

Take advantage of this quick and easy way to submit your dental claims and pre-determinations online!

First, log in to your dentist account at DeltaDentalKS.com/Dentist. Then follow the steps below:

1 Once logged in, select “**Submit Claims & Pre-Determinations**”, and then select the treating doctor and treating location.

Available Doctor(s)

Provider Name	License Number	Identification Number
[Green box with text]		

Please select the appropriate office location to continue:

Select	LicenseID	First Name	Last Name	Address	City	State	Zip
<input type="radio"/>	1111	Ashley	Smith	1111 Smile Way		KS	
<input type="radio"/>	2222	Bob	James	2222 Molar Drive		KS	
<input type="radio"/>	3333	Charlie	Johnson	3333 Floss Circle		KS	

3 Select the claim type in the dropdown: payment, pre-determination, ortho payment or ortho pre-determination.

Claim Details - Step 3 of 6

PENDING CLAIM :

Please enter information below

Please select claim type:

In For Payment (circled in red)

Does Pre-Determination Ortho : In For Payment Ortho : Pre-Determination

2 Enter the Subscriber’s Delta Dental Member ID or Social Security Number, and then select the Patient.

Enter Member ID - Step 1 of 6

Welcome to the Delta Dental of Kansas' Claims Entry System. To enter a claim for a patient, please enter the information below.

Member Number
Please enter the SSN or Member Number of the Subscriber :

Select Patient - Step 2 of 6

Please click below to select a patient from the list below.

Select Patient	First Name	Middle/Initial	Last Name	Birth Date	Relationship
<input type="radio"/>	Jane	A	Doe	1/1/1981	Member
<input type="radio"/>	John	B	Doe	2/2/1982	Spouse
<input type="radio"/>	Jim	C	Doe	3/3/2013	Child

4 If the patient is covered by an additional dental plan, and Delta Dental is the secondary payer, select “**Yes**” and add the name of the insurance carrier.

Claim Details - Step 3 of 6

PENDING CLAIM :

Please enter information below

Please select claim type:
In For Payment

Does the patient carry additional insurance? [Yes] (circled in red)

What is the insurance carrier's name?



5 Add each procedure and full office fee. Once finished, click **“Save and Close Window.”**

6 You can choose to submit the claim for immediate processing or nightly processing.

Date of service will default to today's date. DDKS does not require ICD-10 codes

Nightly processing - allows for viewing, editing, or deleting the same day of submission prior to 11:59 p.m. CST.

Immediate processing - claims can be viewed, but cannot be edited or deleted after submission.

Contact our Customer Service team at 316-264-4511 as soon as possible to request claim suspension for incorrect claim submissions.

7 Verify claim details prior to final submission. If you have chosen to submit for immediate processing, make sure to add your narrative now by clicking **“change”**.

8 If you've chosen nightly processing, then you'll have the opportunity to add your narrative until 11:59 p.m. CST by selecting **“click here”**.

Attachments can be emailed to attachments@deltadentalks.com. Be sure to include the Claim Document Number on any attachments submitted.

If you have any questions on submitting an claim online please contact your PR representative or email pr@deltadentalks.com. Please include in the email, the document number in the email subject line, member name and ID for reference.