Claim Status Check Online Dentist Account



🔀 How to Check the Status of a Claim

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.

Dental Be	enefits	Limitations	Coverage	Claims	Treatment	Plans
5HOWING FROM 52/16/2023	: s C	HOWING TO: 02/16/2024				
Claims: Provider:		(In Pro	ocess)			Edit/Void
Date	Code	Procedure			We Pay	Patient Pays
01/23/2024	D0120	PERIODIC ORAL EVAL	UATION ESTABLISHED	PATIENT	\$33.00	\$0.00
01/23/2024	D1110	PROPHYLAXIS - ADUL	T		\$65.00	\$0.00
01/23/2024	D0277	VERTICAL BITEWINGS	S - 7 TO 8 RADIOGRAP	HIC IMAGES	\$61.00	\$0.00
01/23/2024	D1206	TOPICAL APPLICATIO	N OF FLUORIDE VARN	IISH	\$0.00	\$44.00
					Total \$159.00	\$44.00
				Items per page:	10 - 1-1 of	1 < >

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.

Dashboard	Find a Patient	Claims	Payments	Documents	National Benefits Inqui	y
	Patient Quick Sear	chi				
	Patient duice Search					
	SUBSCRIBER II	D OR SSN *	FIRST NAME *	DOB *		
	Claims					
	CLAIM STATUS: All	FI A	TER BY PROVIDER LOCATION:			*
	EILTED BY DAT			0		
						S/12/2024
	Claim:		(Denied)		V	8
	Patient:				Processed:	03/01/2024
	Provider:				Date of Service:	02/23/2024
	Subscriber:				Check:	N/A
	Claim:		(Denied)			
	Patient:				Processed:	03/01/2024

Online Dentist Account

How to Check the Status of a Claim

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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.

shboard	Find a Patient	Claims	Payments	Documents	National Benefits In	quiry
	Patient Quick Sear	ch:				
	SUBSCRIBER II	D OR SSN *	FIRST NAME *	DOB *	•	
	Claims All In Process	FII A	TER BY PROVIDER LOCATION:	0	SHOWING FROM:	SHOWING TO:
	Paid			~	09/12/2023	03/12/2024 📺
2	Denied		(Denied)			
	Demed				Process	ed: 03/01/2024
	Provider:				Date of Servi	ce: 02/23/2024
	Subschow.				Che	ck: N/A
	Claim:		(Denied)			
	Patient:		,		Process	ed: 03/01/2024
	Provider:				Date of Servi	ce: 02/23/2024
	Subscriber:				Paid Amou	nt: \$0.00
					Che	ck: N/A

4

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.

Dashboard	Find a Patient	Claims	Payments	Documents	National Benefits Inqui	ry	
	Patient Quick Sear	ch:					
	SUBSCRIBER I	O OR SSN *	FIRST NAME *	DOB *			
	Claims						
	Claims						
	CLAIM STATUS	P*11.**					
	All	- All	locations				
	FILTER BT PAI	ENT NAME					
	Claim:		(Denied)				
	Patient:				Processed:	03/01/2024	
	Provider:				Date of Service:	02/23/2024	
					Paid Amount:	\$0.00	
	Subscriber:						
	Subscriber:				Check:	N/A	
	Subscriber:				Check:	N/A	
	Subscriber:	((Denied)		Check:	N/A	
	Subscriber: Claim: Patient:	((Denied)		Check: Processed:	N/A 03/01/2024	
	Subscriber: Claim: Patient: Provider:	((Denied)		Check: Processed: Date of Service:	N/A 03/01/2024 02/23/2024	

Online Dentist Account

How to Check the Status of a Claim

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

6

C DELTA DENTAL											
Dashboard	Find a Patient	Claims	Payments	Documents	Nation	al Ben	nefits	Inqui	ry		
	_										
	Patient Guick Searc	n:									
	SUBSCRIBER IE	OR SSN *	FIRST NAME *	DOB *							
	Claims										
	CLAIM STATUS: All	▼ A	LTER BY PROVIDER LOCATION: II locations								-
	FILTER BY PATI	ENT NAME		٩	SHOWIN 09/12	«G FRO /2023		51 0	IOWINI 3/12/3	а то: 2024	
	Claim:		(Denied)		MA	R 202	24 -			<	>
	Patient:				s	н	τ	w	τ	E	s
	Provider:										-
	Subscriber:				MA	R				1	2
					3	4	5	6	7	8	9
	Claim:		(Denied)		10	11	12	13	14	15	16
	Patient:				17	18	19	20	21	22	23
	Provider:				24	25	26	27	20	20	70
	Subscriber:						20		10		

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.

DELTA DENTAL						
Dashboard	Find a Patient Claim:	a Payments	Documents	National Benefits Inqui	iry	
						Claim status's
	Patient Quick Search:					you will see are
	SUBSCRIBER ID OR SSN *	FIRST NAME *	DOB *	=	SEARCH	Denied In Process
						Final and Daid
						Final, and Pald.
	Claims					
	CLAIM STATUS:	FILTER BY PROVIDER LOCATION:				
	All	All locations			*	
	FILTER BY PATIENT NAME		Q	SHOWING FROM: S 09/12/2023	HOWING TO: 03/12/2024 🛅	
		(Denied)				
	Patient:	(Denied)		Processed:	03/01/2024	
	Provider:			Date of Service:	02/23/2024	
	Subscriber:			Paid Amount: Check:	\$0.00 N/A	
	Claim:	(Denied)			07/01/2024	
	Provider: Engelmann, L	ori		Processed: Date of Service:	02/23/2024	

Online Dentist Account

How to Check the Status of a Claim

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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.

n: (Final)													
		/ Edit/ Vold											
int:	Processed:	03/12/2024											
ider: C	Date of Service:	N/A											
criber:	Paid Amount:	\$88.00											
	Check:	N/A		LTA DENI	VĽ.					0.15			_
										CHE	CKD	ISBUR	5
n: (Paid)		Q View	Delta Den	tal of Kansa:									
	Dreeseed	07/12/2024							Chock N	0, 100		Date:	0
nt.	processed.	03/12/2024	Subscriber	Name S	ubscriber II	D Pr	rovider ID/	Loc F	Patient Nam	e Inter	est	Amount.	د ا
ider:	Date of Service:	03/11/2024	Code or	th Dete of Service	Submitted	Contract Allowance	an Allowance	Ded.	Over Max	cos Coins	Pien Pays	Patient Pays	
criber:	Paid Amount:	\$158.00	jaw	M N							-		ī
	Check:	190	D1110 D0120	03/08/2024 03/08/2024	\$80.00	\$65.00	\$65.00	\$0.00	\$0.00 \$0 \$0.00 \$0	0.00 100%	\$65.00	\$0.00	
			01206	TOTAL	\$175.00	\$98.00	\$98.00	\$0.00	\$0.00 \$	3.00	\$98.00	\$45.00	4
	~ 1		Subscriber	Name S	ubscriber II	Contract	rovider ID/	Loc F	Satient Nam	e Intere	HR		-
	•		Code or Cavi	Debe of Service	Submitted	Allowance	an Allowance	Ded.	Over Max	208 Colns N	Plan Pays	Patient Pays	~
			D1351 2	03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00 \$	0.00 100%	\$36.00	\$0.00	5
			D1351 15 D1351 18	03/08/2024 03/08/2024	\$55.00	\$36.00	\$36.00 \$36.00	\$0.00	\$0.00 \$	3.00 100% 3.00 100%	\$36.00	\$0.00	5
			D1351 31	03/08/2024	\$55.00	\$36.00	\$36.00	\$0.00	\$0.00 \$	3.00 100%	\$36.00	\$0.00	\$
			Subscriber	Name S	ubscriber II	3/44.00 D Pr	rovider ID/	LOC F	Patient Nam	e Inter	est	\$0.00	ai.
	1		Top	th	6.4.mm.d	Contract				Plan		-	_
				by better the service	SADIMANIA	Allowance		LANG.		X	Pain Pays	PROMIN PRYS	_
			D0120	03/11/2024	\$50.00	\$33.00	\$33.00	\$0.00	\$0.00 \$	0.00 100%	\$33.00	\$0.00	51
			D1120	03/11/2024	\$60.00	\$47.00	\$47.00	\$0.00	\$0.00 \$	0.00 100%	\$47.00	\$0.00	\$1
			D1206	03/11/2024	\$45.00	\$29.00	\$29.00	\$0.00	\$0.00 \$0	1.00 100%	\$29.00	\$0.00	-
			Subscriber	Name S	ubscriber II	D Pr	rovider ID/	Loc F	Patient Nam	e Inter	est		ú
			Code Too Code Cr	th Date of Service Ity	Submitted	Contract Allowance	an Allowance	Ded.	Over Max	cos Pian Coins X	Plan Pays	Patient Pays	101
			D0120	03/11/2024	\$50.00	\$33.00	\$33.00	\$33.00	\$0.00 \$	0.00 100%	\$0.00	\$33.00	5
			D1110 D1206	03/11/2024 03/11/2024	\$80.00	\$65.00	\$65.00 \$0.00	\$17.00	\$0.00 \$0 \$0.00 \$	J.00 100% 0.00 100%	\$48.00	\$17.00 \$45.00	\$
			D0277	03/11/2024	\$75.00	\$61.00	\$61.00	\$0.00	\$0.00 \$	0.00 100%	\$61.00	\$0.00	\$1

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

Claim: (Final)	Q View	Edit/Void									
Patient:	P	rocessed:	03/12/2024									
Provider:	Date o	of Service:	N/A									
Subscriber:	Paid	Amount:	\$88.00									
		Check:	N/A	۵۵	DELTA DENT	AL.		Ехр	lanation	of Bei	nefits	E WITH
Claim:	(Paid)		View	Delta De P.O. Box Wichita,	ental of Kansas x 789769 , KS 67278-976	59		You re you th Explan	DENTIST FO cently visited to e care you rece nation of Benefit	R ANY AP he dentist a lived and w ts explains	PLICABLE PA and we wanted t ho pays what. T what your denti	YMENT. to show This ist
Patient:	P	rocessed:	\$/12/2024					you m	ay owe to the d	ver, our net Jentist.	work savings an	nd what
Provider:	Date o	of Service:	03/11/2024					CLAI	M DETAIL:			
Subscriber:	Paid	d Amount:	\$158.00					Patie Subs	nt: triber:			
		Check:	0 190									
				YOUR DENTIST CHARGES:	PAID BY Y OTHER INSURANC PLAN: OF APP	OUR CE Plicabled	PAID BY DELTA DI PLAN:	OUR	YOUR IN-NETWO SAVINGS:	ORK	YOUR SHARE: (THIS IS NOT A BILL)	3
				\$209.00	\$0.00		\$158.00		\$51.00		\$0.00	
				Service Dental To Date Service No	oth Surface Y b. Arch/ D Guad C	(our Dentist Charges	Your Your Contract Denta Charges Charg Allowed Allow	Nelta Your I Plan Dedu es Appli ed	Your Delta ctible" Dental Plan ed Coinsuranc	Paid by N Your Delta ce* Dental Pla	Your Mer Share Co n	essage ode(s)**
				03-11-2024 PERIODIC 03-11-2024 PROPHYLAX	5	60.00	\$39.00 \$39.0 \$54.00 \$54.0	o so.oo	\$0.00	\$39.00	\$0.00 \$0.00	
				03-11-2024 TOPICAL A	5	144.00	\$34.00 \$34.0	0 \$0.00	\$0.00	\$34.00	\$0.00	
			(03-11-2024 BITEWINGS	s TOTALS \$	209.00	\$158.00 \$158.	o so.oc	10.00	\$158.00	\$0.00	

Online Dentist Account



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

	Claims: Provider:		(In Process)		✔ Edit/Voi	
	Date	Code	Procedure	We Pay	Patient Pays	
(01/23/2024	D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$33.00	\$0.00	

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

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Online Dentist Account

How to Check the Status of a Claim

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.

ć	DELTA DENTAL								
	Dashboard	Find a Patient	Claims	Payments	Documents	National Benefits Inquiry	DD	Demo Dentist	÷
		• Welcome to you	r new Dentist Acco	unt! For tips and res	ources on navigating y	rour account, click here.			
	J	Patient Quick Search:					-		



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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.

Patient Quick Se	earch:						
SUBSCRIBER	R ID OR SSN		FIRST NAME	•	DOB *	—	
Benefit Verifi	ication Numb	er ^⑦ 328				1 Submit Clai	im or Treatment Plan
Dental Be showing from: 02/21/2023	enefits show 02/2	Limitation	s Cove	erage	Claims	Treatme	nt Plans
Dental Be SHOWING FROM. 02/21/2023 Treatment: Entered on:	enefits SHOW 02/2 02/13/2024	Limitation	s Covi	erage	Claims View Treatment Plan	n 🖌 Edit/Void	Expires in 171 days
Dental Br SHOWING FROM 02/21/2023 Treatment: Entered on: Code Proc	enefits SHOW 02/2 02/13/2024 cedure	Limitation	s Covi		Claims	n Cedit/Void	Expires in 17) days Convert to Claim Patient Pays
Dental Bo SHOWING FROM 02/21/2023 Treatment: Entered on: Code Proc D0120 PER	enefits SHOW 02/2 02/13/2024 cedure RIODIC ORAL	Limitation	inal)		Claims View Treatment Plan	Treatme	Expires in 171 days Convert to Claim Patient Pays \$0.00
Dental Bo SHOWING FROM 02/21/2023 Treatment: Entered on: Code Proc D0120 PER D1120 PRC	C2/13/2024 C2/13/2024 Ceedure RIODIC ORAL OPHYLAXIS -	Limitation	inal)	PATIENT	Claims	Treatment Treatment Treatment We Pay \$39.00 \$54.00	Expires in 171 days Convert to Claim Patient Pays \$0.00 \$0.00
Dental Be SHOWING FROM 02/21/2023 Treatment: Entered on: Code Proc D0120 PER D1120 PRC D1206 TOP		Limitation	inal)	erage	Claims	Treatment Treatment Treatment Treatment We Pay \$39.00 \$54.00 \$34.00	Expires in 171 days Convert to Claim Patient Pays \$0.00 \$0.00 \$0.00

Claim Status Check

Watch Video

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