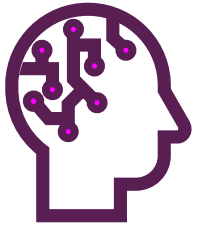


ELIGIBILITY ESSENTIALS & PRO IN DENTRIX ASCEND



Eligibility Essentials & Pro Overview

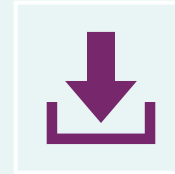
What's in it for me?



Save Staff Time:
Automated eligibility requests will save hours per day from staff manually verifying via phone and web portals.



Easy-to-Read Document:
Eligibility responses are standardized and automatically saved to the Document Manager.



Import Plan Details:
Choose important plan benefit and coverage details to import directly back to Dentrix.



Credential Manager: One easy-to-access place to save insurance payer usernames and passwords.



Training Topics

- **Setup – Location Settings, User Roles & Rights**
- **Differences between Eligibility Essentials and Eligibility Pro**
- **Automated Eligibility Process**
- **Payer Connection Portal – saving payer web portal credentials**
- **Viewing Eligibility Status & Details**
- **Requesting One-Time Eligibility Response**
- **Importing Eligibility Details**



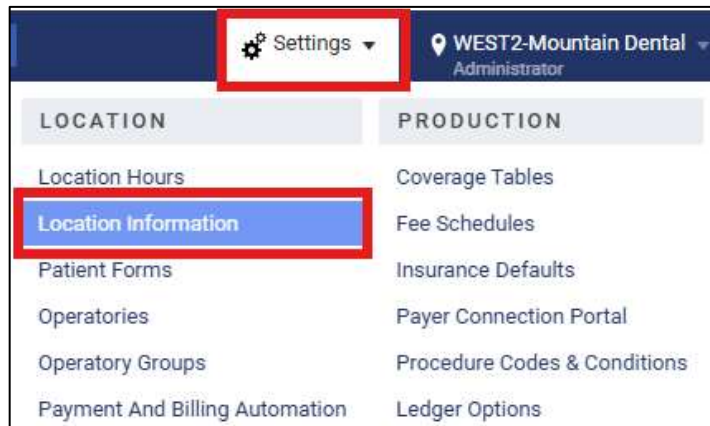
1

SETUP – LOCATION SPECIFIC

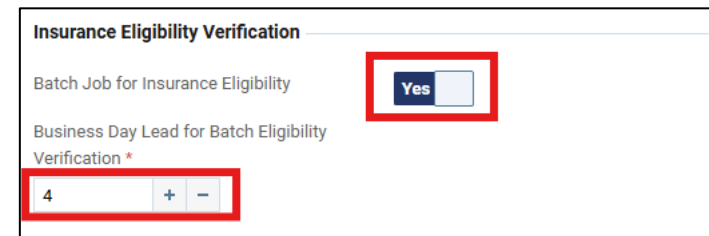


Settings – Location Information

- Insurance Eligibility Verification must be turned on.
- Business Day Lead for Batch Eligibility Verification = Days in advance eligibility is verified.



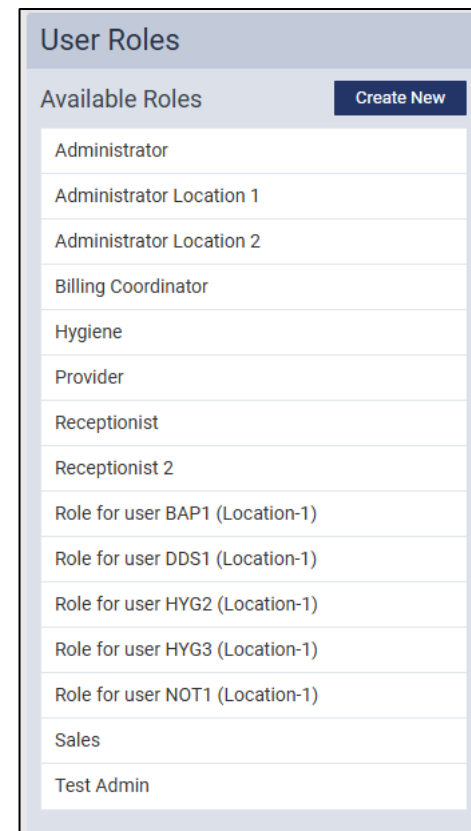
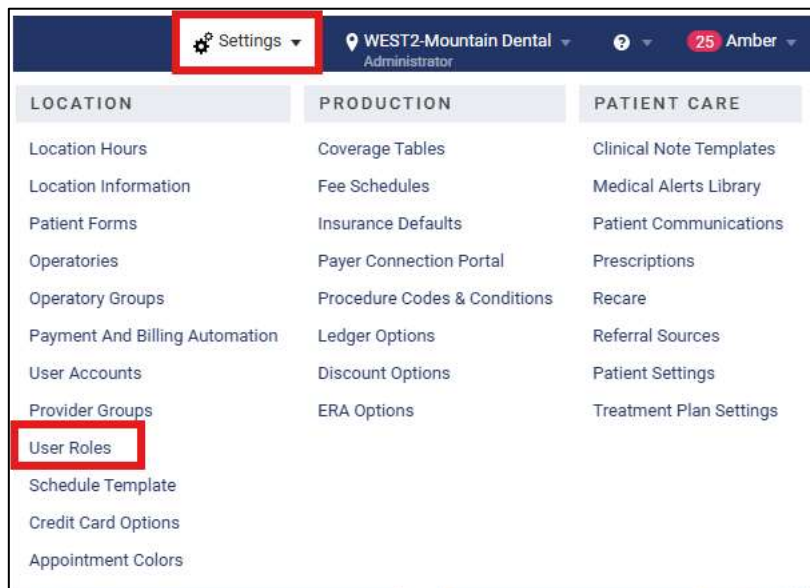
The screenshot shows the top navigation bar of a system. The 'Settings' menu, represented by a gear icon, is highlighted with a red box. Below it, a dropdown menu is open, showing two columns: 'LOCATION' and 'PRODUCTION'. In the 'LOCATION' column, 'Location Information' is highlighted with a blue background and a red border. Other items in the 'LOCATION' column include 'Location Hours', 'Patient Forms', 'Operatories', 'Operator Groups', and 'Payment And Billing Automation'. The 'PRODUCTION' column includes 'Coverage Tables', 'Fee Schedules', 'Insurance Defaults', 'Payer Connection Portal', 'Procedure Codes & Conditions', and 'Ledger Options'. The top right of the navigation bar shows 'WEST2-Mountain Dental' and 'Administrator'.



The screenshot shows the 'Insurance Eligibility Verification' settings page. The title 'Insurance Eligibility Verification' is at the top. Below it, there are two settings. The first is 'Batch Job for Insurance Eligibility', which has a 'Yes' button highlighted with a red box. The second is 'Business Day Lead for Batch Eligibility Verification *', which has a numeric input field containing the value '4', also highlighted with a red box. The input field has '+' and '-' buttons for adjustment.



Settings – User Roles



Setup – User Access Rights

User Roles

Available Roles

Create New

Administrator

Administrator Location 1

Administrator Location 2

Billing Coordinator

Hygiene

Provider

Receptionist

Receptionist 2

Role for user BAP1 (Location-1)

Role for user DDS1 (Location-1)

Administrator - Assigned Access Rights

Assigned to 32 user(s)

Role name *

Administrator

Full List

Security Category

Insurance

Security Category

Assigned Access Rights

Insurance

- Review Insurance
- Delete Insurance Claims
- Edit Carriers
- Create Insurance Plans
- Edit Benefits
- Delete Fee Schedules
- Manage Subscriber Authori...
- Inactivate/Activate Insuran...
- Payer Connection Portal

- Create Insurance Claims
- Send Insurance Claims
- Delete Carriers
- Edit Insurance Plans
- Create Fee Schedules
- Add Ins. Plan to Patient
- Edit Ins. Benefits for Patient
- Manage Payment Tables
- Import Insurance Benefit D...

- Edit Insurance Claims
- Create Carriers
- Merge Carriers/Migrate Pla...
- Delete Insurance Plans
- Edit Fee Schedules
- Edit Ins. Plan for Patient
- Remove Ins. Plan from Pati...
- Max Allowable Fees on Clai...

☒ All available rights

☒ Review Insurance

☒ Delete Insurance Claims

☒ Edit Carriers

☒ Create Insurance Plans

☒ Edit Benefits

☒ Delete Fee Schedules

☒ Manage Subscriber Authorizations

☒ Inactivate/Activate Insurance Plan

☒ Payer Connection Portal

☒ Create Insurance Claims

☒ Send Insurance Claims

☒ Delete Carriers

☒ Edit Insurance Plans

☒ Create Fee Schedules

☒ Add Ins. Plan to Patient

☒ Edit Ins. Benefits for Patient

☒ Manage Payment Tables

☒ Import Insurance Benefit Details

☒ Edit Insurance Claims

☒ Create Carriers

☒ Merge Carriers/Migrate Plans

☒ Delete Insurance Plans

☒ Edit Fee Schedules

☒ Edit Ins. Plan for Patient

☒ Remove Ins. Plan from Patient

☒ Max Allowable Fees on Claims

2

ELIGIBILITY ESSENTIALS VS ELIGIBILITY PRO





Eligibility Essentials vs Eligibility Pro

Pro Responses will return more detailed benefit and coverage information.

Essentials Response

Eligible

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: EDI

Sandra Jones

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
06-29-1982

Relationship to Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Group Name
HS1

Group #
123456789

Provider

First Name
Daniel

Last Name
Hawker

NPI
4566533726

Plan

Plan Name
Delta Dental PPO

Insurance Type
PPO

Effective Date
01/01/2024

Plan Start
01/01/2024

Orthodontics

Service Type

PPO

Premium

Out of Network

Orthodontics Coverage

80%

25%

Coverage

Service Type

PPO

Premium

Out of Network

Waiting Period

Diagnostic Services

80%

50%

Preventative Services

80%

50%

Restorative Services

80%

50%

Endodontics

80%

50%

Pedodontics

80%

50%

Removable Prosthodontics

80%

50%

Implant Services

80%

50%

Fixed Prosthodontics

80%

50%

Oral and Maxillofacial Surgery

80%

50%

Orthodontics

80%

50%

Adjunctive General Services

80%

50%

Pro Response

Eligible

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: Web & EDI

Sandra Jones

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
06-29-1982

Relationship to Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Group Name
HS1

Group #
123456789

Provider

First Name
Daniel

Last Name
Jones

NPI
4566533726

Plan

Plan Name
Delta Dental PPO

Insurance Type
PPO

Effective Date
01/01/2024

Plan Start
01/01/2024

Plan End
12/31/2024

Deductibles and Maximums

Deductible

Individual

Category

PPO

Premium

Out of Network

Annual Amount

Dental Care

\$500

\$500

\$750

Annual Remaining

Dental Care

\$500

\$500

\$750

Family

Annual Amount

Dental Care

\$750

\$750

\$900

Annual Remaining

Dental Care

\$750

\$750

\$900

Maximum

Individual

Category

PPO

Premium

Out of Network

Annual Amount

Dental Care

\$6000

\$6000

\$6000

Annual Remaining

Dental Care

\$4800

\$4800

\$4800

Lifetime Amount

TMJ

\$7000

\$7000

\$7000

Lifetime Remaining

TMJ

\$7000

\$7000

\$7000

Family

Annual Amount

Dental Care

\$10000

\$10000

\$10000

Annual Remaining

Dental Care

\$8800

\$8800

\$8800

Lifetime Amount

TMJ

\$14000

\$14000

\$14000

Lifetime Remaining

TMJ

\$12000

\$12000

\$12000

Frequency, History, Limitations

Service Type

Description

Frequency Restriction

History

Limitations

Restorative

D2100 Silver colored filling of a cavity on two surfaces of a tooth

None

06/25/2024 - Upper left 1st molar #14 Occlusal

None

Orthodontics

Service Type

PPO

Premium

Out of Network

Orthodontics

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9

Eligibility Essentials vs Eligibility Pro

Essentials Responses will vary by Payer.

Essentials Response

Digitize

Sandra Jones

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: EDI

Patient	Orthodontics
First Name: Sandra	Service Type: PPO Premier Out of Network
Last Name: Jones	Orthodontics Coverage: 80% 25%
Date of Birth: 06-25-1982	
Relationship to Subscriber: Spouse	
Subscriber	Coverage
First Name: Sandra	Service Type: PPO Premier Out of Network Waiting Period
Last Name: Jones	Diagnostic Services: 80% 50%
Subscriber ID: 987654321	Preventive Services: 80% 50%
Date of Birth: 04-2-1983	Restorative Services: 80% 50%
Group Name: HST	Endodontics: 80% 50%
Group ID: 123456789	Periodontics: 80% 50%
Provider	Removable Prosthodontics: 80% 50%
First Name: Daniel	Implant Services: 80% 50%
Last Name: Hawker	Fixed Prosthodontics: 80% 50%
NPI: 4566533726	Oral and Maxillofacial Surgery: 80% 50%
Plan	Orthodontics: 80% 50%
Plan Name: Delta Dental PPO	Adjunctive General Services: 80% 50%
Insurance Type: PPO	
Effective Date: 01/01/2024	
Plan Period: Calendar	
Plan Start: 01/01/2024	
Plan End: 12/31/2024	

- EDI Request
- EDI = Electronic Data Interchange
- Payers (insurance company) determine the data returned

*Plan details will vary by payer





Eligibility Essentials vs Eligibility Pro

Pro Responses will return more detailed benefit and coverage information.

Pro Response

Eligible

Sandra Jones

Created: Apr 23, 2024 at 3:30 PM

Transaction ID: 123456788

Source: Web & EDI

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
06-25-1982

Relationship to Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Date of Birth
06-25-1982

Group Name
H51

Group #
123456789

Provider

First Name
Daniel

Last Name
Jones

NPI
4566538726

Plan

Plan Name
Delta Dental PPO

Insurance Type
PPO

Effective Date
01/01/2024

Plan Period Calendar

Plan Start
01/01/2024

Plan End
12/31/2024

Deductibles and Maximums

Deductible

Category

PPO

Premier

Out of Network

Individual

Annual Amount

Annual Remaining

Dental Care

Dental Care

\$500

\$500

\$750

\$750

Family

Annual Amount

Annual Remaining

Dental Care

Dental Care

\$750

\$750

\$900

\$900

Maximum

Category

PPO

Premier

Out of Network

Individual

Annual Amount

Annual Remaining

Lifetime Amount

Lifetime Remaining

Dental Care

Dental Care

TMU

TMU

\$6000

\$4800

\$7000

\$7000

\$6000

\$4800

\$7000

\$7000

Family

Annual Amount

Annual Remaining

Lifetime Amount

Lifetime Remaining

Dental Care

Dental Care

TMU

TMU

\$10000

\$9800

\$14000

\$12000

\$10000

\$9800

\$14000

\$12000

Frequency, History, Limitations

Service Type

Description

Frequency Restriction

History

Limitations

Restorative

D2100

Silver-colored filling of a cavity on two surfaces of a tooth

None

01/25/2024 - Upper Left 1st molar #14 Occlusal

None

Orthodontics

Service Type

PPO

Premier

Out of Network

Orthodontics

- Web Request
- Retrieves data from payer's web portals
- Includes additional data:
 - Deductibles & Maximums
 - Frequency
 - History
 - Limitations

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11



Payer Search Tool

Link can be found on Eligibility Essentials & Pro Quick Start Guide – Additional Resources

DENTRIXASCEND

FeaturesAdd-onsTraining & SupportResourcesHOW TO PURC

Payer Search Tool

Search for Payer Information

The Payer Search Tool helps you identify the electronic connectivity for the Payers/Insurance companies you work with. You can search by Payer Name or Payer ID. Note: some payers may have other Payer ID's that are used dependently on the Clearing House participation.

Use the Payer ID that Henry Schein ONE has listed for participation through our services.

A green check box identifies which service is enabled for electronic participation for the payer you are searching for.

There are several Blue Cross Blue Shield and Medicaid payers that require additional information before they will accept electronic submissions from your office. You will see these in the sections marked with "Enrollment" i.e. (Special Enrollment).

If you will be submitting claims to a payer that has a Special Enrollment, click on the and follow the instructions listed.

Request a Payer

If the insurance company you work with isn't on the list or if they are on the list, but don't provide the service you want, [tell us about it](#). We'll try to get them added.

Payer ID or Payer Name:

Search Payers

View All Payers

Payer ID	Payer Name	eClaims™	Special Enrollment	Attachments	Eligibility	ELIG Pro	ERA	ERA Enrollment
00580	Blue Cross Blue Shield of Maryland- Care First		☐			☐		
AD060	Blue Care Family Plan		☐			☐		
04634	Delta Dental of Massachusetts		☐					
05029	Delta Dental of Rhode Island		☐			☐		
05030	Delta Dental of Illinois		☐					☐
05030	Pipe Fitters Local 597		☐					☐

Eligibility	ELIG Pro
	☐
	☐
	☐



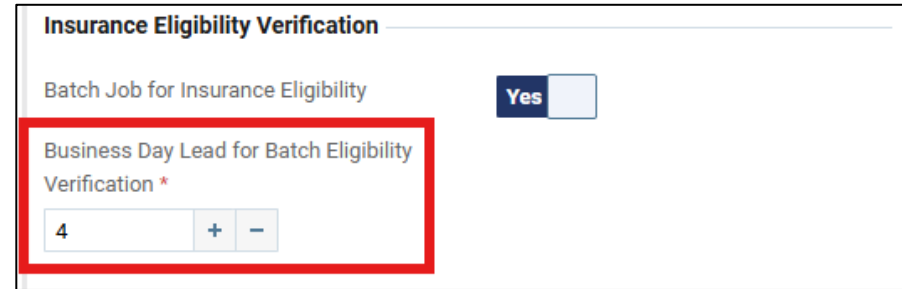
3

AUTOMATED ELIGIBILITY PROCESS



Automated Eligibility Process

- Nightly for appointments scheduled for the next specified number of business days
- Immediately after scheduling an appointment within the next specified number of business days



Insurance Eligibility Verification

Batch Job for Insurance Eligibility ☒ Yes

Business Day Lead for Batch Eligibility Verification *

4 + -

- Appointments will be skipped IF eligibility has already been verified in the **current** calendar month



Automated Eligibility Process

Essentials vs. Pro

Essentials - Included

- Automated EDI requests
- Details will vary by payer
- Option to manually request Pro response

Pro Subscription

- Automated web requests for all participating payers set up in the Payer Connection Portal
- Any payers not participating in Pro but **DO** participate in Essentials will request an EDI response automatically



Recap

- ✓ **Setup/Settings**
- ✓ **Differences between Essentials & Pro**
- ✓ **Automated Eligibility Process**



4

PAYER CONNECTION PORTAL





Payer Connection Portal

Save insurance payer usernames & passwords in one place!

ONE Payer Connection Portal

Smile Depot | Log Out

Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions
Delta Dental Ins Co	Connected	Sep 23, 2024, 12:00 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
DNOA	Connected	Aug 26, 2024, 2:06 PM	Blue Cross Blue Shield of Illinois, Blue Cross Blue Shield of Montana, Blue Cross Blue Shield of New Mexico, Blue Cross Blue Shield of Oklahoma, Blue Cross Blue Shield of Texas	
Principal	Connected	Sep 23, 2024, 12:21 PM	Principal	





Payer Connection Portal

Settings

LOCATION

LOCATION HOURS

LOCATION INFORMATION

PATIENT FORMS

OPERATORIES

OPERATORY GROUPS

PAYMENT AND BILLING AUTOMATION

USER ACCOUNTS

PROVIDER GROUPS

USER ROLES

PROVISION

COVERAGE TABLES

FEE SCHEDULES

INSURANCE DEFAULTS

PAYER CONNECTION PORTAL

PROCEDURE CODES & CONDITIONS

LEDGER OPTIONS

DISCOUNT OPTIONS

ERA OPTIONS

PATIENT

CLINICAL NO

MEDICAL AL

PATIENT CO

PRESCRIPTION

RECAR

REFERRAL SO

PATIENT SET

TREATMENT

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Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions





Payer Connection Portal

New Payer Connection

New Payer Connection

Payer Connection * ⓘ

Select

Payer Username *

Enter Username

Payer Password *

Enter Password

Cancel

Save

New Payer Connection

Payer Connection * ⓘ

Select

Q Search

AFLAC

Ameritas

Cigna

Delta Dental Ins Co

Delta Dental of Colorado

Delta Dental of Idaho

New Payer Connection

Payer Connection * ⓘ

Delta Dental Ins Co

Delta Dental Ins Co Connection Includes the following:

32 BJ, AARP Dental Insurance Plan, Delta Dental Ins, Delta Dental Ins - Alabama, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins - Louisiana, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of California, Delta Dental of Delaware, Delta Dental of Maryland, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental of West Virginia

Payer Username *

Enter Username

Payer Password *

Enter Password

Cancel

Save



Payer Connection Portal

Enter your practice username and password for the Payer's web portal to connect!

New Payer Connection

Payer Connection *

Delta Dental Ins Co

Delta Dental Ins Co Connection Includes the following:

32 BJ, AARP Dental Insurance Plan, Delta Dental Ins, Delta Dental Ins - Alabama, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins - Louisiana, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of California, Delta Dental of Delaware, Delta Dental of Maryland, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental of West Virginia

Payer Username *

Payer Password *

.....

Cancel

Save

DELTA DENTAL

Username

☐ Keep me signed in

NEXT

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)





Payer Connection Portal

ONE Payer Connection Portal

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Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions
Delta Dental Ins Co	Authentication Pending	Sep 23, 2024, 2:20 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
DNOA	Connected	Aug 26, 2024, 2:06 PM	Blue Cross Blue Shield of Illinois, Blue Cross Blue Shield of Montana, Blue Cross Blue Shield of New Mexico, Blue Cross Blue Shield of Oklahoma, Blue Cross Blue Shield of Texas	
Principal	Connected	Sep 23, 2024, 12:21 PM	Principal	





Payer Connection Portal

Two-Factor Authentication

ONE Payer Connection Portal

Smile Depot | Log Out

Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions
Ameritas	⌚ Two-Factor Auth Required	Oct 10, 2024, 10:35 AM	Ameritas Life Insurance Corp	





Payer Connection Portal

Two-Factor Authentication

ONE Payer Connection Portal

Smile Depot | Log Out

Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions
Ameritas	Two-Factor Auth Required			
Please Enter 2FA Code Verify the code sent through the established insurance communication method. 123456 Verify				





Payer Connection Portal

Failed Authentication

ONE Payer Connection Portal

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Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Action:
Ameritas	Connected	Oct 10, 2024, 10:35 AM	Ameritas Life Insurance Corp	
Delta Dental Ins Co	Connected	Sep 24, 2024, 3:27 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
Dentaquest	Authentication Failed	Oct 10, 2024, 12:54 PM	Dentaquest, Sunlife	





Payer Connection Portal

Get started adding those payers your practice works with!

ONE Payer Connection Portal

Smile Depot | Log Out

Connect Your Payers

With Eligibility Pro, we retrieve data directly from your payers' portals, including information not always available in EDI. Your login data is encrypted for protection. Just enter your username and password, and we'll handle the rest.

+ New Payer Connection

Payer Connection	Status	Last Updated	Payer Group	Actions
Delta Dental Ins Co	Connected	Sep 23, 2024, 12:00 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
DNOA	Connected	Aug 26, 2024, 2:06 PM	Blue Cross Blue Shield of Illinois, Blue Cross Blue Shield of Montana, Blue Cross Blue Shield of New Mexico, Blue Cross Blue Shield of Oklahoma, Blue Cross Blue Shield of Texas	
Principal	Connected	Sep 23, 2024, 12:21 PM	Principal	



5

VIEWING ELIGIBILITY STATUS & DETAILS



Viewing Eligibility Status

Schedule/Calendar View

Calendar	
OP-1	
7 AM	Denny Andrade (35)
10	7:00 AM
20	Ext
30	
40	Show production
50	
8 AM	Lawrence Lorusso (24)
10	8:00 AM
20	New!
30	ExMtLsCmp
40	Show production
50	
9 AM	Bradley Bauer (68)
10	9:00 AM
20	Ext
30	
40	Show production
50	
10 AM	Bobby Bender (63)
10	10:00 AM
20	ResACrn
30	
40	Show production
50	

Green = Eligible

Green E/White Background = Eligible
& Import Benefits Available

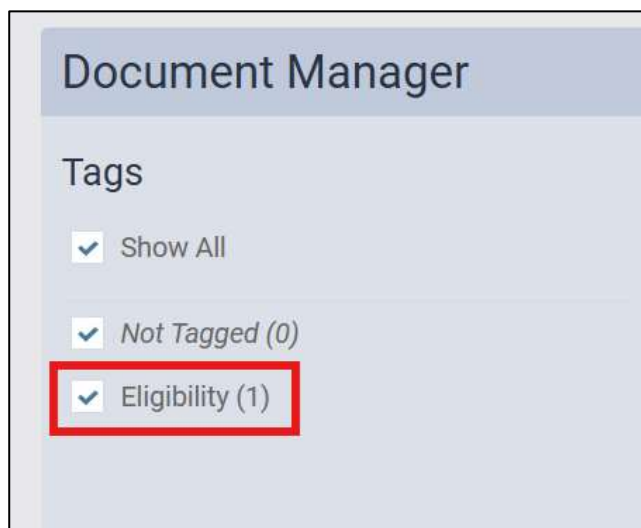
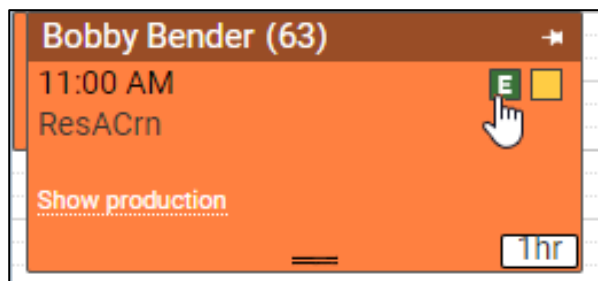
Red = Not Eligible

Orange = Unable to Verify



Viewing Eligibility Detail

Clicking directly on the E icon will open the most recent eligibility response.



Active

Created: August 27, 2024 at 11:53 AM
Transaction ID: cm0cq770c0076zrj4cuks3fcx
Source: EDI

Bobby Bender

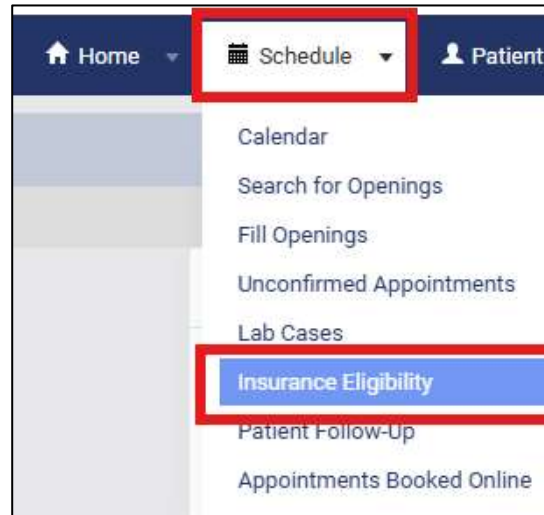
Patient		Deductibles and Maximums			
First Name	Last Name	Deductibles	Category	In network	Out of network
Bobby	Bender	Individual			
Date of Birth	06/06/1978	Lifetime Amount	Dental care	\$25.00	\$65.00
		Lifetime Remaining	Dental care	\$0.00	\$40.00
		Family			
		Lifetime Amount	Dental care	\$75.00	\$185.00
		Lifetime Remaining	Dental care	\$25.00	\$135.00
		Maximums			
		Lifetime Amount	Dental care	\$2500.00	\$1500.00
		Lifetime Remaining	Dental care	\$1460.60	\$460.60

Subscriber		Frequency, History, Limitations				
First Name	Last Name	Service Type	Description	Frequency Restriction	History	Limitations
Bobby	Bender	Diagnostic				
Subscriber ID	U7272906301	D0210	X-rays of all the teeth in the mouth	1 every 36 month		None
Date of Birth	03/26/1961	D0270	1 single diagnostic bitewing x-ray	1 every 1 year		None
Group Name	Delta Dental	D0272	2 diagnostic bitewing x-ray images	1 every 1 year		None
Group #	3345630	D0273	3 diagnostic bitewing x-ray images u	1 every 1 year		None
		D0274	4 diagnostic bitewing x-ray images u	1 every 1 year		None
		D0277	Diagnostic image to check for tooth	1 every 1 year		None
		D0330	X-ray of the entire mouth	1 every 36 month		None

Provider		Plan			
First Name	Last Name	Plan Name	Insurance Type	Effective Date	Plan Period
Jeremy	Reece	Dental PPO	PPO		

Viewing Eligibility Status

Schedule – Insurance Eligibility



Insurance Eligibility

Today ◀ ▶ November 2024 ◻ 1 w ▶ 1 m ▶ 6 m ▶ Pinboard View ▾

Monday 4

Unable to Verify Ineligible Eligible

Appointment	Patient Information	Subscriber Information	Insurance Plan	Verification Type	Auto Verify	
11/04/2024						
Ameritas Bankers Assurance Co.						
12:00 PM 120 min DDS3	Karim Benson 03/10/1972 (52)	Karim Benson 03/10/1972 (52) ID 434575163	Dunder Mifflin	Manual (08/14/2020)	Essentials Pro	Unable to Verify Ineligible Eligible



Viewing Eligibility Detail

Insurance Eligibility Screen – Paperclip icon will open most recent eligibility response.

Appointment	Patient Information	Subscriber Information	Insurance Plan	Verification Type	
08/29/2024					
Aetna				Carrier phone (800) 856-5600	
7:00 AM 60 min	Ervin Aguilar	Ervin Aguilar	S-mart	Automatic	Unable to Verify
 HYG2	04/03/1960 (64)	04/03/1960 (64)	Phone (800) 451-7715	(08/29/2024)	Ineligible
		ID W198383825		Auto verify	Eligible



Active

Bobby Bender

Created: August 27, 2024 at 11:53 AM
Transaction ID: cm9cq770c0076zrj4cuks3fcs
Source: EDI

Patient	Deductibles and Maximums																																													
Last Name Bobby Date of Birth 06/06/1978	Deductible Met Max Reached <table><thead><tr><th>Deductibles</th><th>Category</th><th>In network</th><th>Out of network</th></tr></thead><tbody><tr><td colspan="4">Individual</td></tr><tr><td>Lifetime Amount</td><td>Dental care</td><td>\$25.00</td><td>\$65.00</td></tr><tr><td>Lifetime Remaining</td><td>Dental care</td><td>\$0.00</td><td>\$40.00</td></tr><tr><td colspan="4">Family</td></tr><tr><td>Lifetime Amount</td><td>Dental care</td><td>\$75.00</td><td>\$185.00</td></tr><tr><td>Lifetime Remaining</td><td>Dental care</td><td>\$25.00</td><td>\$135.00</td></tr><tr><td colspan="4">Maximums</td></tr><tr><td colspan="4"> Individual </td></tr><tr><td>Lifetime Amount</td><td>Dental care</td><td>\$2500.00</td><td>\$1500.00</td></tr><tr><td>Lifetime Remaining</td><td>Dental care</td><td>\$1460.60</td><td>\$460.60</td></tr></tbody></table>	Deductibles	Category	In network	Out of network	Individual				Lifetime Amount	Dental care	\$25.00	\$65.00	Lifetime Remaining	Dental care	\$0.00	\$40.00	Family				Lifetime Amount	Dental care	\$75.00	\$185.00	Lifetime Remaining	Dental care	\$25.00	\$135.00	Maximums				Individual				Lifetime Amount	Dental care	\$2500.00	\$1500.00	Lifetime Remaining	Dental care	\$1460.60	\$460.60	
Deductibles	Category	In network	Out of network																																											
Individual																																														
Lifetime Amount	Dental care	\$25.00	\$65.00																																											
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Family																																														
Lifetime Amount	Dental care	\$75.00	\$185.00																																											
Lifetime Remaining	Dental care	\$25.00	\$135.00																																											
Maximums																																														
Individual																																														
Lifetime Amount	Dental care	\$2500.00	\$1500.00																																											
Lifetime Remaining	Dental care	\$1460.60	\$460.60																																											
Subscriber																																														
Last Name Bobby Subscriber ID U7272906301 Group Name Delta Dental																																														
Provider	Frequency, History, Limitations																																													
Last Name Jeremy NPI 1447364856	<table><thead><tr><th>Service Type</th><th>Description</th><th>Frequency Restriction</th><th>History</th><th>Limitations</th></tr></thead><tbody><tr><td colspan="5">Diagnostic</td></tr><tr><td>D0210</td><td>X-rays of all the teeth in the mouth</td><td>1 every 36 month</td><td></td><td>None</td></tr><tr><td>D0270</td><td>1 single diagnostic bitewing x-ray</td><td>1 every 1 year</td><td></td><td>None</td></tr><tr><td>D0272</td><td>2 diagnostic bitewing x-ray images</td><td>1 every 1 year</td><td></td><td>None</td></tr><tr><td>D0273</td><td>3 diagnostic bitewing x-ray images u</td><td>1 every 1 year</td><td></td><td>None</td></tr><tr><td>D0274</td><td>4 diagnostic bitewing x-ray images u</td><td>1 every 1 year</td><td></td><td>None</td></tr><tr><td>D0277</td><td>Diagnostic image to check for tooth</td><td>1 every 1 year</td><td></td><td>None</td></tr><tr><td>D0330</td><td>X-ray of the entire mouth</td><td>1 every 36 month</td><td></td><td>None</td></tr></tbody></table>	Service Type	Description	Frequency Restriction	History	Limitations	Diagnostic					D0210	X-rays of all the teeth in the mouth	1 every 36 month		None	D0270	1 single diagnostic bitewing x-ray	1 every 1 year		None	D0272	2 diagnostic bitewing x-ray images	1 every 1 year		None	D0273	3 diagnostic bitewing x-ray images u	1 every 1 year		None	D0274	4 diagnostic bitewing x-ray images u	1 every 1 year		None	D0277	Diagnostic image to check for tooth	1 every 1 year		None	D0330	X-ray of the entire mouth	1 every 36 month		None
Service Type	Description	Frequency Restriction	History	Limitations																																										
Diagnostic																																														
D0210	X-rays of all the teeth in the mouth	1 every 36 month		None																																										
D0270	1 single diagnostic bitewing x-ray	1 every 1 year		None																																										
D0272	2 diagnostic bitewing x-ray images	1 every 1 year		None																																										
D0273	3 diagnostic bitewing x-ray images u	1 every 1 year		None																																										
D0274	4 diagnostic bitewing x-ray images u	1 every 1 year		None																																										
D0277	Diagnostic image to check for tooth	1 every 1 year		None																																										
D0330	X-ray of the entire mouth	1 every 36 month		None																																										
Plan																																														
Plan Name Dental PPO Effective Date	Insurance Type PPO Plan Period																																													



One Time Eligibility Request

Insurance Eligibility Screen – Manually Request Eligibility Response

Insurance Eligibility

Today◀▶October 2024▼1 w▶1 m▶6 m▶Pinboa

Thursday 31

Unable to VerifyIneligibleEligible

Appointment	Patient Information	Subscriber Information	Insurance Plan	Verification Type	Auto Verify
10/31/2024					
Aetna					
Carrier phone (800) 856-5600					
7:00 AM 60 min ■ HYG2	Ervin Aguilar 04/03/1960 (64)	Ervin Aguilar 04/03/1960 (64) ID W198383825	S-mart Phone (800) 451-7715	Automatic (08/29/2024)	Essentials Pro Unable to VerifyIneligibleEligible
11:00 AM 60 min ■ HYG2	Quinton Holloway 05/13/1971 (53)	Quinton Holloway 05/13/1971 (53) ID W198275614	Acme Corp.		Essentials Pro Unable to VerifyIneligibleEligible



6

ELIGIBILITY DOCUMENT DETAILS





Viewing Eligibility Detail

Eligibility Document Details

Eligible

Sandra Jones

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: Web & EDI

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
08-29-1982

Relationship to Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Date of Birth
04-2-1983

Group Name
HST

Group #
123456789

Provider

First Name
Daniel

Last Name
Jones

NPI
4566539726

Plan

Plan Name
Delta Dental PPO

Insurance Type
PPO

Effective Date
01/01/2024

Plan Period
Calendar

Plan Start
01/01/2024

Plan End
12/31/2024

Deductibles and Maximums

Deductible Met

Max Reached

Deductible	Category	PPO	Premier	Out of Network
Individual				
Annual Amount	Dental Care	\$900	\$900	\$750
Annual Remaining	Dental Care	\$900	\$900	\$750
Family				
Annual Amount	Dental Care	\$750	\$750	\$900
Annual Remaining	Dental Care	\$750	\$750	\$900
Maximum				
Individual				
Annual Amount	Dental Care	\$6000	\$6000	\$6000
Annual Remaining	Dental Care	\$4800	\$4800	\$4800
Lifetime Amount	TMJ	\$7000	\$7000	\$7000
Lifetime Remaining	TMJ	\$7000	\$7000	\$7000
Family				
Annual Amount	Dental Care	\$10000	\$10000	\$10000
Annual Remaining	Dental Care	\$9800	\$9800	\$9800
Lifetime Amount	TMJ	\$14000	\$14000	\$14000
Lifetime Remaining	TMJ	\$12000	\$12000	\$12000

Frequency, History, Limitations

Service Type	Description	Frequency Restriction	History	Limitations
Restorative				
D260	Silver-colored filling of a cavity on two surfaces of a tooth	None	01/25/2024 - Upper Left 1st molar #14 Occlusal	None

Orthodontics

Service Type	PPO	Premier	Out of Network
Orthodontics			

Source: Essentials (EDI)
Created: May 1, 2024 at 10:56 AM
Transaction ID: 123456789

Source: Pro (Web+EDI)
Created: May 1, 2024 at 10:56 AM
Transaction ID: 123456789

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HENRY SCHEIN ONE

34



Viewing Eligibility Detail

Eligibility Document Details

Eligible

Sandra Jones

Created: Apr 23, 2024 at 3:35 PM
Transaction ID: 123456789
Source: Web & EDI

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
06-29-1982

Relationship to
Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Date of Birth
04-2-1983

Group Name
HST

Group #
123456789

Provider

First Name
Daniel

Last Name
Jones

NPI
4566539726

Plan

Plan Name
Delta Dental
PPD

Insurance Type
PPD

Effective Date
01/01/2024

Plan Period
Calendar

Plan Start
01/01/2024

Plan End
12/31/2024

Deductibles and Maximums

Deductible

Category

PPD

Deductible Met

Max Reached

Individual

Annual Amount

Dental Care

\$500

\$500

\$750

Annual Remaining

Dental Care

\$500

\$500

\$750

Family

Annual Amount

Dental Care

\$750

\$750

\$900

Annual Remaining

Dental Care

\$750

\$750

\$900

Maximum

Category

PPD

Max Reached

Out of Network

Individual

Annual Amount

Twelve Care

\$6000

\$6000

\$6000

Annual Remaining

Dental Care

\$4800

\$4800

\$4800

Lifetime Amount

TMU

\$7000

\$7000

\$7000

Lifetime Remaining

TMU

\$7000

\$7000

\$7000

Family

Annual Amount

Twelve Care

\$11000

\$11000

\$11000

Annual Remaining

Dental Care

\$8800

\$8800

\$8800

Lifetime Amount

TMU

\$14000

\$14000

\$14000

Lifetime Remaining

TMU

\$12000

\$12000

\$12000

Frequency, History, Limitations

Service Type

Description

Frequency
Restriction

History

Limitations

Restorative

D2100

Silver-colored filling of a cavity
on two surfaces of a tooth

None

01/25/2024 - Upper Left 1st
molar #14 Occlusal

None

Orthodontics

Service Type

PPD

Patient

Out of Network

Orthodontics

Close

Patient

First Name
Sandra

Last Name
Jones

Date of Birth
06-29-1982

Relationship to
Subscriber
Spouse

Subscriber

First Name
Sandra

Last Name
Jones

Subscriber ID
987654321

Date of Birth
04-2-1983

Group Name
HST

Group #
123456789

Provider

First Name
Daniel

Last Name
Jones

NPI
4566539726

Plan

Plan Name
Delta Dental
PPD

Insurance Type
PPD

Effective Date
01/01/2024

Plan Period
Calendar

Plan Start
01/01/2024

Plan End
12/31/2024





Viewing Eligibility Detail

Eligibility Document Details

Area: 000001

Eligible

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: Web & EDI

First Name: Sandra

Last Name: Jones

Date of Birth: 06-25-1982

Relationship to Subscriber: Spouse

First Name: Sandra

Last Name: Jones

Subscriber ID: 987654321

Date of Birth: 04-12-1983

Group Name: HSI

Group #: 123456789

First Name: Daniel

Last Name: Jones

NPI: 4565538726

Plan Name: Delta Dental PPO

Insurance Type: PPO

Effective Date: 01/01/2024

Plan Period: Calendar

Plan Start: 01/01/2024

Plan End: 12/31/2024

Deductibles and Maximums

Deductible Met

Max Reached

Deductible	Category	PPO	Premier	Out of Network
Individual				
Annual Amount	Dental Care	\$500	\$500	\$750
Annual Remaining	Dental Care	\$500	\$500	\$750
Family				
Annual Amount	Dental Care	\$750	\$750	\$900
Annual Remaining	Dental Care	\$750	\$750	\$900
Maximum				
Individual				
Annual Amount	Dental Care	\$6000	\$6000	\$6000
Annual Remaining	Dental Care	\$4800	\$4800	\$4800
Lifetime Amount	TMU	\$7000	\$7000	\$7000
Lifetime Remaining	TMU	\$7000	\$7000	\$7000
Family				
Annual Amount	Dental Care	\$11000	\$11000	\$11000
Annual Remaining	Dental Care	\$9800	\$9800	\$9800
Lifetime Amount	TMU	\$14000	\$14000	\$14000
Lifetime Remaining	TMU	\$12000	\$12000	\$12000

Frequency, History, Limitations

Service Type	Description	Frequency Restriction	History	Limitations
Restorative				
D2100	Silver-colored filling of a cavity on two surfaces of a tooth	None	01/25/2024 - Upper Left 1st molar #14 Occlusal	None

Orthodontics

Service Type	PPO	Premier	Out of Network
Orthodontics			

Deductibles and Maximums

Deductible Met

Max Reached

Deductible	Category	PPO	Premier	Out of Network
Individual				
Annual Amount	Dental Care	\$500	\$500	\$750
Annual Remaining	Dental Care	\$500	\$500	\$750
Family				
Annual Amount	Dental Care	\$750	\$750	\$900
Annual Remaining	Dental Care	\$750	\$750	\$900
Maximum				
Individual				
Annual Amount	Dental Care	\$6000	\$6000	\$6000
Annual Remaining	Dental Care	\$4800	\$4800	\$4800
Lifetime Amount	TMU	\$7000	\$7000	\$7000
Lifetime Remaining	TMU	\$7000	\$7000	\$7000
Family				
Annual Amount	Dental Care	\$11000	\$11000	\$11000
Annual Remaining	Dental Care	\$9800	\$9800	\$9800
Lifetime Amount	TMU	\$14000	\$14000	\$14000
Lifetime Remaining	TMU	\$12000	\$12000	\$12000

Frequency, History, Limitations

Service Type	Description	Frequency Restriction	History	Limitations
Restorative				
D2100	Silver-colored filling of a cavity on two surfaces of a tooth	None	01/25/2024 - Upper Left 1st molar #14 Occlusal	None

Orthodontics

Service Type	PPO	Premier	Out of Network
Orthodontics			

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36

6

IMPORTING ELIGIBILITY DETAILS





Importing Eligibility Details

Choosing the Eligibility icon will launch the import window.

8 AM

Lawrence Lorusso (24)

10 8:00 AM

20 **New!**

30 ExMtLsCmp

40

50 Show production





Import Insurance Benefit Details

Close

Choose Network Plan*

Select

Patient Details

Deductibles and Benefits

Patient Details

Patient

NamePeter Ashton

Date of Birth01/17/1982

Member ID1234567

Provider

NameTauth Story

NPI1234567

Tax ID01171982

Insurance

CarrierDelta Dental

Insurance TypePPO

NetworkIn Network

Phone555-555-5555

WebDeltadental.com

Group PlanHST

Group #123456789

Import

View Document



Importing Eligibility Details

Choose Network Plan

Import Insurance Benefit Details

Choose Network Plan*

Delta Dental PPO

Patient Details

Deductibles and Benefits

Deductibles & Benefits

	Annual Individual		Annual Family		Lifetime Individual	
	Required	Met	Required	Met	Required	Met
Preventive	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$	\$
Basic	\$50.00	\$50.00	\$150.00	\$50.00	\$	\$
Major	\$	\$	\$	\$	\$	\$
Ortho					\$1,000.00	\$0.00

	Annual Individual	Annual Family	Lifetime Ortho
Maximum	\$1,500.00	\$3,000.00	\$5,000.00
Used	\$500.00	\$500.00	\$0.00

*Annual Individual Met, Annual Family Met, Lifetime Individual Met, Annual Individual Used, Annual Family Used, Lifetime Ortho Used provided via an insurance verification request will not reflect any unprocessed or outstanding claims.

Import

View Document

Import Insurance Benefit Details

Choose Network Plan*

Select

Delta Dental PPO

Delta Dental Premier

Out of Network

Patient Details

Name

Pat

Mem

123





Importing Eligibility Details

Deductibles & Benefits

Import Insurance Benefit Details

Close

Choose Network Plan*

Delta Dental PPO

Patient Details

☒ Deductibles and Benefits

Deductibles & Benefits

Deductibles

	Annual Individual		Annual Family		Lifetime Individual	
	Required	Met	Required	Met	Required	Met
Preventive	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$	\$
Basic	\$50.00	\$50.00	\$150.00	\$50.00	\$	\$
Major	\$	\$	\$	\$	\$	\$
Ortho					\$1,000.00	\$0.00

Benefits

	Annual Individual	Annual Family	Lifetime Ortho
Maximum	\$1,500.00	\$3,000.00	\$5,000.00
Used	\$500.00	\$500.00	\$0.00

*Annual Individual Met, Annual Family Met, Lifetime Individual Met, Annual Individual Used, Annual Family Used, Lifetime Ortho Used provided via an insurance verification request will not reflect any unprocessed or outstanding claims.

Import

View Document



Importing Eligibility Details

Exceptions & Limitations

Import Insurance Benefit Details - Patient: Linda Mastronardi Close

Choose Network Plan*

IN NETWORK

Patient Details

☒ Deductibles & Benefits

☒ Exceptions & Limitations

Exceptions & Limitations

Code	Description	# of exceptions
+ D0120		1
Exception Type		
Frequency	2 time(s) per 1 year(s)	
+ D0140		1
Exception Type		
Frequency	2 time(s) per 1 year(s)	
+ D0150		1
Exception Type		
Frequency	2 time(s) per 1 year(s)	
+ D1205		2
Exception Type		
Frequency	19 time(s) per 1 year(s)	
Age Limitation	100% age 0 through 19	
+ D1208		2
+ D1351		1
+ D1510		1
+ D1516		1
+ D1517		1
+ D1575		1
+ D2140		1
+ D2150		1

Import View Document





Importing Eligibility Details

Deductibles & Benefits

Import Insurance Benefit Details

Close

Choose Network Plan*

Delta Dental PPO

Patient Details

☒ Deductibles and Benefits

Deductibles & Benefits

Deductibles

	Annual Individual		Annual Family		Lifetime Individual	
	Required	Met	Required	Met	Required	Met
Preventive	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$	\$
Basic	\$50.00	\$50.00	\$150.00	\$50.00	\$	\$
Major	\$	\$	\$	\$	\$	\$
Ortho					\$1,000.00	\$0.00

Benefits

	Annual Individual	Annual Family	Lifetime Ortho
Maximum	\$1,500.00	\$3,000.00	\$5,000.00
Used	\$500.00	\$500.00	\$0.00

*Annual Individual Met, Annual Family Met, Lifetime Individual Met, Annual Individual Used, Annual Family Used, Lifetime Ortho Used provided via an insurance verification request will not reflect any unprocessed or outstanding claims.

Import

View Document

Do you want to import?

Warning: Importing plan level benefit and coverage information will affect all patients who are tied to this insurance plan. Importing patient utilization and history details are specific to the patient and will add the information to this patient only.

Would you still like to proceed?

Yes

No

Choose Network Plan*

Delta Dental PPO

Patient Details

☒ Deductibles and Benefits



Importing Eligibility Details

	Annual Individual		Annual Family		Lifetime Individual	
	Required	Met	Required	Met	Required	Met
Preventive	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$	\$
Basic	\$50.00	\$50.00	\$150.00	\$50.00	\$	\$
Major	\$	\$	\$	\$	\$	\$
Ortho					\$1,000.00	\$0.00

Leaving Insurance Benefit Details?

How would you like to proceed?

Mark as Done Exit without Importing Cancel

Mark as Done marks the import as complete, closes the window, and turns the E icon green.



Exit without Importing closes the window and leaves the E import icon so the user can return to import later.



Cancel will exit from the import window and returns you to the import detail review.



Recap

- ✓ Payer Connection Portal
- ✓ Viewing Eligibility Status & Details
- ✓ Importing Eligibility Details



7

BRIEF WORKFLOW





Brief Workflow

Calendar

OP-1

7 AM

Denny Andrade (35)

7:00 AM

Ext

Show production

8 AM

Lawrence Lorusso (24)

8:00 AM

New! ExMtLsCmp

Show production

9 AM

Bradley Bauer (68)

9:00 AM

Ext

Show production

10 AM

Bobby Bender (63)

10:00 AM

ResACrn

Show production

Today

November 2024

1 w

1 m

6 m

Tuesday 12

Unable to Verify

Ineligible

Eligible

Appointment	Patient Information	Subscriber Information	Insurance Plan	Verification Type	Auto Verify
Blue Cross Blue Shield of Texas					
3:00 PM 65 min	Matthew Jones	Matthew Jones	Ace Tomato Co.	Manual	Essentials
DDS1	09/10/1977 (47)	09/10/1977 (47)	Phone (800) 451-0287	(09/20/2022)	Pro
CIGNA/ EQUICOR					
8:00 AM 60 min	Jesse Pinkman	Jesse Pinkman	Acme	Manual	Essentials
HYG2	09/02/1993 (31)	09/02/1993 (31)	Phone (888) 336-8258	(04/11/2023)	Pro





Brief Workflow

Bobby Bender (63)

11:00 AM

ResACrn

Show production

E

1hr

Verification Type

Carrier phone (800) 856-5600

Automatic

(08/29/2024)

Auto verify

Unable to Verify

Ineligible

Eligible

Active

Created: August 27, 2024 at 11:53 AM

Transaction ID: cm0cq770c0078zrj4cuks3fcx

Source: EDI

Patient

First Name
Bobby

Last Name
Bender

Date of Birth
06/06/1978

Subscriber

First Name
Bobby

Last Name
Bender

Subscriber ID
U7272906301

Group Name
Delta Dental

Date of Birth
03/26/1961

Group #
3345630

Provider

First Name
Jeremy

Last Name
Reece

NPI
1447364856

Plan

Plan Name
Dental PPO

Insurance Type
PPO

Effective Date

Plan Period

Deductibles and Maximums

Deductibles

Category

In network

Out of network

Individual

Lifetime Amount

Dental care

\$25.00

\$65.00

Lifetime Remaining

Dental care

\$0.00

\$40.00

Family

Lifetime Amount

Dental care

\$75.00

\$185.00

Lifetime Remaining

Dental care

\$25.00

\$135.00

Maximums

Category

In network

Out of network

Individual

Lifetime Amount

Dental care

\$2500.00

\$1500.00

Lifetime Remaining

Dental care

\$1460.60

\$460.60

Frequency, History, Limitations

Service Type

Description

Frequency Restriction

History

Limitations

Diagnostic

D0210

X-rays of all the teeth in the mouth

1 every 36 month

None

D0270

1 single diagnostic bitewing x-ray

1 every 1 year

None

D0272

2 diagnostic bitewing x-ray images

1 every 1 year

None

D0273

3 diagnostic bitewing x-ray images u

1 every 1 year

None

D0274

4 diagnostic bitewing x-ray images u

1 every 1 year

None

D0277

Diagnostic image to check for tooth

1 every 1 year

None

D0330

X-ray of the entire mouth

1 every 36 month

None

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HENRY SCHEIN

ONE

47



Brief Workflow

8 AM

10

20

30

40

50

Lawrence Lorusso (24)

8:00 AM

New!

ExMtLsCmp

Show production

Import Insurance Benefit Details

Close

Choose Network Plan*

Select

Patient Details

Deductibles and Benefits

Patient

Name

Peter Ashton

Date of Birth

01/17/1982

Member ID

1234567

Provider

Name

Tooth Story

NPI

1234567

Tax ID

01171982

Insurance

Carrier

Delta Dental

Insurance Type

PPO

Network

In Network

Phone

555-555-5555

Web

DeltaDental.com

Group Plan

HST

Group #

123456789

Import

View Document





Brief Workflow

Import Insurance Benefit Details

Close

Choose Network Plan*

Delta Dental PPO

Patient Details

☒ Deductibles and Benefits

Deductibles & Benefits

Deductibles

	Annual Individual		Annual Family		Lifetime Individual	
	Required	Met	Required	Met	Required	Met
Preventive	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$	\$
Basic	\$50.00	\$50.00	\$150.00	\$50.00	\$	\$
Major	\$	\$	\$	\$	\$	\$
Ortho					\$1,000.00	\$0.00

Benefits

	Annual Individual	Annual Family	Lifetime Ortho
Maximum	\$1,500.00	\$3,000.00	\$5,000.00
Used	\$500.00	\$500.00	\$0.00

*Annual Individual Met, Annual Family Met, Lifetime Individual Met, Annual Individual Used, Annual Family Used, Lifetime Ortho Used provided via an insurance verification request will not reflect any unprocessed or outstanding claims.

Import

View Document

Do you want to import?

Warning. Importing plan level benefit and coverage information will affect all patients who are tied to this insurance plan. Importing patient utilization and history details are specific to the patient and will add the information to this patient only.

Would you still like to proceed?

Yes

No

Choose Network Plan*

Delta Dental PPO

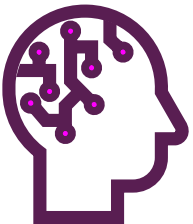
Patient Details

☒ Deductibles and Benefits



Key Points to Remember

- **Setup/Settings:**
 - Location Specific
 - Automated Eligibility turned on and business day lead specified
 - Grant Access Rights to User Roles
- **Automated Eligibility Process:**
 - Nightly OR Immediately upon scheduling within specified number of business days
- **Eligibility Responses:**
 - Essentials – EDI
 - Pro – Web
- **Payer Connection Portal:**
 - Connect Payer portal usernames/passwords to receive Pro responses
- **Import Benefit Details:**
 - Important coverage details can be imported directly into Dentrix



Resources



Eligibility Quick Start Guide

Welcome to the quick start guide for Dentrix Ascend Eligibility Essentials and Dentrix Ascend Eligibility Pro.

This guide will help you become familiar with your new eligibility verification workflow in Dentrix Ascend. We're excited to introduce you to a streamlined process that makes requesting insurance eligibility information easier than ever.

With this workflow, you'll get accurate and timely responses from top insurance payers, in a standardized format that's automatically saved to the Document Manager.

To continue, click the button for your solution.

Eligibility Essentials

Eligibility Pro

[Quick Start Guide](#)



FeaturesAdd-onsTraining & SupportResourcesHOW TO PURCHASE

Payer Search Tool

Search for Payer Information

The Payer Search Tool helps you identify the electronic connectivity for the Payers/Insurance companies you work with. You can search by Payer Name or Payer ID. Note: some payers may have other Payer ID's that are used dependently on the Clearing House participation.

Use the Payer ID that Henry Schein ONE has listed for participation through our services.

A green check box  identifies which service is enabled for electronic participation for the payer you are searching for.

There are several Blue Cross Blue Shield and Medicaid payers that require additional information before they will accept electronic submissions from your office. You will see these in the sections marked with 'Enrollment' i.e. (Special Enrollment).

If you will be submitting claims to a payer that has a Special Enrollment, click on the  and follow the instructions listed.

Request a Payer

If the insurance company you work with isn't on the list or if they are on the list, but don't provide the service you want, tell us about it. We'll try to get them added.

Payer ID or Payer Name:

Search PayersView All Payers

123>Last

Payer ID	Payer Name	eClaims™	Special Enrollment	Attachments	Eligibility	ELIG Pro	ERA	ERA Enrollment
00580	Blue Cross Blue Shield of Maryland- Care First							
AD060	Blue Care Family Plan							
04614	Delta Dental of Massachusetts							
05029	Delta Dental of Rhode Island							
05030	Delta Dental of Illinois							
05030	Pipe Fitters Local 597							

[Payer Search Tool](#)





Thank You

