12/2018

Click on the Check / EFT # to see additional details  
EFT (Payment Pending) details can be viewed 3 business days after

Issue Date	Check/EFT Ind.	Check/EFT #	EOB	Bank Ac	
04/05/2018	No Payment		<a href="#">EOB</a>		
04/05/2018	No Payment		<a href="#">EOB</a>		
04/05/2018	No Payment		<a href="#">EOB</a>		
03/29/2018	Claim Payment Check		<a href="#">EOB</a>		\$ 17.60
03/29/2018	Claim Payment Check		<a href="#">EOB</a>		\$ 130.92
03/29/2018	Claim Payment Check		<a href="#">EOB</a>		\$ 305.37
03/29/2018	No Payment		<a href="#">EOB</a>		

Click to see complete EOB

Total Number of Rows Displayed: 7

[New Search](#)  
[Return to Website](#)

If you use assistive technology (such as a screen reader, eye tracking device, voice recognition software, etc.) and have difficulty reading information on the EOBs, please email us at [accessibility@unitedconcordia.com](mailto:accessibility@unitedconcordia.com)

# Check Detail or EOB available online

## Provider EOB and/or Payment Information

### Check Detail Information

Details For the Check Number :

Issue Date:	11/07/2017	Amount:	\$162.20
Payee #:		Bank Status:	Matched
Payee Name:		Bank Status Date:	11/07/2017
Payee Address:			

### Check Related Claims

List of related claims

Claim No	From DOS	Patient Name	Paid Amt	Member Corr ID
0017303245205	10/30/2017		\$30.34	
0017308293205	11/02/2017		\$64.84	
0017304332289	10/31/2017		\$67.02	

Total Number of Related Claims Displayed: 3

[Back to Check Summary Information](#)

[New Search](#)

[Return to Website](#)

# Speed eClaim<sup>®</sup>

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim<sup>®</sup>](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

[Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

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Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

[Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.

Create An Account



Speed eClaim® quick entry – used when no attachments; COB information or any special comment needs to be entered

Speed eClaim®

[Exit Speed eClaim](#)

---

Provider Simulation

Welcome to the **NEW** quick entry version of Speed eClaim®. If you need to enter additional information, you can always switch to the original version at any time by clicking on the "Expanded Form" button to the right.

?

---

Billing Provider Information ?

Tax ID/SSN\*

National Provider Identifier (NPI)\*

---

Claim Information ?

Service Begin Date\*   Set Service Dates to Today's Date

Type of Transaction\*  ▼

---

Subscriber/Patient Information ?

Subscriber Contract ID\*  Do not enter special characters (i.e - or /).

Subscriber Birthdate\*

Patient Account Number\*

---

Service Information ?

Begin Service Date	Procedure Code*	Charge*	Tooth Number(s)	Mouth Area	Surface(s)	Initial Placement?	If No, Date of Prior Placement
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> ▼	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> ▼	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> ▼	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> ▼	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/> ▼	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>

*Fields marked with an asterisk(\*) are required.*



## 3 options for Type of Transaction

Type of Transaction\*

Request for Payment ▼

Request for Payment

Predetermination

Encounter

**Subscriber/Patient Information**

# Expanded Form to enter specific information such as COB, Attachments, Select patient for twins

Speed eClaim<sup>®</sup>

[Exit Speed eClaim](#)

Provider Simulation
Expanded Form ?

Welcome to the **NEW** quick entry version of Speed eClaim<sup>®</sup> information, you can always switch to the original version at "Expanded Form" button to the right.

Expanded Form selection to add COB or Attachments

---

**Billing Provider Information** ?

Tax ID/SSN\*

National Provider Identifier (NPI)\*  Retrieve Billing Provider

---

**Claim Information** ?

Service Begin Date\*   Set Service Dates to Today's Date

Type of Transaction\* Request for Payment ▼

---

**Subscriber/Patient Information** ?

Subscriber Contract ID\*  Do not enter special characters (i.e - or /).

Subscriber Birthdate\*  Retrieve Patient Info

Patient Account Number\*

---

**Service Information** ?

Begin Service Date	Procedure Code*	Charge*	Tooth Number(s)	Mouth Area	Surface(s)	Initial Placement?	If No, Date of Prior Placement
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 80px;" type="text" value="▼"/>	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 80px;" type="text" value="▼"/>	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 80px;" type="text" value="▼"/>	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 80px;" type="text" value="▼"/>	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>
<input style="width: 80px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 60px;" type="text"/>	\$ <input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 80px;" type="text" value="▼"/>	<input style="width: 60px;" type="text"/>	Yes ▼	<input style="width: 60px;" type="text"/>

Add Additional Procedure

*Fields marked with an asterisk(\*) are required.*

# Claim Tab

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
<b>Claim</b> <span style="float: right;">?</span>					
<input type="checkbox"/> Let Service Dates to Today's Date			OR ENTER DATES OF SERVICE BELOW		
Service Begin Date*	<input type="text" value="04/11/2018"/>	Service End Date*	<input type="text" value="04/11/2018"/>		
	MM/DD/YYYY		MM/DD/YYYY		
Type of Transaction*	<input type="radio"/> Predetermination		<input type="radio"/> Encounter		
Place of Service*	<input type="text" value="Office"/>				
Appt. Control Number	<input type="text"/>	(Required for ADDP only)	Dental Readiness Classification	<input type="text"/>	(Required for ADDP only)
<b>Accident</b> <span style="float: right;">?</span>					
Accident Type	<input type="text"/>	Date of Accident/Injury	<input type="text"/>		
			MM/DD/YYYY		
State of Auto Accident	<input type="text"/>				
<b>Orthodontics</b> <span style="float: right;">?</span>					
Is Treatment for Orthodontics?	<input type="text" value="No"/>	Appliance/Banding Date	<input type="text"/>		
			MM/DD/YYYY		
Remaining Months of Treatment	<input type="text" value="0"/>	Total Months of Treatment	<input type="text" value="0"/>		
<b>Adjudication</b> <span style="float: right;">?</span>					
Patient Fee Paid	<input type="text" value="0.00"/>	in US Dollars			
Delay Reason	<input type="text"/>				
Claim Notes	<input type="text"/>				
Health Care Diagnosis Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<i>Fields Marked With an Asterisk (*) Are Required</i>					
			<input type="button" value="Continue &gt;&gt;"/>	<input type="button" value="Reset"/>	

Specific information pertaining to the Claim

# Provider Tab

**Speed eClaim** [Exit Speed eClaim](#)

**Provider Simulation**

Claim **Provider** Subscriber/Patient Other Insurance Services Summary & Submit

**Billing Provider Information:** ?

Tax ID/ SSN\*  National Provider I  Any Additional Provider

---

**Rendering Provider Information:** ?

*All ADDP and TDP Claims must include an **individual** Rendering/Performing Provider to be approved.*

Rendering Provider's NPI  ZIP Code

Rendering Provider's Last Name

---

**Additional Provider Information:** ?

Referring Provider's NPI  ZIP Code

Referring Provider's Last Name  Referring Provider's UCCI Number

Assistant Surgeon's NPI  ZIP Code

Assistant Surgeon's Last Name  Assistant Surgeon's UCCI ID

Supervising Provider's NPI  ZIP Code

Supervising Provider's Last Name  Supervising Provider's UCCI ID

Facility NPI

Facility Blue Shield #

Facility Name

Facility Location Address

Facility City

Facility State

Zip

*Fields Marked With An Asterisk (\*) Are Required*

Subscriber / Patient Tab – Select specific patient (twins); enter any Attachment information such as NEA# containing images of x-rays; diagnostics or COB

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
<b>Subscriber Information</b>					
Subscriber Contract ID* <input type="text"/> <i>do not enter special characters (i.e - or /)</i>					
Subscriber's Name					
Last* <input type="text"/>		First* <input type="text"/>		Middle <input type="text"/>	
Title <input type="text"/>					
<b>Payer and Provider</b>					
Payer Name* <input type="text" value="United Concordia"/>		Payer Payment Responsibility* <input type="text" value="Primary"/>			
Assignment of Benefits* <input type="text" value="Yes"/>		Release of Information* <input type="text" value="Yes"/>			
Coverage Classification* <input type="text" value="Commercial Insurance Company"/>					
<b>Patient Information</b>					
Relationship to Subscriber* <input type="text" value="Self"/> <b>Dropdown to select patient</b>					
Patient Account Number* <input type="text" value="aa"/>		Patient Birth Date* <input type="text" value="MM/DD/Y"/>		Gender <input type="text" value="female"/>	
Patient's Name (if different from Subscriber)					
Last <input type="text"/>		First <input type="text"/>		Middle <input type="text"/>	
Patient's Address					
Line 1* <input type="text"/>					
Line 2 <input type="text"/>					
City* <input type="text"/>					
State* <input type="text" value="South Carolina"/>					
Zip* <input type="text"/>		Country <input type="text"/>		Digital Attachment ID <input type="text"/> <i>*required if outside United States</i>	
<b>Attachments</b>					
Attachment Type <input type="text"/>		Transmission Method <input type="text"/>		Attachment Control # <input type="text"/>	
Attachment Type <input type="text"/>		Transmission Method <input type="text"/>		Attachment Control # <input type="text"/>	
Attachment Type <input type="text"/>		Transmission Method <input type="text"/>		Attachment Control # <input type="text"/>	

## Attachment Drop Downs

**Attachments**

Attachment Type	<input type="text"/>	Transmission Method
Attachment Type	<input type="text"/>	Transmission Method
Attachment Type	<input type="text"/>	Transmission Method
<i>Fields Marked With an Asterisk (*) Are Required</i>	<input type="text"/>	<i>Are Required</i>

**Attachments**

Attachment Type	<input type="text"/>	Transmission Method	<input type="text"/>	Attachment Control #
Attachment Type	<input type="text"/>	Transmission Method	Electronically Only	Attachment Control #
Attachment Type	<input type="text"/>	Transmission Method	Available at Provider Site	Attachment Control #
			Email	Attachment Control #
			Fax	
			Mail	
			File Transfer	

*Fields Marked With an Asterisk (\*) Are Required*

## Other Insurance Tab

**Speed eClaim** [Exit Speed eClaim](#)

**Provider Simulation**

Claim    Provider    Subscriber/Patient    **Other Insurance**    Services    Summary & Submit

**Other Insurance Information** Other Insurance ?

Other Insurance Responsibility\*  Other Insurance Plan Name

Patient's Relationship to Other Insured\*

Coverage Classification

---

**Other Insured's Information** Enter "Other Insurance Effective Date" in the claim notes. ?

Contract ID\*  Birth Date\*  Gender\*

MM/DD/YYYY

Last Name\*  First Name\*  M.I.

**Other Insured's Address** ?

Line 1\*

Line 2

City\*

State\*

Zip\*  Country

---

*All amounts are in US Dollars* ?

Payer Paid Amount

*Fields Marked With an Asterisk (\*) Are Required*

For Amounts not Paid by Other Insurance, [Click Here](#)

[Additional Insurance](#)    [Continue >>](#)    [<< Back](#)    [Reset](#)

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# Services Tab – enter additional information for the Services such as initial placement

PROVIDER SIMULATION

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
-------	----------	--------------------	-----------------	----------	------------------

Claim Service Begin Date **04/11/2018** Claim Service End Date **04/11/2018** ?

---

Begin Service Date  MM/DD/YYYY

Procedure Code \*  # of Services \*

Charge \* \$  in US Dollars

Tooth 1  Tooth 2  Tooth 3  Tooth 4

Surfaces(s)

Mouth Area

Initial Placement?  Yes  No

If No, Date of Prior Placement  MM/DD/YYYY

End Service Date  MM/DD/YYYY

---

Begin Service Date  MM/DD/YYYY

Procedure Code \*  # of Services \*

Charge \* \$  in US Dollars

Tooth 1  Tooth 2  Tooth 3  Tooth 4

Surfaces(s)

Mouth Area

Initial Placement?  Yes  No

If No, Date of Prior Placement  MM/DD/YYYY

End Service Date  MM/DD/YYYY

---

Begin Service Date  MM/DD/YYYY

Procedure Code \*  # of Services \*

Charge \* \$  in US Dollars

Tooth 1  Tooth 2  Tooth 3  Tooth 4

Surfaces(s)

Mouth Area


Initial Placement?  Yes  No

If No, Date of Prior Placement  MM/DD/YYYY

End Service Date  MM/DD/YYYY



# Summary & submit Tab – Review for changes or corrections and submit – 5 slides

[Exit Speed eClaim](#)

**Provider Simulation**

---

**Claim Information** Expanded Form

Type of Transaction :	Request for Payment	Total Charges Submitted :	\$120.00
Service Begin Date :	04/11/2018	Service End Date :	04/11/2018
Place of Service :	Office	Accident Type :	
Appointment Control Number :		Dental Readiness Classification :	
Date of Accident/Injury :		State of Auto Accident :	
Is Treatment for Orthodontics? :	N	Appliance/Banding Date :	
Remaining Months of Treatment :	0	Total Months of Treatment :	0
Patient Fee Paid:	\$0.00	Delay Reason :	
Claim Notes :			

---

**Provider Information** Expanded Form

Billing Provider  
Last Name / Organization Name :  
Tax ID/ SSN :

Rendering Provider Last Name :

Billing Provider's NPI :  
Rendering Provider's NPI :

[Additional Provider Information](#)

**Subscriber/Patient Information**

Expanded Form

Subscriber Contract ID :

*Subscriber Name*

Last :

Middle :

Payer Name :

Assignment of Benefits :

Release of Information :

Relationship to Subscriber :

Gender :

*Patient's Name**(if different from Subscriber)*

Last :

Middle :

*Patient's Address*

Line 1 :

Line 2 :

City :

Zip :

..

United Concordia

Y

Y

Self

Female

First :

Title :

Payer Payment Responsibility : Primary

Coverage Classification : Commercial Insurance Company

Patient Account Number : aa

Patient Birth Date :

First :

Title :

State :

Country :

South Carolina

*Attachments***Other Insurance Information****Services**

Expanded Form

**Service Line: 1**

Begin Service Date : 04/11/2018

Treatment Start Date:

Referral Number

Description

Procedure Code : D0120

Fee : \$45.00

Procedure Modifiers :

End Service Date : 04/11/2018

Treatment End Date :

Quantity : 1

Sales Tax : \$0.00

Initial Placement? Yes

Date of Prior Placement :

Rendering Provider's NPI :

Rendering Provider Last Name :

*Mouth Area Information*

None.

*Tooth Information*

None

Provider Control # :

*Other Insurance Information*

## Subscriber/Patient Information

Expanded Form

Subscriber Contract ID :

*Subscriber Name*

Last :

First :

Middle :

Title :

Payer Name :

United Concordia

Payer Payment Responsibility : Primary

Assignment of Benefits :

Y

Coverage Classification : Commercial Insurance Company

Release of Information :

Y

Patient Account Number : aa

Relationship to Subscriber :

Self

Patient Birth Date :

Gender :

Female

*Patient's Name*

*(if different from Subscriber)*

Last :

First :

Middle :

Title :

*Patient's Address*

Line 1 :

:

Line 2 :

City :

State : South Carolina

Zip :

Country :

*Attachments*

## Other Insurance Information

**Services**

Expanded Form

**Service Line: 1**

Begin Service Date : 04/11/2018 End Service Date : 04/11/2018

Treatment Start Date: Treatment End Date :

Referral Number

Description

Procedure Code : D0120 Quantity : 1

Fee : \$45.00 Sales Tax : \$0.00

Procedure Modifiers : Initial Placement? Yes

Date of Prior Placement :

Rendering Provider's NPI :

Rendering Provider Last Name : Provider Control # :

*Mouth Area Information*

None.

*Tooth Information*

None

*Other Insurance Information***Service Line: 2**

Begin Service Date : 04/11/2018 End Service Date : 04/11/2018

Treatment Start Date: Treatment End Date :

Referral Number

Description

Procedure Code : D1120 Quantity : 1

Fee : \$75.00 Sales Tax : \$0.00

Procedure Modifiers : Initial Placement? Yes

Date of Prior Placement :

Rendering Provider's NPI :

Rendering Provider Last Name : Provider Control # :

*Mouth Area Information*

None.

*Tooth Information*

None

*Other Insurance Information*

---

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you are located in one of the following states, please take time to review the appropriate warning prior to submitting your claim.

- AZ:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal or civil penalties.
- CA:** For your protection California law requires that the following appear on the form: Any person who knowingly presents a false claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.
- MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- D.C., LA, & RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- VA:** Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.
- TN & WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- IN & OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

[Submit Claim](#)

[Back](#)

# Notification Claim Submission Successful – will receive claim number

**Speed eClaim** [Exit Speed eClaim](#)

**Provider Simulation**

Claim    Provider    Subscriber/Patient    Other Insurance    Services    **Summary & Submit**

**Claim simulation completed successfully.**

Checks for claims approved by Thursday 5:00pm EST will be mailed by Saturday

[Printer Friendly Version](#)

**New Claim for same Provider:**  
 Yes     No

**New Claim for same Subscriber:**  
 Yes     No

# Add a Date of Service to a Predetermination

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

[Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

[Add X-rays to a Rejected Claim](#)

**New**

Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

[Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.

Create An Account



# Add a Date of Service to a Predetermination

1 Add a Date of Service → 2 Review & Submit → 3 Confirmation

Enter the claim number below [? Where can I find this?](#)

If you don't have your claim number, go to [My Patients' Benefits](#) enter the patient's ID and date of birth. Then, select Claim Status.

*Note: If this plan is not the patient's primary carrier, services will require coordination of benefits. Return the predetermination notification with the other carrier's explanation of benefits."*

Must be an 11-digit number



- Add a date of service to predeterminations

Benefits | Claims Status **2 RECENT** | Ortho Treatment | Procedure Allowance + related procedure lookup info | Procedure # | Lookup

[View Full Schedule of Allowances](#)

Patient Claims

View  Search

Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
--	17789368032	001741346	\$900.00	--	<b>PRE-D</b>	Add Date of Service
10/12/2017	17286222914	001741346	\$145.00	\$107.00	<b>Paid</b>	View Details

[View Code Descriptions](#)

[Back to My Patients' Benefits](#) | [Sign Out](#)

## Add a Date of Service to a Predetermination

1 Add a Date of Service → 2 Review & Submit → 3 Confirmation

DOB | Member ID

Claim **Pre-D** | Predetermination Valid Through: 10/30/2018

*Note: If this plan is not the patient's primary carrier, services will require coordination of benefits. Return the predetermination notification with the other carrier's explanation of benefits.\**

You can add the same date of service for all procedures by entering the date below, then *Apply to All*. If procedures were performed on different dates, enter the date(s) of service on each line.

Service Date	Proc. Code	Proc. Count	Tooth	Non Charge Amount	NC CD	Sub Liab.	SL CD	Reject Code	507 Code	508 Code	Other Ins.	Provider Charge	Allowed Amount	Payment Amount
<input type="text" value="mm/dd/yyyy"/>	D2740	1	29	\$85.00	P1	\$407.50	C1		F0	37	\$0.00	\$900.00	\$815.00	\$407.50

49

# Add X-rays to Rejected Claim

*\*This feature is also available in My Patients' Benefits*

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

#### [Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

#### [Add X-rays to a Rejected Claim](#)

**New**



Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

#### [Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.



Create An Account

Requirements (Claims and Predeterminations):

- “C” rejection code on at least one active service line.
- Claim/predetermination previously displayed on a remittance.
- Claim /predetermination not previously adjusted/voided.
- Can only use this feature once per claim/predetermination.

Attachment Rules:


- Maximum of 10 attachments: 5 Electronic Attachment IDs can be keyed and 5 images can be physically attached.
- Files with the following extensions can be attached: jpg, gif, png, tif, bmp, pdf

Successful submission results in the following:

- New claim number created for processing.
- Lines renumbered (old line numbers aren't retained)

# Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number 

11-Digit Number

Search



Images can be uploaded or the digital attachment id can be keyed.


\*A maximum of 5 files and 5 ids can be added for a total of 10.

To upload from your computer Select the **From Computer** tab and select *Browse*

Sign Out

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation


Claim Number 

DOB  Member ID


Claim

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00

Current Dental Terminology © American Dental Association

Add attachment(s) 

Drag and drop files here...

Or select files...  

Max 5 attachments - jpg, gif, png, tif, bmp, or pdf. (Max 8mb file size each)

## Highlight up to 5 files, then select *Open*

File Explorer window showing a list of files. The files are sorted by Name, Date modified, Type, and Size. The following files are highlighted in blue:

Name	Date modified	Type	Size
xray1 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray2 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray3 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray4 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray5 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB

The 'File name' field at the bottom contains: "xray3 042319.jpg" "xray1 042319.jpg" "xray2 042319.jpg". The 'Open' button is highlighted with a red arrow.

Max 5 attachments - jpg, gif, png, tif, bmp, or pdf. (Max 8mb file size each)

Or open an Explorer session, highlight up to 5 files, and drag and drop the files

Highlight one or up to 5 files

### Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number  Search

DOB  Member ID

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00

Current Dental Terminology © American Dental Association

Add attachment(s)



From Computer

Drag and drop files here...

Or select files...

Max 5 attachments - jpg, gif, png, tif, bmp, or pdf. (Max 8mb file size each)


The images will display.


\*Click on the  Trashcan to delete the file and the  Magnifier to view.

Sign Out

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number 

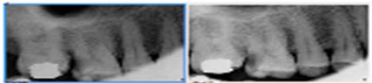
 Search

DOB  Member ID

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00



Current Dental Terminology © American Dental Association

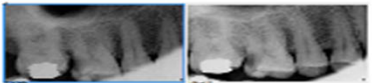
Add attachment(s)



xray1 042319.jpg



Attachment Type  
X-ray

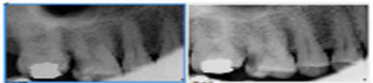
 



xray2 042319.jpg



Attachment Type  
X-ray



xray3 042319.jpg

Attachment Type  
X-ray



Key ID(s) on the page Select the **Electronic Attachment #** tab.  
Key the attachment id(s) and select *Add*.

Sign Out

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number

DOB  Member ID

Claim <input type="text" value=""/>					
Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00

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**Add attachment(s)**

If your attachments are stored on a vendor website, then you can provide the Electronic Attachment Number below. We work with many of the most commonly used vendors.

Electronic Attachment #	Attachment Type	
example123	X-ray	<input type="button" value="X"/>
<input type="text" value="example45d"/>	<input type="text" value="X-ray"/> <input type="button" value="v"/>	<input type="button" value="Add"/>

A maximum of five attachment ids can be added.

Select *Review and Submit* to view the summary.

\*The names of the files and the keyed attachment ids will display.

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

### Are you sure you want to submit a new claim?

Once submitted, your new claim will go through our claims review process.

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D02750	CB000	20		\$921.00
	D02954	CB002	20		\$275.00
	D02750	CB000	21		\$921.00
	D02954	CB002	21		\$275.00

#### Attachment(s)

- xray1 042319.jpg
- xray2 042319.jpg
- xray3 042319.jpg
- example123
- example456

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you are located in one of the following states, please take time to review the appropriate warning prior to submitting your claim.

- AZ:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal or civil penalties.
- CA:** For your protection California law requires that the following appear on this form: Any person who knowingly presents a false claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.
- MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- D.C., LA, & HI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- VA:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.
- IN & WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- IN & OH:** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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Submit Previous Exit

Select *Submit* to create the new claim.

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DENTAL

Sign Out

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation


Your new Claim # [REDACTED] is pending review.  
Please print a copy for your records.

Claim # [REDACTED]

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
04/01/2019	D2750	C8000	05		\$500.00
04/01/2019	D7241	C8000	0J		\$200.00

Attachment(s)  
• xray 042319.jpg  
• 123abc

Current Dental Terminology © American Dental Association

Done  Print

UNITED CONCORDIA<sup>®</sup>  
DENTAL

Privacy | Disclaimers | Fraud | SMS Texting  
Copyright © 2019 United Concordia Companies, Inc. All Rights Reserved.

Select *DONE* to start a new search.

Sign Out

## Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number 

UNITED CONCORDIA  
DENTAL

[Privacy](#) | [Disclaimers](#) | [Fraud](#) | [SMS Texting](#)

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# How to add an Xray via My Patients' Benefits

\*Select the *Claim Status* tab

**MyPatients'Benefits** Office/Provider Name

Member ID  Date of Birth  Search Clear

You have 1 recent claim(s) available to view X

Your Network <sup>?</sup>  
NATIONAL FEE FOR SERVICE

Group Network <sup>?</sup>  
ADVANTAGE PLUS

Dental Plan  
DENTAL PREFERRED PROVIDER PROGRAM-PPO

Group / ID  
HIGHMARK INC / 252895000

Covered Members  
FAMILY

Carrier Type  
UNITED CONCORDIA - FEE FOR SERVICE

Service Type  
DENTAL CARE

Policyholder

Mailing Address

Select Member 4 ▼ All information retrieved on 03/11/2021

ACTIVE

Member ID  Coverage Effective 01/01/2005 - Present | [Check Past](#)

DOB

Age

Gender

Relationship SELF

Member has a qualified medical condition reported?  
No


Service History Snapshot What does this include? <sup>?</sup>

Tooth Filter Clear Print

Start	End	Procedure	Tooth	Surface
03/01/2021	03/01/2021	D0120		
03/01/2021	03/01/2021	D0274		
03/01/2021	03/01/2021	D1110		
08/24/2020	08/24/2020	D0120		





Note: Procedure history is informational only; not a guarantee of payment.

**Benefits** **Claims Status** 1 RECENT **Ortho Treatment Plan** Procedure Allowance + related procedure lookup info Procedure # Lookup

\*The  Paperclip displays if an attachment can be added.

\*After an attachment is added the Status would show as *Pending*. (Claim 102132578226)

\*If the Paperclip icon is selected *after* an attachment was added a message would display indicating the *Claim is being processed*. (Claim 102132578228)

Date of Service	Claim #	Billing Provider #	Total Charge	Payment	Status	Actions 
IN PROCESS	102132578229	836130	\$873.00	\$650.21	<b>Pending</b>	
IN PROCESS	102132578227	836130	\$88.85	\$88.85	<b>Pending Addl Info</b>	
IN PROCESS	102132578226	583337	\$95.00	\$128.50	<b>Pending</b>	
	Attachment was recently added to this line	102132578228	\$128.32	--	<b>Rejected </b>	 
+ 02/20/2015 - 03/01/2015	102132578225	836130	\$166.00	\$66.00	<b>Paid</b>	
+ <a href="#">View Code Descriptions</a>						

Re-selecting the attachment icon will display a message indicating the claim is being processed

Claim is being processed

# Electronic Funds Transfer (EFT)

Direct deposit claim payments into your account

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

#### [Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

#### [Add X-rays to a Rejected Claim](#) New

Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

#### [Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.



Create An Account

Select *Step 1 – Request PIN* option.

## Electronic Funds Transfer

User ID

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

### Electronic Funds Transfer

#### Get your PIN to access EFT

Thank you for considering enabling EFT. EFT will allow you to:

- Receive payments quickly, directly to your bank account.
- No waiting in line to deposit checks to your account.
- Manage your banking information online.

To access the Electronic Funds Transfer application you will need to:

**STEP 1 - Request PIN**



It will take approximately 7-10 business days to receive your PIN by mail.

#### Questions about EFT PIN

##### **Q: Why do I need a PIN?**

A: The PIN provides verification that you are authorized to manage your office's Financial Institution Routing Number and the Providers' Account Number with the Financial Institution

##### **Q: How will I receive my PIN?**

A: This information will be mailed to your office and received within 7-10 business days.

##### **Q: If I have any other questions, who should I contact?**

A: You can contact Dental Electronic Services at 1-800-633-5430 with any questions. They are available from 8 a.m. to 5 p.m. ET Monday - Friday.



\*The confirmation page would display.

\*A letter with the PIN would be sent to the mailing address on file.

Upon receipt of the PIN letter:

*\*This process grants the User ID access to setup/perform ongoing EFT maintenance.*

- 1) Logon to the Provider portal
- 2) Select the *EFT* option; this page will display.
- 3) Key the PIN and select *Continue*

**Electronic Funds Transfer**

User ID: [redacted] [redacted] Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  
 National Provider Identifier (NPI) associated to the TIN or EIN

### Enter your PIN to Manage EFT Accounts

**STEP #1:** You requested a PIN on 03/16/2021. Your PIN Letter should arrive on or about 03/26/2021.

If you have received your letter, please enter your PIN below.

**STEP #2:** Enter PIN [redacted]

**Questions about the PIN letter and your PIN**

**Q: How long does my PIN remain active?**  
A: Your PIN will expire 30 days from the date requested.

**Q: What if my PIN doesn't work?**  
A: You will receive automated messages instructing you to request a new PIN if you have passed the 30 day PIN expiration or if you have unsuccessfully attempted to enter your PIN 3 times. All other questions should be directed to Dental Electronic Services listed below.

**Q: What information will I need after I enter my PIN?**  
A: Bank Routing Number, Account Number, and Account Type.

**Q: If I have any other questions, who should I contact?**  
A: You can call Dental Electronic Services at 1-800-633-5430 with any questions. They are available from 8 a.m. to 5 p.m. ET Monday - Friday.

Terms and Conditions must be accepted in order to add/update EFT.

## Electronic Funds Transfer

User ID:   Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  
   National Provider Identifier (NPI) associated to the TIN or EIN

### Accept Terms and Conditions

Accept Terms and Conditions

I have been identified as the user responsible for entering and maintaining provider bank account information ("EFT User"). I acknowledge and agree to the following:

1. By enrolling for EFT payments, the provider who employs me ("Provider") has agreed to accept electronic versions of EOBs in lieu of paper copies being mailed to the office. Provider and I understand that all EOBs can be viewed and printed from the United Concordia website, and if the Provider's office practice management system allows, an 835 transaction can be passed to that system.
2. I have been given authorization to register for provider bank account information pages by Provider, and I understand that access and use is permitted for authorized purposes only.

This is where EFT can be added, edited, or removed.

\*All offices/providers actively setup in UCD's system would display.

\*All or some can be selected and setup with the same or different bank accounts.

## Electronic Funds Transfer

User ID

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

### View/Update Financial Institution Information

Add, edit or remove Financial Institution Account information. Check provider when select desired action.

<input type="checkbox"/>	Provider Name	Provider Identifier	Financial Institution Name	Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution
<input type="checkbox"/>	Clean Teeth Dental	123456				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				

Updates to your provider information should be sent via fax to 1-844-235-7261 or emailed to [ucd\\_maintenance@ucci.com](mailto:ucd_maintenance@ucci.com)

If your office is enrolled in United Concordia's EFT process, please contact your financial institution to request that they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) that are required in order to re-associate payments to the ERA and/or online EOB.

If you find that payments are late or missing and have not posted to your financial institution within four (4) days after the regularly-scheduled payment cycle\*, please call Dental Electronic Services at 1-800-633-5430 for assistance.

\*Reference the [Electronic Funds Transfer \(EFT\) Frequently Asked Questions](#) for details.

To setup an account: 1) Key the routing number and 2) select *Change Financial Institution Routing Number*. 3) Identify the *Type of Account* and 4&5) key the account number twice. 6) Select *Next- Review and Finalize*

## Electronic Funds Transfer

User ID: tenvtst1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

### Add/Edit Financial Institution Information

Provider Name:

Provider Identifier:

Financial Institution Name: FIRST COMMONWEALTH BANK

Enter 9 digit Financial Institution Routing Number then select 'Verify Financial Institution Routing Number'

Financial Institution Routing  
Number:

043306826

1

Change Financial Institution Routing Number

2

Enter the Provider's Account Number with Financial Institution and retype to confirm.

Select the Type of Account at Financial Institution.

Type of Account at Financial Institution:  Checking  Savings

3

Provider's Account Number with Financial  
Institution:

99999999

4

Retype Provider's Account Number with  
Financial Institution:

99999999

5

6

Cancel

Next - Review and Finalize

Verify content and select *Finalize*.

# Electronic Funds Transfer


User ID: tenvtst1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  
 National Provider Identifier (NPI) associated to the TIN or EIN

## Add/Edit Financial Institution Information

Review information and select Finalize if correct.

Provider Name:	<input type="text"/>
Provider Identifier:	<input type="text"/>
Financial Institution Name	FIRST COMMONWEALTH BANK
Financial Institution Routing Number:	043306826
Type of Account at Financial Institution:	Checking
Provider's Account Number with Financial Institution:	99999999



Upon confirmation of the content, select *Return to – View/Update ...*

# Electronic Funds Transfer

User ID: tenvtst1  Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  
 National Provider Identifier (NPI) associated to the TIN or EIN


## Confirm Financial Institution Information Printer Friendly

The provider listed below was updated with the following information.

Provider Name:	<input type="text"/>
Provider Identifier:	<input type="text"/>
Financial Institution Name	FIRST COMMONWEALTH BANK
Financial Institution Routing Number:	043306826
Type of Account at Financial Institution:	Checking
Provider's Account Number with Financial Institution:	99999999

**i** The providers listed above will now be paid electronically. Checks and Explanation of Benefits(EOB's) will no longer be mailed. EOB's are available for you to review, download, and print at your convenience by selecting Reimbursements on the Dentist Home Page.

For users of the TRICARE Dental Program and Active Duty Dental Program websites, EOB's are available by selecting Provider Check Information in the Online Services menu.

[Return to - View/Update the Financial Institution Information](#) 

This page displays updated financial account information.

\*Completion of account maintenance generates a letter that would be sent to the mailing address on file.

\*Select the *Printer Friendly* option to print or save this image to your PC.

## Electronic Funds Transfer

User ID: tenvtest1       National Provider Identifier (NPI) associated to the TIN or EIN

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

### View/Update Financial Institution Information

Add, edit or remove Financial Institution Account information. Check provider(s) then select desired action.

Financial Institution Information was successfully added for provider [REDACTED]

<input type="checkbox"/>	Provider Name	Provider Identifier	Financial Institution Name	Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution	
<input type="checkbox"/>	Clean Teeth Dental	123456	FIRST COMMONWEALTH BANK	043306826	Checking	99999999	^
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							v

Updates to your provider information should be sent via fax to 1-844-235-7261 or emailed to [ucd\\_maintenance@ucco.com](mailto:ucd_maintenance@ucco.com)

If your office is enrolled in United Concordia's EFT process, please contact your financial institution to request that they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) that are required in order to re-associate payments to the ERA and/or online EOB. If you find that payments are late or missing and have not posted to your financial institution within four (4) days after the regularly-scheduled payment cycle\*, please call Dental Electronic Services at 1-800-633-5430 for assistance.

\*Reference the [Electronic Funds Transfer \(EFT\) Frequently Asked Questions](#) for details.



## Hard copy print example



The provider listed below was updated with the following information.

Provider Number: [REDACTED]

Financial Institution Routing Number: 043306826 - FIRST COMMONWEALTH BANK

Type of Account at Financial Institution: Checking

Provider's Account Number with  
Financial Institution: 99999999

The providers listed above will now be paid electronically. Checks and Explanation of Benefits(EOB's) will no longer be mailed. EOB's are available for you to review, download, and print at your convenience by selecting Reimbursements on the Dentist Home Page.

For users of the TRICARE Dental Program and Active Duty Dental Program websites, EOB's are available by selecting Provider Check Information in the Online Services menu.

# Schedule of Allowances – can receive schedules for different networks

## MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

### For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

#### [Add a Date of Service to a Predetermination](#)

Search for a predetermination claim and add the dates of service.

#### [Add X-rays to a Rejected Claim](#) New

Search for a rejected claim and add X-ray attachments.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

#### [Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.



Create An Account

# Schedule of Allowances

The screenshot shows a web interface for a "Schedule of Allowances". At the top right is a "Sign Out" button. Below the header is a grey bar containing a blurred dentist name. A callout box points to this bar with the text "Dentist's name is listed here". Below this is a section titled "Your Participating Networks:" which contains a bulleted list of networks. The first item is "DENTAL BLUE (PPP)" with a small icon. A second item is a blurred network name with an icon. A callout box points to this list with the text "Available schedules will be listed here based on the networks the dentist participates with."

Many steps have been taken to protect your data; however, when you view personal and/or confidential information, you assume responsibility, to protect the privacy and confidentiality of your data. If you leave your computer without properly ending your session by logging off, anyone who uses your computer after you may have access to your personal and/or confidential information.



**Questions?**