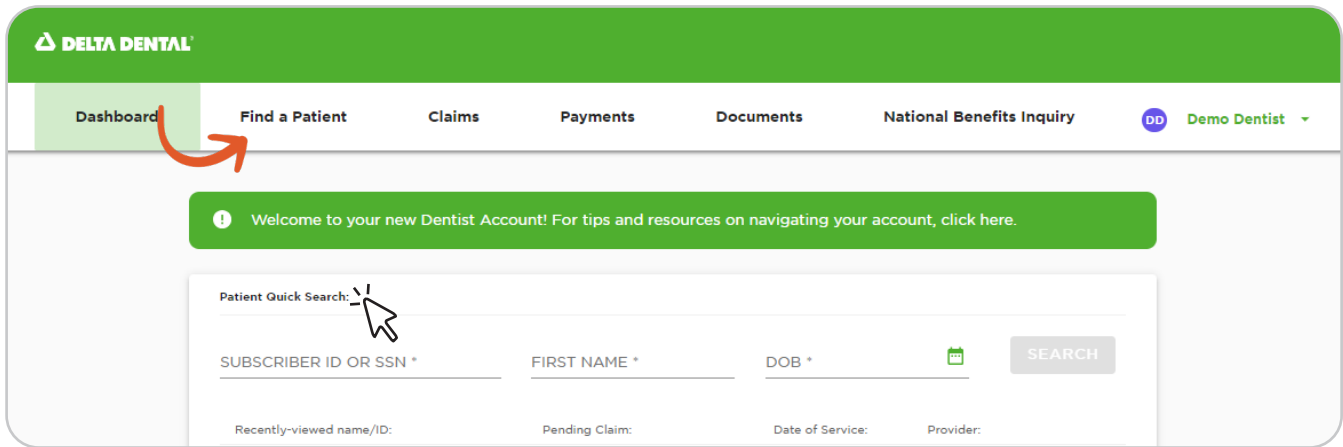


# Edit/Void a Claim

## Online Dentist Account

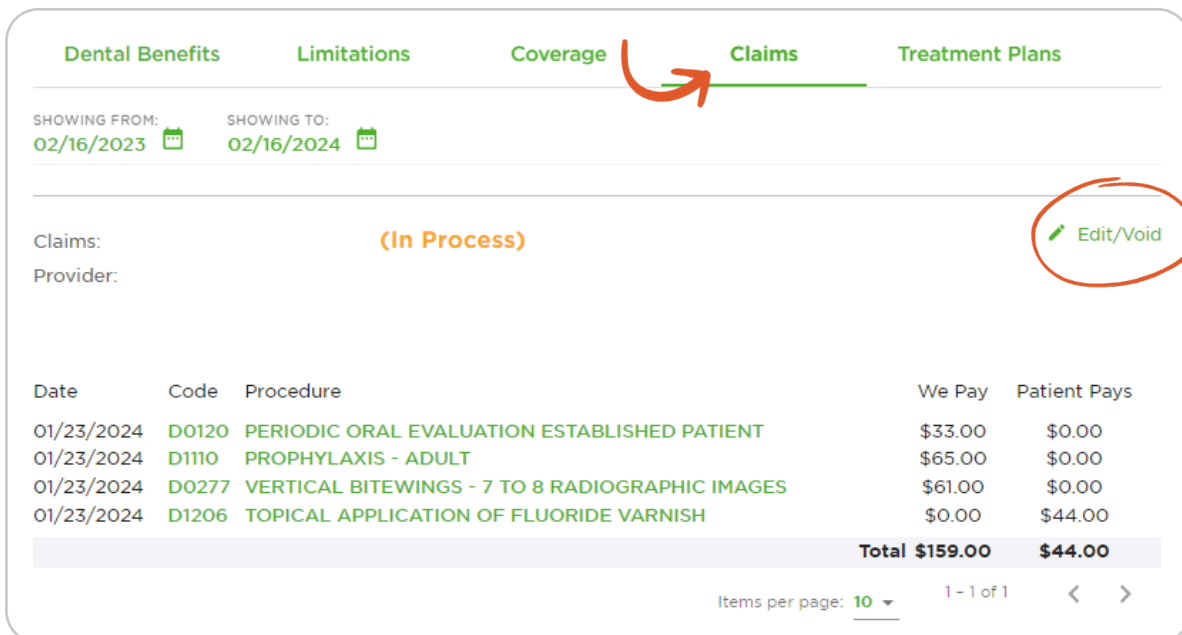
### ★ How to Edit or Void a Claim

- 1 To submit a claim, pull up a patient using either the **Patient Quick Search** on the dashboard or through the **Find a Patient** tab.



- 2 Click the **Claims** tab if you need to Edit or Void a claim. If you need to Edit or Void a Pre-Determination, click on the **Patient Treatment Plan** tab.

Click **Edit/Void**.



# Edit/Void a Claim

## Online Dentist Account

### ★ How to Edit or Void a Claim

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To edit a Claim or Pre-Determination, select the Treating Dentist and Business from the drop-down menus. These fields are required to submit your edits, even though this was entered in your initial submission.

The form will auto-populate the member and subscriber information.

Back to Patient Overview Void

**/ Submit Claim or Treatment Plan**

Benefit Verification Number

**Treatment Plan?**

Check here if you are only submitting a treatment plan and not a claim. Treatment plans are valid for a period of 180 days following submission.

**Payer Information:**

PRIMARY PAYER:  
**Delta Dental of Kansas**

**Additional Coverage Information:**

Patient has other Coverage?

**Dentist Information:**

TREATING DENTISTS NPI: \*  
BILLING / BUSINESS NPI: \*

**Patient Information**

NAME: ID:  
DOB: GENDER: \*  
**Female**  
ADDRESS 1: \*  
ADDRESS 2:  
CITY: \*  
**Hutchinson**  
STATE: \*  
**KS**

5

You can add or delete information as you need in the **Additional Claim Information**, **Attachments**, and **Procedures** sections.

**Additional Claim Information**

NEA NUMBER:  
ADDITIONAL REMARKS:  
ICD-10 CODES:

**Attachments**

[Add Attachment](#)

**Warning:** Files that you attach to your claim/treatment plan are automatically scanned for viruses. If any vulnerability is found during the virus scanning process, those files will not be attached and will be quarantined.  
**Note:** The maximum supported file size is **10MB**.

**Procedures**

DATE OF SERVICE:	TOOTH:	AREA:	SURFACE:
03/12/2024	9		

PROCEDURE CODE: \*  
**D2740**

DESCRIPTION:  
**CROWN - PORCELAIN/CERAMIC**

FEE: \*  
**\$ 990.00**

[Remove Procedure](#)

# Edit/Void a Claim

## Online Dentist Account

### ★ How to Edit or Void a Claim

6

In order to submit your edits, review the Legal section and check the boxes noting that you have reviewed these sections.

Click **Submit** at the bottom of the page to submit your edits for processing. If the submit button remains gray, review the claim or pre-determination for any fields highlighted with red text that require information for submission.

**Legal:**

- I have informed the patient of the treatment plan and associated fees and they agree to be responsible for all charges for dental services and materials not paid by the dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with the plan prohibiting all or a portion of such charges.
- I hereby certify that procedures indicated by date are in progress (for procedures that require multiple visits) or have been completed, or procedures with no date are being submitted for predetermination. The fees submitted are the actual fees I have charged and intent to collect for those procedures.

**SUBMIT**

7

To void a claim or pre-determination, select the Treating Dentist and Business from the drop-down menus, these fields are required to submit your void request, even though this was entered in your initial submission.

**/ Submit Claim or Treatment Plan**

Benefit Verification Number <sup>Ⓞ</sup> 45

**Treatment Plan?**

Check here if you are only submitting a treatment plan and not a claim. Treatment plans are valid for a period of 180 days following submission.

**Payer Information:**

PRIMARY PAYER:  
Delta Dental of Kansas

**Additional Coverage Information:**

Patient has other Coverage?

**Dentist Information:**

TREATING DENTISTS NPI: \*

BILLING / BUSINESS NPI: \*

**Patient Information**

NAME: ID:

DOB: GENDER: \*  
Female

ADDRESS 1: \*

ADDRESS 2:

CITY: \*  
Hutchinson

STATE: \*  
KS

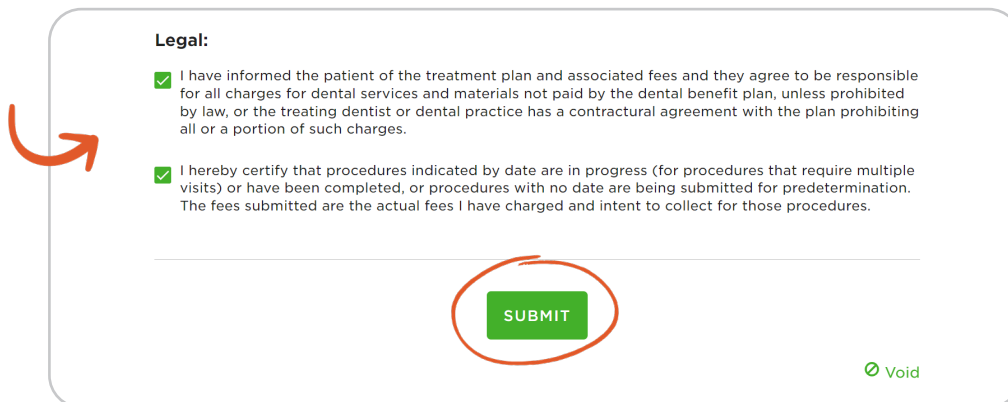
# Edit/Void a Claim

## Online Dentist Account

### *How to Edit or Void a Claim*

- 8 The last thing required to void the claim is to review the Legal section and check the boxes noting that you have reviewed these sections. Click the void button at the bottom of the electronic claim form or in the top right of the form.

Once the void has been submitted you will be brought back to that patient's claims or patient's treatment plans tab.



**Legal:**

- I have informed the patient of the treatment plan and associated fees and they agree to be responsible for all charges for dental services and materials not paid by the dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with the plan prohibiting all or a portion of such charges.
- I hereby certify that procedures indicated by date are in progress (for procedures that require multiple visits) or have been completed, or procedures with no date are being submitted for predetermination. The fees submitted are the actual fees I have charged and intent to collect for those procedures.

[Void](#)

### *Edit/Void a Claim* [Watch Video](#)

Watch this video to learn how to edit and/or void a claim on your new online Dentist Account.