Step-by-Step

🛆 DELTA DENTAL<sup>®</sup>

## 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:

Once logged in, select "Submit Claims 2 & Pre-Determinations", and then select the treating doctor and treating location. DDKS Updates Check Patient Benefits Available Doctor(s) Provider Name License Numbe Identification Number Please select the appropriate office location to continue Select LicenseID First Name Last Name State Zip Q 1111 Smile Way 1111 Smith Ashley KS 2222 Bob James 2222 Molar Drive KS 3333 Charlie 3333 Floss Circle Johnson 9

3

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





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

nber Number Member Number of the Subscriber :	
Member Number of the Subscriber :	
)	
ок	
	OK

ease click	below to select a pa	atient from the list bel	ow.		
Petient	First Name	MiddleInitial	Last Name	Birth Date	Relationship
9	Jane	А	Doe	1/1/1981	Member
4	John	В	Doe	2/2/1982	Spouse
0	Jim	С	Doe	3/3/2013	Child



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.

PENDING CLAIM :		
	Please enter information below	
	Please select claim type: In For Payment	
	Does the patient carry additional insurance? Ves  What is the insurance carrier's name?	
	Continue	

## **Online Claim Submissions**

Step-by-Step



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Add each procedure and full office fee. Once finished, click "Save and Close Window."

=		ø	8
	Add A Procedure		
Helpful Tips	Date of Service		
	1/8/2020		
	Category 100-999 : DIAGNOSTIC V		
	Procedure Code		
	Amount \$0.00		
	Save and Add Another		
	🗧 Ciase		

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

NDING CI add a pro itton next	AIM : icedure to the proj	this claim, clic cedure below.	k the Add procedure b	utton belov	. To remov	e a pro	cedure,	click the d	elete
Delate	Edia	Service	Descedure	Tooth	Sudacas	Arch	Quad	COB	Amount
×	Q	1/21/2020	120 - PERIODIC ORAL EVALUATION- ESTABLISHED PT	Number	Surraces	Arch	Quad	Amount	Amoun
			+ Add P	rocedure	•		Т	otal Amour	it :
			Apply ICD-10 Code	es To This Ŧ	Claim?				
		-s	ubmit Claim For	Immedia	ate Proce	essin			

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.



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".

ENDING CLAIM :			
Please review the clai wish to edit. Click sub	m information for accuracy. To edit the information, click the e mit claim when you are ready to submit the claim to Delta De	edit button abov ntal of Kansas.	e the section you
Provider Information	Patient Information change		
Provider's Name :	Patient's Name :		
License Number	Relationship :		
LICCHOC HUITIDEL .			
Procedures change			
Service Date	Procedure	Amount	COB Amount
1/20/2020	120 - PERIODIC ORAL EVALUATION-ESTABLISHED PT		
1/20/2020	1110 - PROPHYLAXIS - ADULT		
1/20/2020	1206 - TOPICAL APPLICATION OF FLUORIDE VARNISH		
	-	Total A	mount :
Additional Information	change		
	Submit Claim For Immediate Proces	ssing	
	Submit Claim For Nightly Processi	ng	

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

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".

		Claim Submitted Su	ccessfully				
Document Number	: 12011663122						
Provider Inf	ormation	Patient Information	n				
Provider's N	lame :	Patient's Name :					
License Nu	mber :	Relationship : Spo	use				
Service		Tooth					COB
Date	Procedure	Number	Surfaces	Arch	Quad	Amount	Amoun
1/8/2020 120	) - PERIODIC ORAL EVALU ESTABLISHED PT	JATION-				\$1.00	\$0.00
					10	otal Amour	11:\$1.00
					10	otal Amour	11:51.00
Please ref	erence the document nu	mber above when faxing	attachment	s to (31	6)462.3	392 or ema	ailing to
Please refi attachmen	erence the document nur its@deltadentalks.com	mber above when faxing	attachment	s to (31	6)462.3	392 or ema	ailing to
Please ref attachmen To view re	erence the document nui its@deltadentalks.com quirements for attachmen	mber above when faxing nts, click <b>here</b> .	attachment	s to (31	6)462.3	392 or ema	ailing to
Please ref attachmen To view re Note: This	ference the document nui Its@deltadentalks.com quirements for attachmer claim will be processed	mber above when faxing nts, click <b>herg</b> . tonight at 11:59 pm CST.	attachment To enter ad	s to (31 ditional	6)462.3	392 or emaintion, click	ailing to
Please ref attachmen To view re Note: This	erence the document nui its@delladentalks.com quirements for attachmen .claim will be processed i	mber above when faxing nts, click <b>here</b> . tonight at 11:59 pm CST.	attachment To enter ad	s to (31	6)462.3 I informa	392 or ema	ailing to

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