

Claim Status Check

Online Dentist Account

★ How to Check the Status of a Claim

1 There are two places where you can easily check the status of a claim. When checking the Benefits and Eligibility for a patient, click the **Claims** tab under the patient's name to check the status of claims for that patient.

SHOWN FROM: 02/16/2023 SHOWN TO: 02/16/2024

Claims: **(In Process)** [Edit/Void](#)

Date	Code	Procedure	We Pay	Patient Pays
01/23/2024	D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$33.00	\$0.00
01/23/2024	D1110	PROPHYLAXIS - ADULT	\$65.00	\$0.00
01/23/2024	D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$61.00	\$0.00
01/23/2024	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$0.00	\$44.00
Total			\$159.00	\$44.00

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2 Another place to view the status of your Delta Dental of Kansas claims is by clicking the **Claims Tab**. In the Claims tab, you will see all claims received to Delta Dental of Kansas under this Tax ID number.

The fields in this tab that allow you to filter claims are claims status, office locations, and date of service.

DELTA DENTAL

Dashboard Find a Patient **Claims** Payments Documents National Benefits Inquiry

Patient Quick Search: SUBSCRIBER ID OR SSN * FIRST NAME * DOB * SEARCH

Claims

CLAIM STATUS: All FILTER BY PROVIDER LOCATION: All locations

FILTER BY PATIENT: SHOWING FROM: 09/12/2023 SHOWING TO: 05/12/2024

Claim:	(Denied)	Processed:	03/01/2024
Patient:		Date of Service:	02/23/2024
Provider:		Paid Amount:	\$0.00
Subscriber:		Check:	N/A
Claim:	(Denied)	Processed:	03/01/2024
Patient:		Date of Service:	02/23/2024
Provider:		Paid Amount:	\$0.00
Subscriber:		Check:	N/A

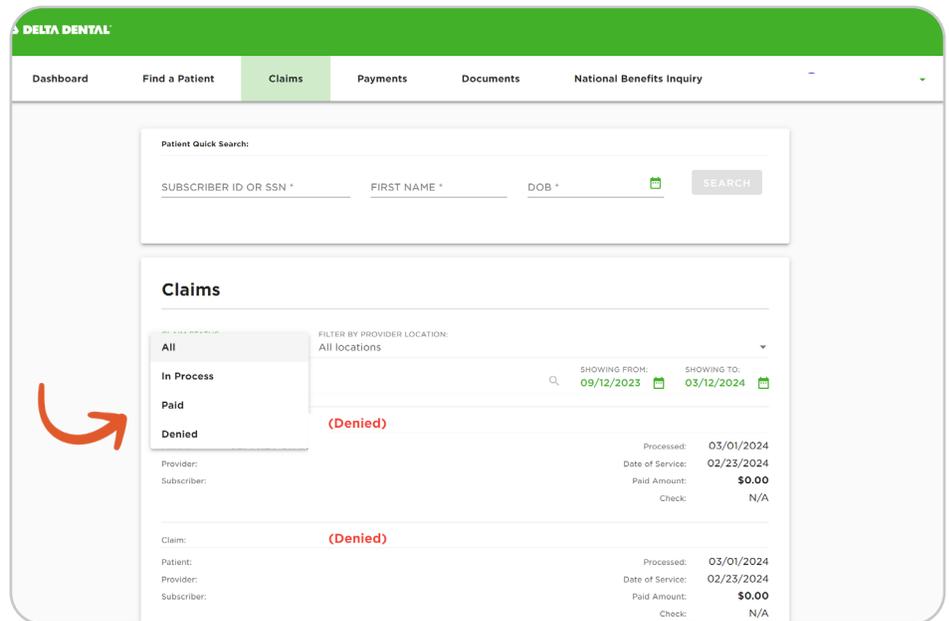
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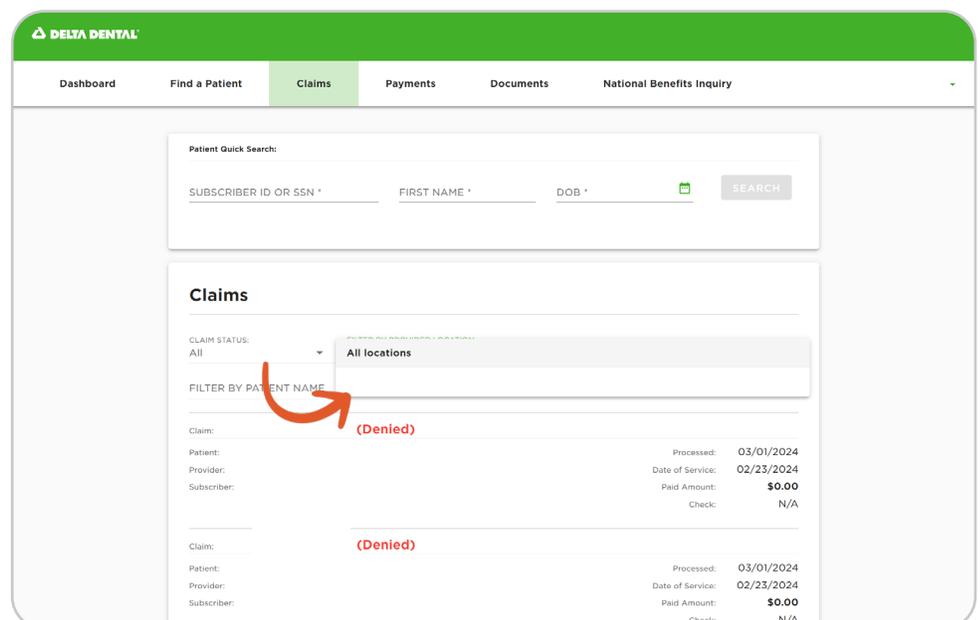
Under the Claims Status drop down filter, you can filter claims to All claims, In Process claims, Paid claims or Denied claims.



The screenshot shows the Delta Dental online dentist account interface. The 'Claims' tab is selected in the top navigation bar. Below the navigation bar is a 'Patient Quick Search' section with fields for 'SUBSCRIBER ID OR SSN', 'FIRST NAME', and 'DOB', and a 'SEARCH' button. The main content area is titled 'Claims' and features a dropdown menu for 'CLAIM STATUS' with options: 'All', 'In Process', 'Paid', and 'Denied'. An orange arrow points to this dropdown menu. To the right of the dropdown is a 'FILTER BY PROVIDER LOCATION' dropdown set to 'All locations'. Below these filters are two claim entries, each with a '(Denied)' status in red text. Each entry includes fields for 'Provider', 'Subscriber', 'Claim', 'Patient', 'Processed' date, 'Date of Service', 'Paid Amount' (\$0.00), and 'Check' (N/A).

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Under the **Filter by Provider Location** dropdown filter, you can filter to view claims only for a specific location. If you only have one office location, then you will only have one location listed in the dropdown.



The screenshot shows the Delta Dental online dentist account interface. The 'Claims' tab is selected in the top navigation bar. Below the navigation bar is a 'Patient Quick Search' section with fields for 'SUBSCRIBER ID OR SSN', 'FIRST NAME', and 'DOB', and a 'SEARCH' button. The main content area is titled 'Claims' and features a dropdown menu for 'CLAIM STATUS' set to 'All'. An orange arrow points to this dropdown menu. To the right of the dropdown is a 'FILTER BY PROVIDER LOCATION' dropdown menu that is open, showing 'All locations' as the only option. Below this filter are two claim entries, each with a '(Denied)' status in red text. Each entry includes fields for 'Provider', 'Subscriber', 'Claim', 'Patient', 'Processed' date, 'Date of Service', 'Paid Amount' (\$0.00), and 'Check' (N/A).

Claim Status Check

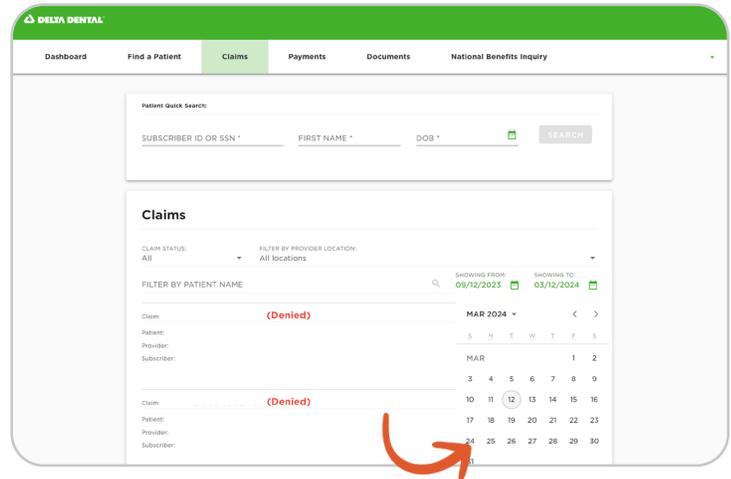
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The dates listed under **Showing From** default to show claims for dates of service within the last 6 months. These dates can be changed to view claims for different dates of service.

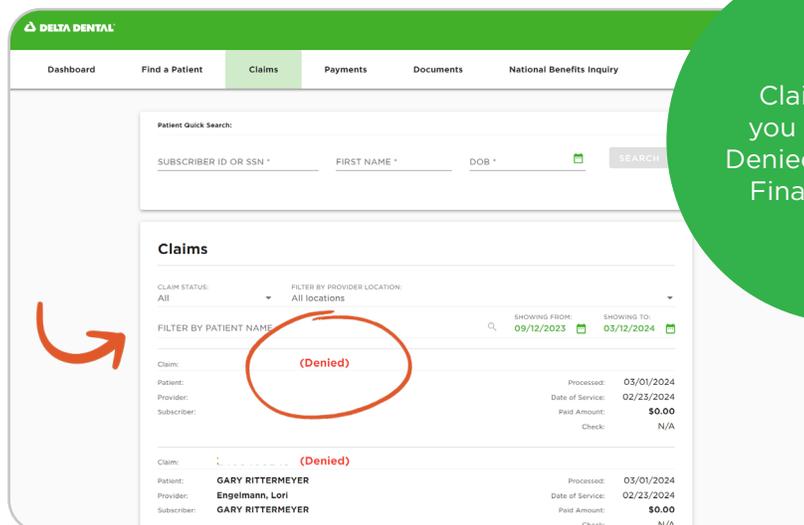
Click the calendar icon to the right of the date you want to change. These dates can be changed to view claims for more or fewer dates of service.



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In the **Filter by Patient Name**, you can type a Patient's first name or first and last name to filter claims. *Please note that it cannot filter by Patient's last name alone.*

You will see the claim status's in parenthesis next to the claim number. Denied claims are claims that all services on the claim were denied.



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All applicable reference/message codes will be listed on the Explanation of Payment (EOP) for the claim. Click the **Check Number** to view the EOP for the claim.

Claim: **(Final)** [View](#) [Edit/Void](#)

Patient: _____ Processed: 03/12/2024

Provider: _____ Date of Service: N/A

Subscriber: _____ Paid Amount: **\$88.00**

Check: N/A

Claim: **(Paid)** [View](#)

Patient: _____ Processed: 03/12/2024

Provider: _____ Date of Service: 03/11/2024

Subscriber: _____ Paid Amount: **\$158.00**

Check: **190**

DELTA DENTAL CHECK DISBURSEMENT

Delta Dental of Kansas Date: 03/18/2024

Check NO: 190 Amount: \$774.00

Subscriber Name	Subscriber ID	Provider ID/Loc	Patient Name	Interest	Claim No					
D110	03/08/2024	\$80.00	\$65.00	\$65.00	\$0.00	\$0.00	100%	\$65.00	\$0.00	\$15.00
D020	03/08/2024	\$50.00	\$33.00	\$33.00	\$0.00	\$0.00	100%	\$33.00	\$0.00	\$17.00
D106	03/08/2024	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$45.00	\$0.00
TOTAL		\$175.00	\$98.00	\$98.00	\$0.00	\$0.00		\$98.00	\$45.00	\$32.00

Subscriber Name	Subscriber ID	Provider ID/Loc	Patient Name	Interest	Claim No					
D131	2 03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00	100%	\$36.00	\$0.00	\$19.00
D131	16 03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00	100%	\$36.00	\$0.00	\$19.00
D131	18 03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00	100%	\$36.00	\$0.00	\$19.00
D131	31 03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00	100%	\$36.00	\$0.00	\$19.00
TOTAL		\$220.00	\$144.00	\$144.00	\$0.00	\$0.00		\$144.00	\$0.00	\$76.00

Subscriber Name	Subscriber ID	Provider ID/Loc	Patient Name	Interest	Claim No					
D110	03/7/2024	\$50.00	\$33.00	\$33.00	\$0.00	\$0.00	100%	\$33.00	\$0.00	\$17.00
D110	03/7/2024	\$60.00	\$47.00	\$47.00	\$0.00	\$0.00	100%	\$47.00	\$0.00	\$13.00
D106	03/7/2024	\$45.00	\$29.00	\$29.00	\$0.00	\$0.00	100%	\$29.00	\$0.00	\$16.00
TOTAL		\$155.00	\$109.00	\$109.00	\$0.00	\$0.00		\$109.00	\$0.00	\$46.00

Subscriber Name	Subscriber ID	Provider ID/Loc	Patient Name	Interest	Claim No					
D020	03/7/2024	\$50.00	\$33.00	\$33.00	\$0.00	\$0.00	100%	\$0.00	\$33.00	\$17.00
D110	03/7/2024	\$80.00	\$65.00	\$65.00	\$17.00	\$0.00	\$0.00	\$48.00	\$17.00	\$55.00
D106	03/7/2024	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$45.00	\$0.00
D0277	03/7/2024	\$75.00	\$61.00	\$61.00	\$0.00	\$0.00	100%	\$61.00	\$14.00	\$14.00
TOTAL		\$250.00	\$159.00	\$159.00	\$0.00	\$0.00		\$109.00	\$96.00	\$46.00

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To view the Explanation of Benefits (EOB) that the patient received, click **View**.

Claim: **(Final)** [View](#) [Edit/Void](#)

Patient: _____ Processed: 03/12/2024

Provider: _____ Date of Service: N/A

Subscriber: _____ Paid Amount: **\$88.00**

Check: N/A

Claim: **(Paid)** [View](#)

Patient: _____ Processed: 03/12/2024

Provider: _____ Date of Service: 03/11/2024

Subscriber: _____ Paid Amount: **\$158.00**

Check: **190**

DELTA DENTAL Explanation of Benefits

Delta Dental of Kansas
P.O. Box 789769
Wichita, KS 67278-9769

THIS IS NOT A BILL. PLEASE COORDINATE WITH YOUR DENTIST FOR ANY APPLICABLE PAYMENT.
You recently visited the dentist and we wanted to show you the care you received and who pays what. This Explanation of Benefits explains what your dentist charged, what we covered, our network savings and what you may owe to the dentist.

CLAIM DETAIL:
Claim Number:
Patient:
Subscriber:

YOUR DENTIST CHARGES:	PAID BY YOUR OTHER INSURANCE PLAN, IF APPLICABLE	PAID BY YOUR DELTA DENTAL PLAN:	YOUR IN-NETWORK SAVINGS:	YOUR SHARE: (THIS IS NOT A BILL)
\$209.00	\$0.00	\$158.00	\$51.00	\$0.00

Service Date	Dental Service	Tooth No.	Surface Anchy/ Guard	Your Dentist Charges	Your Contract Charges Allowed	Your Delta Dental Plan Charges Allowed	Your Deductible/Coinsurance Applied	Your Delta Dental Plan Paid by Your Delta Share	Your Delta Dental Plan Paid by Your Delta Share	Message Code(s)**
03-19-2024	PERIODIC			\$60.00	\$39.00	\$39.00	\$0.00	\$39.00	\$0.00	
03-19-2024	RESTORATIVE			\$80.00	\$54.00	\$54.00	\$0.00	\$54.00	\$0.00	
03-19-2024	TOPICAL			\$44.00	\$34.00	\$34.00	\$0.00	\$34.00	\$0.00	
03-19-2024	BTEWINGS			\$45.00	\$31.00	\$31.00	\$0.00	\$31.00	\$0.00	
TOTALS				\$209.00	\$158.00	\$158.00	\$0.00	\$158.00	\$0.00	

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9 For claims still In Process you can Edit or Void a claim by clicking **Edit/Void** button.

Date	Code	Procedure	We Pay	Patient Pays
01/23/2024	D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$33.00	\$0.00

10 Claims listing Final have been processed and will be paid in the next payment cycle. *Claims listing Final will not have an EOP available for viewing as the claim has not yet paid.*

If your office is set up for EFT payments, the claim should process to pay by the next business day. If your office is set up for check payments, the claim will be processed to pay in the next weekly payment cycle.

Paid claims have already been processed to pay. Click the **Check Number** to view the EOP for the claim.

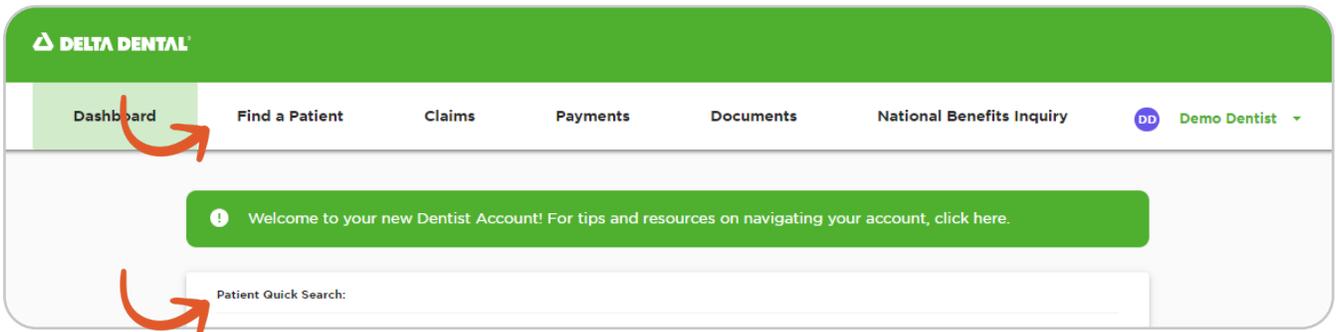
Claim: (Final)	View Edit/Void
Patient:	Processed: 03/12/2024
Provider:	Date of Service: N/A
Subscriber:	Paid Amount: \$88.00
	Check: N/A
Claim: (Paid)	View
Patient:	Processed: 03/12/2024
Provider:	Date of Service: 03/11/2024
Subscriber:	Paid Amount: \$158.00
	Check: 190

Claim Status Check

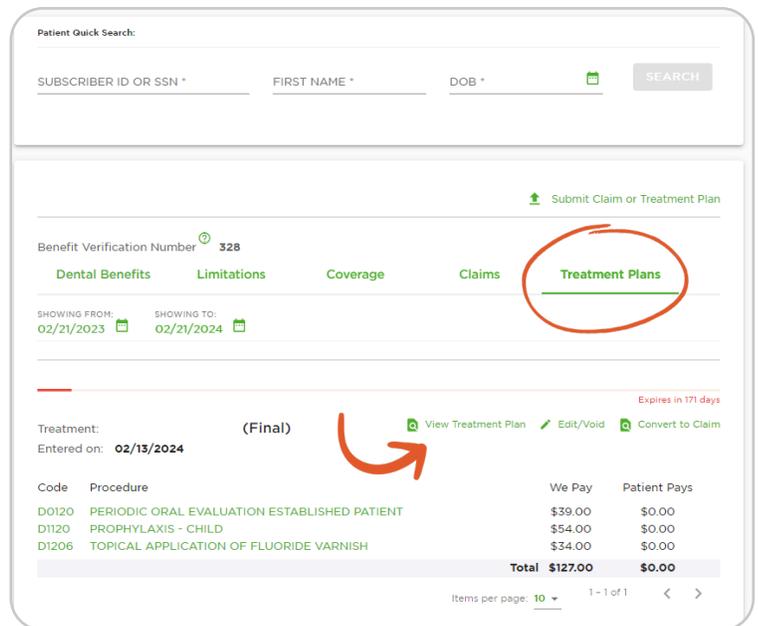
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★ How to Check the Status of a Claim

11 To check the status of a Pre-Determination, pull up the patient whose treatment plan you want to check the status of, either through the **Patient Quick Search** on the Dashboard or through the **Find a Patient** tab.



12 Once you have the patient pulled up, click the **Treatment Plans** tab. You will be able to see all active treatment plans for a patient and can review claim status, view the Pre-Determination, Edit or Void any Pre-Determinations or Convert the Pre-Determination to an in for payment claim.



▶ Claim Status Check [Watch Video](#)

Watch this video to learn how to check the status of a claim on your new online Dentist Account.