www.mydentalcoverage.com

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

<u>My Patients' Benefits</u> offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

<u>Reimbursements</u> allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using <u>Speed eClaim</u>, our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

Add a Date of Service to a Predetermination Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New Search for a rejected claim and add X-ray attachments.

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.



Create An Account

Acc	cour	nt A	Access

Username Password Sign In Create an Account Forgot Password? Forgot Username?	Sign In
Password Sign In Create an Account Forgot Password? Forgot Username?	Username
Sign In Create an Account Forgot Password? Forgot Username?	Password
Sign In Create an Account Forgot Password? Forgot Username?	
Create an Account Forgot Password? Forgot Username?	Sign In
Forgot Username?	Create an Account
	Forgot Username?

Create an Account

1. Get Started \rightarrow 2. Provide Details \rightarrow 3. Confirmation

Start a dentist account	Dentist Account
Provider ID or NPI numbers only (?)	 Review patient allowances Check claim statistical Use Speed eClaim time edits and etail Submit claims F See your payment payment status
I have read and agree to the Provider Agreement	
Next Exit	

Features

- eligibility and
- atuses
- aim to provide realensure faster payments
- REE!
- ent history, check and view EOBs

Complete the Fields as indicated

Create an Account

 Get Started → 	2. Provide Details	 3. Confirmation
-----------------------------------	--------------------	-------------------------------------

Provider Registration	Use the name	Dentist Account Features
Your Name Please do not use the name of anyone else in your office. First Name Last Name Email ③ This email will be used to activate your account. Confirm Email	of the person who will be using the registration. If calling for password reset, can only reset for the name on the account or the Dentist	 Review patient eligibility and allowances Check claim statuses Use Speed eClaim to provide real- time edits and ensure faster payments Submit claims FREE! See your payment history, check payment status and view EOBs
Account Information		
Username B-25 characters		

Complete the Fields as indicated – click submit





Password

Password meets requirements

Password is case-sensitive and must:

- be 8-22 characters
- · contain a combination of numbers, upper and lower case letters, and special characters
- make use of ONLY the following special characters: '~! @ # \$ % ^ & * () _ = +

Security Questions



Email sent to Activate Account

	_
	ĭ
Cc	
Subject: Activate your United Concordia Dentist Account	
Thank you for creating a United Concordia Dental online account. Your username is: GDtesting	
Click the activation link below to complete the process and activate your account.	
Activation Link: https://www.unitedconcordia.com/duadrr/login.xhtml?key=MjIwOTU2OQ%3D%3D	
If the link doesn't work: 1. Copy the link. (Please be sure the copy the whole link; it may wrap over two lines.) 2. Paste it into your browser. 3. Press Enter.	
Your online account is a convenient and secure way to manage your patients' dental benefits.	
After your account is activated, you can sign in to your secure account at: https://www.unitedconcordia.com/duadrr/login.xhtml	
About This Email - This email was sent because you used an online service. - If you received this email in error, please delete it from your inbox. - To view our Privacy Policy: <u>https://www.unitedconcordia.com/dental-insurance/home/privacy/</u> - Do not reply to this email; it will be returned to an unmonitored mailbox. - If you cannot activate your account, please contact technical support at 1-800-633-5430.	
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Close out previous browser and sign in to new browser

/	Activate Your Account						
	Sign In						
	To complete your account activation, please sign in below. Username Please enter your Username						
	Password I Sign In Forgot?						

Select Task and the Log In page will come up, sign in

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Search for a predetermination claim and add the dates of service.

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Welcome to MyPatients' Benefits

Patient Dashboard

Find the information you need most often, all in one place

Claims Access

View claims for any office registered under your Tax ID and in a more intuitive format

Procedure Lookup

Calculate patient allowances for any office registered under your Tax ID and view additional procedure information

✓ Service History

Access patient history more easily and apply filters to manage views

Print Options

Print benefits and service history more easily

And more...

Contact Us | Fraud | Privacy Policy | Integrity Process

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It's here! A faster way to find patients' dental benefits information. See what's new.

- Provider and Patient Specific Benefits
- Provider In Network
- Enrollment information
- Service History
- Tabs for Benefits, Claim Status and Ortho treatment
- Out of Network

Out-of-Network Dentist Dental Plan

Dental Network

NO NETWORK

DENTAL





- Initial view of Benefits screen
- Procedure categories sorted by ADA code ranges
- To see

 additional
 benefits
 available if
 medical
 condition
 reported click
 See Medical
 Condition
 Benefits

Benefits	Claims Status	Ortho Treatment Plan	Procedure Allo + related procedure loc	owance Procedure # Lookup				
C View Full S	Schedule of Allowances	Names of						
		family members with	n 📥 Print	Deductibles				
Search By		DOB	View Coverage Summary	No deductible applied to the current benefit period. Please check the				
Type in a k	eyword or procedure code		View Service History	information.				
Policy Information								
+ Deductible	es and Maximums			PROGRAM DOLLAR MAX				
+ Coordinat	ion and Other Benet	īts		INDIVIDUAL 01/01/2018 - 12/31/2018				
Benefit Details by	Procedure		Procedure Code Range	\$2,000.00 Applied \$2,000.00 Tota				
Preventive	e Exams		D0120 - D0191	\$0.00 Remaining				
			D0210 - D0395	A Please advise patient on the statu				
+ Tests and	Examinations		D0414 - D0470					
Pathology	/ Laboratory		D0472 - D0478					
+ Nomencla	ature		D0479 - D0999					
+ Cleanings	& Fluoride		D1110 - D1330					
+ Sealants			D1351 - D1354					
+ Space Ma	aintainers		D1510 - D1999					
+ Restoration	ons		D2140 - D2430					

 Display of additional benefits member would have if a medical condition was reported

Ber	ew Full Schedule of Allows	tus ances	Orth	o Treatme	ent	Pro + related	cedure Alle procedure lo	okup info Pr	ocedure #	ookup	
Search	h By ype in a keyword or procedure	code			\view (⊘)	Coverage S /iew Servic	Print Summary e History	V This patient condition • See Me	Vellness Benefi has NOT reported dical Condition	ts a medi Benefi	ica
Policy Int	tormation ductibles and Maximur	ms						PROGRAM	DOLLAR DE)	•
+ Co	ordination and Other B ellness Benefits (Malen	enefit a has	s not repo	orted a c	ondition)			01/01/2017 \$25.00 App	AL 7 - 12/31/2017 blied \$2	5.00 T	ot
Procedure		Covered	1 Allowance	Coverage % or Copay \$	Umitation	Applied to Deductible	Applied to Maximum	AP	\$0.00 R sase advise patient	emain on the si	nin tat
D1110	Prophylaxis Adult >	Yes	\$55.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No	PROGRAM	I DOLLAR MA	x	
D1120	Prophylaxis Child >	Yes	\$38.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No	INDIVIDUA 01/01/2017 \$271.24 Ap	NL 7 - 12/31/2017 oplied \$1,50	0.00 T	ot
D1208	Topical Fluoride Varnish >	Yes	\$25.00	100%	Oral Cancer Medical Condition 4 Per Benefit Period Additional	No	No		\$1,228.76 R	emain	nin
D1208	Topical Fluoride Varnish >	Yes	\$24.00	100%	Oral Cancer Medical Condition 4 Per Benefit Period Additional	No	No	ANNUAL	MAX ROLLOVE	R	•
D4341	Scaling/planing 4 + Teeth >	Yes	\$160.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No	INDIVIDU/ 01/01/2017	L 7 - 12/31/2017		
D4342	Scaling/planing 1-3 Teeth >	Yes	\$93.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No	\$0.00 Appl	ied \$1,00	0.00 T	ot
D4910	Periodontal Maintenance >	Yes	\$82.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No		\$1,000.00 R	emain	nin

- Deductible & Maximum information will remain as a graphic and as text at top of benefits section
- + and allow user to expand to the details under the procedure category
- Click on procedure row to get to additional details

	Bei	nefits Claims Statu	is	Ortho T	reatment	Plan		Pro + related	cedure Alle procedure lo	owance okup info	Procedure #	Lookup	
	🕑 Vie	w Full Schedule of Allowa	ances										
I								ę	Print	Deduc	ctibles		
	Searc	h By pe in a keyword or procedure	code				View 0 ∙⊘∨	Coverage (iew Servic	Summary e History	No de benefi benefi	ductible applied it period. Please its summary for	I to the current e check the more	ıt
	Policy In	formation											
ו	🕇 De	ductibles and Maximu	ms							PROG	RAM DOLLAR	R MAX	3
	+ Co	ordination and Other E	Benefit	S						INDIV 01/01/	IDUAL /2018 - 12/31/2	018	
	Benefit D	etails by Procedure					Procedu	ure Code Ran	ige	\$2,000	0.00 Applied	\$2,000.00 Tota	al
	= Pre	eventive Exams					D012	20 - D019	1				
	Procedure		Covered	Allowance	Coverage % or Copay \$	Limitation		Applied to Deductible	Applied to Maximum		\$0 ▲ Please advise p	.00 Remaining	g
	D0120	Periodic Evaluation >	Yes	\$31.00	100%	In Network 2 Per Ca More	lendar Year	No	Yes				
	D0140	Limited Oral Evaluation >	Yes	\$41.00	100%	In Network 1 Per Ca Per Dentist More	lendar Year ~	No	Yes				
	D0145	Oral Eval Under Age 3 >	Yes	\$28.00	100%	In Network 2 Per Ca More	lendar Year	No	Yes				
	D0150	Comprehensive Evaluation >	Yes	\$43.00	100%	In Network 1 Per 24 Dentist More	Months ~ Per	No	Yes				
	D0160	Extensive Oral Evaluation >	Yes	\$50.00	100%	In Network 1 Per Ca Per Dentist More	lendar Year ~	No	Yes				
	D0170	Re-evaluation, Limited >				Not Covered	1						

Back to Benefits View

D0120: Periodic Evaluation

Procedure

 history relative
 to selected
 procedure is
 displayed to
 assist the office
 in determining
 patient
 eligibility for
 service

Procedure Details Applies to Coverage % Applies to Covered Allowance or Copay \$ Limitations Deductible Maximum In Network | 2 Per Calendar Year Yes \$31.00 100% No Yes Cost Share 0% - \$0.00 Notice: Procedure code allowances do not guarantee payment. Verify plan benefits, procedure eligibility and accumulations for additional information. Related Procedures Related procedures when 2 Per Calendar Year applies: D0120 - Periodic Evaluation > D0145 - Oral Eval Under Age 3 > **Procedure Service History**

Service history includes **related procedures** that determine eligibility.

Procedure Code did not return any procedure history.

Note: Procedure history is informational only; not a guarantee of payment.

Additional Policy Details

Policy Type	Description
Age-related Benefits Cease	Dependent ~ Age 26 And Older ~ Administered By Group
Age-related Benefits Cease	Student Dependent ~ Age 26 And Older ~ Administered By Group
Individual Maximum	\$2,000 Per Calendar Year ~ In network ~ Age 19 And Older

Procedure Dictionary

Surgery Postoperative Days 0 Benefit Category DENTAL DIAGNOSTIC SERVICES Treatment Length Required NO Radiograph Type Valid Tooth Surface Valid Tooth	Surgery Preoperative Days Surgery Postoperative Days Benefit Category Treatment Length Required Radiograph Type Valid Tooth Surface Valid Tooth	0 0 DENTAL DIAGNOSTIC SERVICES NO
--	---	--

Service History Snapshot ACTIVE Coverage Effective Member ID 11/01/2011 - Present | Check Past Patient full DOB Member has a qualified medical Age 53 condition reported? No Gender MALE Relationship SELF Ortho Treatment Plan Claims Status Benefits **View Full Schedule of Allowances**

Procedure #	Tooth	Filter Clear		Pri	nt
Start	End	Procedure	Tooth	Surface	^
03/15/2018	03/15/2018	D6010	06		
03/15/2018	03/15/2018	D6010	07		
03/15/2018	03/15/2018	D6010	09		
03/15/2018	03/15/2018	D6104	06		~
Note: Procedure	history is informa	tional only; not a guara	antee of pay	ment.	

х

What does this include? 3

procedure history is available in the procedure look or from the **View Service** History Link in **Benefit section**



Service History

Procedure	# Tooth	Filter	lear	Print
Start 🔺	End It	Procedure 11	Tooth 11	Surface It ^
03/15/2018	03/15/2018	D6010	06	
03/15/2018	03/15/2018	D6010	07	
03/15/2018	03/15/2018	D6010	09	
03/15/2018	03/15/2018	D6104	06	

- Waiting Periods shown when applicable
- Shows the % of benefit after the waiting period
- Provides the date the waiting period is over

+ x	-Rays, All					DC	210 - D03	30	\$10.00 Applied	\$50.00 To		
+ c	leanings & Fluoride Tre	eatme	nts			D1	110 - D12	:08	\$30.00* Remaining			
+ s	ealant Per Tooth						D1351		" Reduced to the lesser amount of the Fam deductible remainin			
+ s	pace Maintainers					D1	510 - D15	575				
+ R	estorations					D2	140 - D24	130	Program Dollar Maximum			
+ c	rowns, Inlays & Onlays					D2	2510 - D27	'99	Individual 01/01/2017 - 12/3	1/2017		
+ 0	ther Restorative Servic	es				D2	910 - D29	90	\$10.00 Applied	\$1,000.00 To		
+ E	ndodontic Procedures				D3	220 - D33	357	\$990.00 Remainin				
+ s	urgical Periodontal Ser	vices				D3	410 - D39)20	Orthodontics \$0.00 Applied	\$1,500.00 To		
— N	on-Surgical Periodonta	l Sen	/ices			D4	210 - D42	285	é4	500.00 Domoini		
Procedure		Covered	Allowance	Coverage	Limitation Applied to Applied to Maximum				\$1,	500.00 Remaini		
D4210	Gingivectomy or gingivoplasty - 4+ teeth/spaces, per quadrant >	No	\$816.00	0%	Not Covered due t Period Covered a 8/1/2016 1 Per 38 Per Area Of The M more	to Waiting at 80% on Months ~ outh	Yes	Yes				
D4211	Gingivectomy or gingivoplasty - 1-3 teeth/spaces, per quadrant >	No	\$616.00	80%	Not Covered due t Period Covered a 8/1/2016 1 Per 38 Per Area Of The M more	to Waiting at 80% on Months ~ outh	Yes	Yes				
D4212	Gingivectomy for Access >	No	\$816.00	80%	Not Covered due t Period Covered a 8/1/2016 1 Per 38 Per Area Of The M more	to Waiting at 80% on Months ~ outh	Yes	Yes				
D4230	Anatomical crown exposure - 4+ contiguous teeth per quadrant >	No	\$816.00	80%	Not Covered due t Period Covered a 8/1/2016 1 Per 38 Per Area Of The M more	to Waiting at 80% on Months ~ outh	Yes	Yes				
					Not Covered due t Period Covered a	o Waiting at 80% on	Ver	Vor				
D4231	Anatomical crown exposure - one to three teeth per quadrant >	No	\$616.00	80%	8/1/2016 1 Per 38 Per Area Of The M more	outh	res	Tes				

- Patient specific benefit information.
 Sealant not covered for due to age – Not covered, 0% and limitation
- Covered by plan but not covered for patient

			RISHA.	•				Print	
Searc	h By					View C	overage (Summar	
Ту	pe in a keyword or procedure	e code				⊘ ∨i	ew Servic	e Histor	
Policy In	formation								
+ De	ductibles and Maximu	ms							
+ Co	ordination and Other E	Benefit	s						
Benefit D	etails by Procedure					Procedu	re Code Rar	ige	
+ Pre	eventive Exams	D012	0 - D019	1					
+ X-rays D0210 -								5	
+ Tests and Examinations D0414 - D047							0		
+ Pat	thology Laboratory					D047	2 - D047	8	
+ No	menclature					D047	9 - D099	9	
+ Cle	anings & Fluoride					D111	0 - D133	0	
- Sea	alants					D1351 - D1354			
Procedure		Covered	Allowance	Coverage % or Copay \$	Limitation		Applied to Deductible	Applied t Maximur	
D1351	Sealant Per Tooth >	No		0%	No Coverage Due to A In Network 1 Per To Lifetime ~ Under 14 Y Permanent 1st And 20 More	Vo Coverage Due to Age Limitation n Network 1 Per Tooth ~ Per .ifetime ~ Under 14 Years Of Age ~ No Permanent 1st And 2nd Molars More			
D1352	Preventive Resin Rest >				Not Covered	I			
D1353	Sealant Repair >				Not Covered	1			
D1354	Interim Caries				Not Covered	1			

Deductibles

No deductible applied to the current benefit period. Please check the benefits summary for more information.

Maximums

No maximum applied to the current benefit period. Please check the benefits summary for more information.

- Change patient to child Andrew
- Expand sealant coverage
- Benefits specific to Andrew and now shows covered

C Collaborate.nignmark.com/t	eams3/11214940	nononis point						
		10202015 D0120 -						
		Note: Proce	dure historie	s are informati	ional only, not a guarantee of payment			
Benefits Claim Status Ortho Treatme	nt	P	ocedure A + related	llowance / (procedure lo	Co-Pay Procedure # Lookup			
lew Full Schedule of Allowances		Based on Location: 210 FORG RD17007 O Change Provider ID						
ANDREW				Print 🏗	Program Dollar Deductible			
earch for			View Servi	e History	Family 01/01/2015 - 12/31/2015			
Q. Enter procedure code, name or limitation	ich				\$120.00 Paid \$150.00 Total			
olicy-Related Benefits Details					\$30.00 Remaining			
Deductibles and Maximums					Individual			
Other Benefits					01/01/2015 - 12/31/2015			
enett Details by Procedure		Procedure Code Range			S40.00 Applied S50.00 Total			
+ Exams		D0120 - D0180 \$10.00* Rem			\$10.00° Remaining			
🕂 X-Rays, All		D0210 - D0330			*Reduced to the lesser amount of the Family deductible remaining.			
Cleanings & Fluoride Treatments		D1110 - D1208						
- Sealant Per Tooth		D1351			Program Dollar Maximum			
covered Allovance Cover	age Limitation		Applied to Deductible	Applied to Maximum	Individual 01/01/2015 - 12/31/2015			
1351 Sealant Per Tooth > Yes \$30.24 10	0% 1 Per Tooth ~ Per 3 Permanent	3 Years ~	No	Yes	\$40.00 Applied \$1,000.00 Total			
Space Maintainers		D1	510 - D15	75	\$960.00 Remaining			
Restorations		D2	140 - D24	30	Orthodontics			
F Crowns, Inlays & Onlays		D2	510 - D27	99	\$0.00 Applied \$1,500.00 Total			
Other Restorative Services		D2	910 - D29	90	\$1,500.00 Remaining			
Endodontic Procedures		D3	220 - D33	57				
L. Cumiest Deviated at the Casting		00	440 000	20				

• Not covered by plan

Benefit Details by Procedure

• Alternate Benefit

- Pre	eventive Exams		D0120 - D0191					
Procedure		Covered	Allowance	Coverage % or Copay \$	Limitation		Applied to Deductible	Applied to Maximum
D0120	Periodic Evaluation >	Yes	\$31.00	100%	In Network 2 Per Cal More	lendar Year	No	Yes
D0140	Limited Oral Evaluation >	Yes	\$41.00	100%	In Network 1 Per Cal Per Dentist More	No	Yes	
D0145	Oral Eval Under Age 3 >	Yes	\$28.00	100%	In Network 2 Per Cal More	lendar Year	No	Yes
D0150	Comprehensive Evaluation >	Yes	\$43.00	100%	In Network 1 Per 24 Dentist More	Months ~ Per	No	Yes
D0160	Extensive Oral Evaluation >	Yes	\$50.00	100%	In Network 1 Per Cal Per Dentist More	lendar Year ~	No	Yes
D0170	Re-evaluation, Limited >				Not Covered			
D0171	Post-operative Office Visit >	Not Covered						

D2391	1 Surf Resin Posterior >	Yes	\$112.00	67%	In Network 1 Per 12 Months No Alternate Benefit More	No	Yes
D2392	2 Surf Resin Posterior >	Yes	\$143.00	67%	In Network 1 Per 12 Months No Alternate Benefit More	No	Yes
D2393	3 Surf Resin Posterior >	Yes	\$172.00	67%	In Network 1 Per 12 Months No Alternate Benefit More	No	Yes
D2394	4 Or More Surf Resin Post >	Yes	\$190.00	67%	In Network 1 Per 12 Months No Alternate Benefit More	No	Yes

Procedure Code Range

- PDF Print / Save capability
- Select sections the provider is interested in details for
- Select all sections if needed



• Print

DENIAL	VSP DENTAL GOLD PLUS VISI / F01486000	05/01/2017 - Presen
etwork Provider ID entist	Name	
	etwork Provider ID entist	etwork Provider ID Name

Benefit Details by Procedure

Preventive E	xams			D0120 - D0191					
Procedure		Covered	Allowance	Coverage % or Copay \$	Limitation	Applied to Deductible	Applied to Maximum		
D0120	Periodic Evaluation	Yes	\$31.00	100%	In Network 2 Per Contract Year ~ Per Same Group	Yes	Yes		
D0140	Limited Oral Evaluation	Yes	\$41.00	100%	In Network 1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes		
D0145	Oral Eval Under Age 3		No Coverage						
D0150	Comprehensive Evaluation	Yes	\$43.00	100%	In Network 1 Per 24 Months ~ Per Dentist ~ Per Same Group	Yes	Yes		
D0160	Extensive Oral Evaluation	Yes	\$50.00	100%	In Network 1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes		
D0170	Re-evaluation, Limited				No Coverage				
D0171	Post-operative Office Visit				No Coverage				
D0180	Periodontal Evaluation	Yes	\$52.00	100%	In Network 1 Per Contract Year ~ Per Dentist ~ Per Same Group	Yes	Yes		
D0190	Screening				No Coverage				
D0191	Assessment				No Coverage				
					00240	00000			

 View / Print Coverage Summary

Il information retrieved on 11/0	8/2017	Dental Pl DENTAL		Plan Group / ID L VSP DENT/ VISI / F0144	AL GOLD PLUS 86000	05/01/2017 - Prese ACTIVE	
	In	Dentist	Provider	r ID Name			
Deductibles and Maximums							
ndividual Deductible: \$20 Pe ndividual Maximum: \$1,000	er Contract Year Per Contract Ye	∼ In netwo ar ~ In netv	rk vork				
Benefits Summary View detailed benefits for proce	edure level cove	rage, exclu	sions and	limitations			
Category	Procedure*	Covera or Cop	ige % ay \$*	Category	Procedure*	Coverage % or Copay \$"	
Exams	D0120	100	%	Endodontics	D3330	80%	
Cleanings	D1110	100	%	Periodontics	D4341	80%	
Sealants	D1351	Not Co	vered	Implants	D6010	50%	
Bitewing X-Rays	D0274	100	%	Oral Surgery	D7210	80%	
Full Mouth X-Rays	D0210	100	%	Implant Related Prosthetics	D6058	50%	
Space Maintainers	D1510	Not Co	vered	Prosthetics	D6240	50%	
Basic Restorative, Fillings	D2150	80	%	Orthodontics	D8080	Not Covered	
Basic Restorative, Fillings	D2391	80	%	Wellness Benefits Due To Qualifying Medical Condition		No condition reported	
		50%					

Provider Acknowledges and understands that the information contained herein reflects current files. Claims will be processed according to benefit and membership information on our files at the time of processing. Therefore, the information contained herein does not guarantee reimbursement.

* The procedure code and coverage listed for a category represent one example. Coverage will vary for the category depending on the procedure code used.

 Claim Status – recent claim alert

• View Details

	Claims \$	Status 1	RECENT	Ortho T	reatme	ent Plan			+ rela	Proced ated proc	ure Allo	wance kup info	Procedure #	Lookup
View Full Sch	iedule of A	llowance	es											
atient Claims														
ew Past 12 Mo	onths	~	Searc	h										
ate of Service	Clai	m #		Billing Provid	der	Total	Charg	je	Payment	s	status	Action	S	
/08/2018	1813	30234063	3	003317191		\$189.0)0		\$79.18		Paid	ŀ	lide Details	•
Claim Deta	ails - 18	130234	1063											🖨 Print
Service Date	Proc. Code	Proc. Count	Tooth	Non Charge Amount	NC CD	Sub Liab.	SL CD	Reject Code	507 Code	508 Code	Other Ins.	Provider Charge	Allowed Amount	Payment Amount
05/08/2018	D0120	1		\$22.05	P1				F1	1	\$0.00	\$46.00	\$23.95	\$23.95
	D1110	4		627.20					E1	4		604.00	\$46.61	\$46.61
05/08/2018	01110	1		901.09	P1			-	<u></u>		\$0.00	304.UU	940.01	010.01
05/08/2018	D0274	1		\$30.38	P1 P1	\$20.00	A1	-	E1	1	\$0.00	\$59.00	\$28.62	\$8.62
05/08/2018	D0274	1		\$30.38	P1 P1	\$20.00	A1		F1	1	\$0.00 \$0.00 T	\$59.00 S59.00 Total Paym	\$28.62	\$8.62 \$79.18
05/08/2018 05/08/2018 Carrier LIFE AND	D0274	1 TY VENT	URES	\$30.38	P1 P1	\$20.00	<u>A1</u>		F1	1. 1. D	\$0.00 \$0.00 T ate Clair 5/10/201	559.00 Total Paym m Receive 8	s28.62	\$8.62 \$79.18
Carrier LIFE AND Health Car	D0274 SPECIALT	1 TY VENT tatus Cat	URES egory Co	\$30.38	P1 P1	\$20.00	<u>A1</u>		F1	1 1 D 0 H 1	\$0.00 \$0.00 T Date Clain 5/10/201 lealth Ca	\$59.00 Fotal Paym m Receive 8 rre Claim S	\$28.62 Lent Amount: d Status Code	\$8.62 \$79.18

Reimbursements

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

<u>My Patients' Benefits</u> offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

<u>Reimbursements</u> allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using <u>Speed eClaim</u>, our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

Add a Date of Service to a Predetermination Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New Search for a rejected claim and add X-ray attachments.

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.



Create An Account

Reimbursements

 After logging in, Enter Provider ID & Tax ID

Provider EOB and/or Payment Information	
Provider Id: Provider Id	
Tax Id: Tax Id	
Submit	

- Enter date range to search provider check information
- Select Search Date Range

Provider EOB and/or Payment Information
EOBs and Payments processed under the Tax id (the same one used to register the User id) are displayed via this option. Key the Begin and End dates and select the Search Date Range button to see providers and offices with EOBs and/or Payments for a time frame. Begin Date (MN DDICCYY) 10/25/2017 End Date (MN DDICCYY) 11/09/2017 Search Date Range Return to Website

Provider EOB and/or Payment Information

EOBs and Payments processed under the Tax id (the same one used to register the User id) are displayed via this option.

Key the Begin and End dates and select the Search Date Range button to see providers and offices with EOBs and/or Payments for a time frame.

Begin Date (MM/DD/CCYY) 03/28/	2018 End Date (MM/DD/CCYY) 04/12/2018							
Search Date Range								
The groups and providers on this list h	ave EOBs and/or Payments for the time frame above.							
To view n	nore use the scroll bar.							
Provider Name will a	appear here; Select and Click Submit button below							
Select the group or provider and Click on the Submit button to view EOBs and/or Payments.								
Submit Entire Contents © 20 A	Return to Website)18 United Concordia Companies, Inc. JI Rights Reserved							

Summary of recent provider payments and EOBs displayed

Provider EOB and/or Payment Information

EOB And/Or Payment Summary

View The Results For Payee ID:

Issue Date Range: 03/28/2018 To 04/12/2018

EFT (Payr	Click to see complete				
Issue Date	Check/EFT Ind.	Check/EFT#	EOB	Bank Ac	EOB
04/05/2018	No Payment		EOB		
04/05/2018	No Payment		EOB		
04/05/2018	No Payment		EOB -		
03/29/2018	Claim Payment Check		EOB		\$ 17.60
03/29/2018	Claim Payment Check		EOB		\$ 130.92
03/29/2018	Claim Payment Check		EOB		\$ 305.37
03/29/2018	No Payment		EOB		

Total Number of Rows Displayed: 7

New Search Return to Website

If you use assistive technology (such as a screen reader, eye tracking device, voice recognition software, etc.) and have difficulty reading information on the EOBs, please email us at accessibility@unitedconcordia.com

Provider EOB and/or Payment Information

Check Detail Information

Details For the Check Number :

Issue Date:	11/07/2017	Amount:	\$162.20
Payee #:		Bank Status	Matched
Payee Name:		Bank Status Date:	11/07/2017
Payee Address:			

Check Related Claims

List of related claims						
Claim No	From DOS	Patient Name	Paid Amt	Member Corr ID		
0017303245205	10/30/2017		\$30.34			
0017306293205	11/02/2017		\$84.84			
0017304332289	10/31/2017		\$87.02			

Total Number of Related Claims Displayed: 3

Back to Check Summary Information New Search Return to Website

Speed eClaim[®]

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

<u>My Patients' Benefits</u> offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

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Add a Date of Service to a Predetermination

Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New

Search for a rejected claim and add X-ray attachments.

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.



Create An Account

Speed eClaim[®] quick entry – used when no attachments; COB information or any special comment needs to be entered

Snee	de	Claim						
Spee	uj						Exit Sp	eed eClaim
							Pro	ovider Simulation
Welcome to the information, you "Expanded Form	NEW quick a can always n" button to t	entry version o switch to the o he right.	f Speed eClaim riginal version a	B. If you need to end to en	nter ao ing or	dditional 1 the	Exp	anded Form 🛛 😨
Billing Provide	r Informatio	n						?
Tax ID/SSN*								
National Provid	er Identifier (NPI)*			[Retrieve Bill	ing Provide	er
Claim Informa	tion							2
Service Begin Date*		mm/dd/ccyy Est Serv			ice Dates t	to		
Type of Transaction*			Request for Payment V					
Subscriber/Pat	ient Informa	tion						3
Subscriber Cont	ract ID*			Do not e	nter speci	ial characters (i.e -	or /).	
Subscriber Birth	idate*		mm/dd/ccyy Retrieve Pat			tient Info		
Patient Account	Number*							
Service Inform	ation							?
Begin Service Date	Procedure Code*	Charge*	Tooth Number(s)	Mouth Area		Surface(s)	Initial Placemer	If No, Date of Prior Placement
mm/dd/ccyy		S			•		Yes •	
mm/dd/ccyy		S			•		Yes ▼	
mm/dd/ccyy		\$			•		Yes •	
mm/dd/ccyy		S			•		Yes •	
mm/dd/ccyy		S			•		Yes •	
Add Additional F	Procedure							

Fields marked with an asterisk(*) are required.

3 options for Type of Transaction

Type of Transaction*

Subscriber/Patient Information

Request for Payment ▼ Request for Payment Predetermination Encounter

Expanded Form to enter specific information such as COB, Attachments, Select patient for twins

Speed Clain	n		Exit Spe	ed eClaim
Welcome to the NEW quick entry version information, you can always switch to the "Expanded Form" button to the right.	n of Speed eClaim® e original version at	Expanded F selection to COB or Attacl	add Expa	nded Form
Billing Provider Information				?
Tax ID/SSN* National Provider Identifier (NPI)*			Retrieve Billing Provider	
Claim Information Service Begin Date* Type of Transaction*	mm/dd/ccyy Request for Payr	ment ▼	Set Service Dates to Today's Date	3
Subscriber/Patient Information Subscriber Contract ID* Subscriber Birthdate*	mm/dd/ccyy	Do not enter spec	tial characters (i.e - or /). Retrieve Patient Info	3
Patient Account Number*				
Service Information Begin Service Procedure Date Code* Charge*	, Tooth Number(s)	Mouth Area	Surface(s) Initial Placement	If No, Date of Prior Placement
mm/dd/ccyy \$		•	Yes V	
mm/dd/ccyy \$		•	Yes V	
mm/dd/ccyy \$		•	Yes V	
mm/dd/ccyy \$		•	Yes •	
mm/da/ccyy 3		•	Yes V	

Fields marked with an asterisk(*) are required.

Claim Tab

	Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit		
Clai	m 🔺						?	
	CR ENTER DATES OF SERVICE BELOW OR ENTER DATES OF SERVICE BELOW							
Serv	ice B∉tin Date* [)4/11/2018	Source End Dat	e* 04/11/2018				
	N	Specif	fic)	MM/DD/YY	YY			
_		informa	tion					
Type	of	pertaining	to the Predete	ermination 🔍 En	counter			
man	saction	Clain	n					
Place	e of Service*	Office		•				
Appt	Control		(Required for	Dental Readin	ness	activities of the ADDR	on Irr)	
Num	ber		ADDP only)	Classification		equired for ADDP	omy)	
Acci	dent						?	
A	dant Trune		Date	of				
Acci	dent Type		Acci	ident/Injury				
~					MM/DD/YYYY			
State	of Auto Accident			•				
Orth	odontics						?	
Is Tr	eatment for Orthod	dontics?	No 🔻	Appliance/Ban	ding Date			
					Ν	M/DD/YYYY		
Rem	aining Months of 7	Treatment	0	Total Months o	of Treatment 0)		
Adiı	dication						?	
Patie	nt Fee Paid 0.0	0 in US D	Oollars					
Dela	y Reason				•			
Clair	n Notes							
		<u>a 1</u>] []]				
Heal	th Care Diagnosis	Codes						
Field	s Marked With	Asterisk (*) Are Re	equired	Denet				
			Continue >	Reset				
		Entire C	Contents © 2018 Unit All Rights	ed Concordia Compa s Reserved	nies, Inc.			

Provider Tab

	Speed e	Clain	ງ້			
						Exit Speed eClaim
						Provider Simulation
	Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
Billi	ing Provider Informa	tion:			C	3
Tax	ID/ SSN*			National Provider	Any Addit	
D	1 · B · I I C		t		FIONIC	
477	aering Provider Into	rmation:	an individual Road	oring/Porformin	under to be ann	round
Ren	dering Provider's NDI	is must include	an murrunun Kena	/ID Code	rovider to be app	ovea.
Ren	dering Provider's I of	Nama		ZIF Code		
Ken	dening Provider's Last	Name				
Add	litional Provider Info	rmation: 🧹		-		7
Refe	erring Provider's NPI			ZIP Code		
Refe	erring Provider's Last 1	Name		Referring Pr Number	ovider's UCCI	
Assi	istant Surgeon's NPI			ZIP Code		
Assi	istant Surgeon's Last N	Jame		Assistant Su	rgeon's UCCI ID	
Sup	ervising Provider's NP	I		ZIP Code		
Sup	ervising Provider's Las	st Name		Supervising	Provider's UCCI	ID
Faci	lity NPI					
Faci	lity Blue Shield #					
Faci	lity Name					
Faci	lity Location Address					
Faci	lity City					
Faci	lity State				•	
Zip						
Field	ls Marked With An Ast	erisk (*) Are Re	equired			

Continue >> << Back Reset
Subscriber / Patient Tab – Select specific patient (twins); enter any Attachment information such as NEA# containing images of x-rays; diagnostics or COB

Claim	Provider S	ubscriber/Patient	Other Insurance	Services	Summary & Submit	
Subscriber Information						8
Subscriber Contract ID*		do not e	nter special characte	ers (i.e - or /)		
Subscriber's Name						
Last*		First*		Midd	le	
				Title		
Payer and Provider						8
Payer Name*	United Conco	rdia 🔻	Payer Payment Res	sponsiblity*	Primary •	
Assignment of Benefits*	Yes 🔻		Release of Informa	tion*	Yes 🔻	
Coverage Classification*	Commercial In	nsurance Compar	iy	•		
Patient Information 🥌	4			C		7
Relationship to Subscriber	* Self			Dr	opdown	
Patient Account Number	99	Pa	tient Birth Date*	to	select	•
anem Account Funder			Niem Dirui Date	MDDA	patient	
Datient's Name (if differen	(from Subscriber)		14			
ast	grom subscribery	First		Middle		
Patient's Address				Title		
Line						
*						
Line 2						
City*						
State* South Carolina		C				
7. +	Country		Digital	*requir	red if outside United	
Lip.		At	tachment ID 🥠	States		
Attachments						7
Attachment	Transr Matha	nission	• 3	Attachment		
Attachment	Transr	nission		Attachment		
Гуре	Metho	d	• 6	Control #		
Attachment	Transr	nission	• 1	Attachment		
Type	Metho	d		Control #		

Attachments



Attachments

Attachment	Transmission	T	Attachment
Type	Method		Control #
Attachment	Transmission	Electronically Only	Attachment
Type	Method	Available at Provider Site	Control #
Attachment Type	Transmission Method	Email Fax Mail	Attachment Control #
Fields Marked With an Asterisk (*) A	re Required	File Transfer	

Other Insurance Tab

S	peed	e Clain	ר י			Exit Speed eClai	<u>m</u>
						Provider Sim	ulation
	Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit	
Other	Insurance Info	ormation		Other	Insurance		?
Other I	nsurance Respo	onsibility*	• Other	Insurance Plan N	ame		
Patient	s Relationship t	to Other Insured*			•		
Covera	ge Classificatio	'n			`		
Other 1	Insured's Info	rmation	Enter	"Other Insurance	Effective Date	" in the claim notes	?
Contrac	et ID*		Birth Date*			Gender*	•
				MM/DD/YYYY	7		
Last Na	ame*		First Name*			M.I.	
Other 1	Insured's Add	ress					
Line 1*	•						
Line 2							
City*							
State*			٦	•			
Zip *		Country			•		
477		Dellene					2
Daver D	aid Amount	Dollars					
Fields A	Aarked With an	Astorisk (*) Are P	aquirad				
1 16103 1	an nea mun an	For Am	ounts not Paid by Oth	er Insurance Clic	k Here		
		Additiona	al Insurance Continu	ie >> < Back	Reset		

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Services Tab – enter additional information for the Services such as initial placement

					1 lovider Silli	ulation
Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit	
Claim Service Begin I	Date 04/11/2018		Claim Service End D	ate 04/11/2018		?
Begin Service Date	04/11/2018	MM/DD/YYY	Y End Service Date	04/11/20	18 MM/DD/	YYYY
Procedure Code * D0120	# of Services	* 1	Charge * \$ 45.00	in US Do	ollars	
Tooth 1	Tooth 2		Tooth 3	Tooth 4		
Surfaces(s)			Mouth Area	•		
Initial Placement?	🖲 Yes 🔘	No	If No. Date of Pric Placement	or	MM/DD/	YYYY
	M	ore Info Other In	More Teet	h		
Begin Service Date	04/11/2018	MM/DD/YYY	Y End Service Date	04/11/20	18 MM/DD/	YYYY
Procedure Code * D1120	# of Services	* 1	Charge * \$ 75.00	in US Do	ollars	
Tooth 1	Tooth 2		Tooth 3	Tooth 4		
Surfaces(s)			Mouth Area	•		
Initial Placement?	🖲 Yes 🔍	No	If No, Date of Priv Placement	or	MM/DD/	YYYY
	M	ore Info Other In	surance More Teet	h		
Begin Service Date	04/11/2018	MM/DD/YYY	Y End Service Date	04/11/201	18 MM/DD/	YYYY
Procedure Code *	# of Services	* 1	Charge * \$ 0.00	in US Do	ollars	
Tooth 1	Tooth 2		Tooth 3	Tooth 4		
Surfaces(s)			Mouth Area	•		
Initial Placement?	O Yes O	No	If No, Date of Priv Placement	or	MM/DD/	YYYY
	M	ore Info Other In	surance More Teet	h		

Summary & submit Tab – Review for changes or corrections and submit – 5 slides

Speed Cla	aim		<u>Exit S</u>	Speed eClaim
			P	rovider Simulation
Claim Information				
				Expanded Form
Type of Transaction :	Request for Payment	Total Charges Submitted :	\$120.00	
Service Begin Date :	04/11/2018	Service End Date :	04/11/2018	
Place of Service :	Office	Accident Type :		
Appointment Control Number :		Dental Readiness Classification :		
Date of Accident/Injury :		State of Auto Accident :		
Is Treatment for Orthodontics?	N	Appliance/Banding Date :		
Remaining Months of Treatment :	0	Total Months of Treatment :	0	
Patient Fee Paid:	\$0.00	Delay Reason :		
Claim Notes :				

Provider Information

Billing Provider Last Name / Organization Name : Tax ID/ SSN :

Rendering Provider Last Name :

Additional Provider Information

Expanded Form

Billing Provider's NPI :

Rendering Provider's NPI :

Subscriber/Patient Information

			Expanded Form
Subscriber Contract ID :			
Subscriber Name			
Last :		First :	
Middle :	2	Title :	
Payer Name :	United Concordia	Payer Payment Responsibility :	Primary
Assignment of Benefits :	Y	Coverage Classification :	Commercial Insurance Company
Release of Information :	Y	Patient Account Number :	aa
Relationship to Subscriber :	Self	Patient Birth Date :	
Gender :	Female		
Patient's Name			
(if different from Subscriber)			
Last :		First :	
Middle :		Title :	
Patient's Address			
Line 1 :			
Line 2 :			
City :	1	State :	South Carolina
Zip :		Country :	

Attachments

Other Insurance Information

Services				
				Expanded Form
Service Line: 1				
Begin Service Date :	04/11/2018	End Service Date :	04/11/2018	
Treatment Start Date:		Treatment End Date :		
Referral Number				
Description				
Procedure Code :	D0120	Quantity :	1	
Fee :	\$45.00	Sales Tax :	\$0.00	
Procedure Modifiers :		Initial Placement?	Yes	
		Date of Prior Placement :		
Rendering Provider's NPI :				
Rendering Provider Last Name :		Provider Control # :		
Mouth Area Information				
None.				
Tooth Information				
None				
Other Insurance Information				

				•			
2	m	ASCTI	nor/		ont	orma	
-							

			Expanded Form
Subscriber Contract ID :			
Subscriber Name			
Last :		First :	
Middle :		Title :	
Payer Name :	United Concordia	Payer Payment Responsibility :	Primary
Assignment of Benefits :	Y	Coverage Classification :	Commercial Insurance Company
Release of Information :	Y	Patient Account Number :	aa
Relationship to Subscriber :	Self	Patient Birth Date :	
Gender :	Female		
Patient's Name			
(if different from Subscriber)			
Last :		First :	
Middle :		Title :	
Patient's Address			
Line 1 :			
Line 2 :			
City :		State :	South Carolina
Zip :		Country :	

Attachments

Other Insurance Information

Services

Service Line: 1			
Begin Service Date :	04/11/2018	End Service Date :	04/11/2018
Treatment Start Date:		Treatment End Date :	
Referral Number			
Description			
Procedure Code :	D0120	Quantity :	1
Fee :	\$45.00	Sales Tax :	\$0.00
Procedure Modifiers :		Initial Placement? Date of Prior Placement :	Yes
Rendering Provider's NPI :			
Rendering Provider Last Name :		Provider Control # :	
Mouth Area Information			
None.			
Tooth Information			
None			
Other Insurance Information			
Service Line: 2			
Begin Service Date :	04/11/2018	End Service Date :	04/11/2018
Treatment Start Date:		Treatment End Date :	
Referral Number			
Description			
Procedure Code :	D1120	Quantity :	1
Fee :	\$75.00	Sales Tax :	\$0.00
Procedure Modifiers :		Initial Placement?	Yes
		Date of Prior Placement :	
Rendering Provider's NPI :			
Rendering Provider Last Name :		Provider Control # :	
Mouth Area Information			
None.			
Tooth Information			
None			
Other Insurance Information			
ľ Š			

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you are located in one of the following states, please take time to review the appropriate warning prior to submitting your claim.

- AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal or civil penalties.
- CA: For your protection California law requires that the following appear on the form: Any person who knowingly presents a false claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- FL: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.
- MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- D.C., LA, & RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- VA: Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.
- TN & WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- IN & OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Submit Claim Back

Notification Claim Submission Successful – will receive claim number



Add a Date of Service to a Predetermination

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

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Add a Date of Service to a Predetermination Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New Search for a rejected claim and add X-ray attachments.

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.





Add a Date of Service to a Predetermination

1 Add a Date of Service \rightarrow **2** Review & Submit \rightarrow **3** Confirmation

Enter the claim number below 3 Where can I find this?

If you don't have your claim number, go to My Patients' Benefits 🗹 enter the patient's ID and date of birth. Then, select Claim Status.

Note: If this plan is not the patient's primary carrier, services will require coordination of benefits. Return the predetermination notification with the other carrier's explanation of benefits."

Claim #



Must be an 11-digit number

 Add a date of service to predeterminations

View Full Sched	ule of Allowances						
Patient Claims fiew Past 12 Month	is 🗸 s	Search					
			7.4.101	Daymont	Statue	Actions	
Date of Service	Claim #	Billing Provider	Total Charge	rayment	Julua	Actions	
Date of Service	Claim # 17789368032	Billing Provider 001741346	\$900.00		PRE-D	Add Date of Service	•

Back to My Patients	s' Benefit	s												Sign Out
Add a Da	ate	of S	erv	vice to	ра	Pre	de	ter	mir	nati	on			
1 Add a Date of S	Service -	→ 2 R	eview &	Submit → 🤇	3 Con	firmation								
										[OOB		Member II)
Claim Note: If this plan is n carrier's explanation You can add the sar enter the date(s) of s I	Pre-D of the pa of benefit me date o service or Appl	Prede tient's pri its." If service n each lin y to All	terminat imary car for all pro e. Clear All	ion Valid Thr	ough: will requ	10/30/2011 uire coordi	B nation velow,	of benef then App	iits. Retu	im the pro	edetermin dures wer	ation notific e performed	<i>ation with t</i>	he other It dates,
Service Date	Proc. Code	Proc. Count	Tooth	Non Charge Amount	NC CD	Sub Liab.	SL CD	Reject Code	507 Code	508 Code	Other Ins.	Provider Charge	Allowed Amount	Payment Amount
mm/dd/yyyy 🗰	D2740	1	29	\$85.00	<u>P1</u>	\$407.50	<u>C1</u>		FO	<u>37</u>	\$0.00	\$900.00	\$815.00	\$407.50

Add X-rays to Rejected Claim

*This feature is also available in My Patients' Benefits

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

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Search for a predetermination claim and add the dates of service.

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Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.





<u>Requirements</u> (Claims and Predeterminations):

- "C" rejection code on at least one active service line.
- Claim/predetermination previously displayed on a remittance.
- Claim /predetermination not previously adjusted/voided.
- Can only use this feature once per claim/predetermination.

Attachment Rules:

- Maximum of 10 attachments: 5 Electronic Attachment IDs can be keyed and 5 images can be physically attached.
- Files with the following extensions can be attached: jpg, gif, png, tif, bmp, pdf

Successful submission results in the following:

- New claim number created for processing.
- Lines renumbered (old line numbers aren't retained)

Sign Out

Add X-Rays to a Rejected Claim

1 Add X-rays \rightarrow **2** Review & Submit \rightarrow **3** Confirmation

Claim Number 🕄



UNITED CONCORDIA" DENTAL

Privacy | Disclaimers | Fraud | SMS Texting

Images can be uploaded or the digital attachment id can be keyed.

*A maximum of 5 files and 5 ids can be added for a total of 10.

To upload from your computer Select the From Computer tab and select Browse

					Sign Out
Add X-Ra	ys to a Rej	ected Clai	m		
1 Add X-rays \rightarrow	2) Review & Submit →	3 Confirmation			
Claim Number 😏					
	× Search				
				DOB	Member ID
Claim.					
Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00
Current Dental Terminology © A	emerican Dental Association				
Add attachment(s)					
From Computer	Electronic Attachment #				
		Drag and drop	files here		
Or select files					🗁 Browse
Max 5 attachments - j	pg, gif, png, tif, bmp, or pdf.	(Max 8mb file size each)			
Review & Submit	Exit				-

Highlight up to 5 files, then select Open

w folder					
		Name	Date modified	Туре	Size
		8370BDailyFileMar22.txt	3/23/2018 1:28 PM	Text Document	9,008 KB
	Ħ	ACD WR201800353 Provider Attachments	9/25/2018 9:20 AM	MHTML Document	1,806 KB
	A	CHART xrayimage;jsessionid=E43C4C2A1	4/23/2019 10:20 AM	JPG File	116 KB
	*	🛃 Claims assumptions 072210.xps	8/17/2018 11:49 AM	XPS Document	356 KB
	*	EFT1 access 011018.txt	1/10/2018 2:46 PM	Text Document	7 KB
Real Time Testing	*	Large size xrayimage;jsessionid=E43C4C2	4/23/2019 10:20 AM	JPG File	111 KB
		🔁 MN 011619.xlsx	1/16/2019 4:06 PM	Microsoft Excel W	40,471 KB
		🙈 Ret Pred 062118.pdf	6/21/2018 4:43 PM	Adobe Acrobat D	1,138 KB
		💼 TEST file in Word format 112219 - Copy.d	11/22/2019 9:20 AM	Microsoft Word D	452 KB
		🥔 TEST file in Word format 112219.jpg	11/22/2019 9:20 AM	JPG File	452 KB
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File name: "xray3 042319.jpg" "xray1 042319.jpg" "xray2 042319.jpg"

Max 5 attachments - jpg, gif, png, tif, bmp, or pdf. (Max 8mb file size each)

All Files (*.*)

Open

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Or open an Explorer session, highlight up to 5 files, and drag and drop the files



The images will display. *Click on the m Trashcan to delete the file and the **Q** Magnifier to view.

Sign Out

Add X-Rays to a Rejected Claim

1 Add X-rays → C	Review & Submit -	→ (3) Confirmation			
Claim Number 🕄					
	× Search				
		_		DOB	Member ID
Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
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	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00
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Key ID(s) on the page Select the **Electronic Attachment #** tab. Key the attachment id(s) and select *Add*.

Sign Out

Add X-Rays to a Rejected Claim

1 Add X-rays \rightarrow 2	Review & Submit →	3 Confirmation				
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Claim						
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	D2954	C8002	20		\$275.00	
	D2750	C8000	21		\$921.00	
	D2954	C8002	21		\$275.00	
Current Dental Terminology © Am	erican Dental Association					
Add attachment(s)		-				
From Computer	Electronic Attachment #					
If your attachments are stored on a vendor website, then you can provide the Electronic Attachment Number below. We work with many of the most commonly used vendors.						
Electronic Attachmen	t#	Attachment Type				
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example456	×	X-ray	Add			
A maximum of five attac	chment ids can be added.					
Review & Submit	Exit					

Select *Review and Submit* to view the summary. *The names of the files and the keyed attachment ids will display.

Add X-Rays to a Rejected Claim

Image: State in the state i	Date of Service	Pros. Code	Releation Code	Tooth	Surface	Provider Charr
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N & WA: Bit is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defisuding the company Panalties include imprisonment, finds and deniel of insurance benefits. WARNING: Any period who knowingly, and with intent to injure, defisud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felory. Your period who knowingly and with intent to injure, defisud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felory. Your period who howingly and with intent to defined any insurance company or other period files a statement of claim containing any materially felse information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance ad which is a crime.	you are located in (id: id: id: id: id: id: id: id: id: id:	one of the following states, please For your protection Arizona is claim for payment of a loss is For your protection California of a loss is guilty of a crime as Any person who knowingly or false, incomplete or mislestedin Any person who knowingly fil Any person who knowingly fil Any person who knowingly and claim containing any material commute a finaudulent insurer value of the claim for each su Any person who knowingly per- claim containing any material	takes time to newiow the appropriat are negatines the following statement studged to criminal or divil penaltic latering ainces that the following ap of may be subject to finese and co nd with intern to injure, definate, o g information is guilty of a felory willfully presents a false or fraed rison for insummon is guilty of a cr me a statement of claim containing false information, or conceases for a set, which is a crime, and shall in violation.	a warning prior to submittin t to appear on this form. An ison of the form: Any para of insmeart in states prison. Indextend of the prison of the so- in the third degree. Next claims for payment of a measand may be subject to a samp failes or misleading in a rose company or other per- trice payment of a loss or be to fines and confirmment.	g your claim. ny parson who knowingly pro- on who knowingly prosents o a statement of claim or an ap a loss or benefit or who know fines and confinement in pri formation is subject to cristi son files an application for is g, information concerning ar insity not to isoceed five the smell or knowingly presents in prison.	essents a false or fraudulen a false claim for the payme plication containing any eingly or wilfully presents son. nal and civil penalties. marranece or state ment of ny fact material threats unand dollars and the state false information in an
WARNING: Any perion who howeningly, and with intent to injune, defeated or deceive any insurer, makes any claim for the proceeds of an insurer policy containing any false, incomplete or misleading information is guilty of a felory. T: Any person who knowingly and with intent to defeated any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.	you are located in (ic) ic) ic) ic) ic) ic) ic) ic)	one of the following states, please For your protection Arizona is claim for payment of a loss its For your protection California of a loss its guilty of a crime as Any person who knowingly, a false, incomplete or mislead in Any person who knowingly fil Any person who knowingly per- claim containing any material value of the claim for each so Any person who knowingly per- application for insurances is go Any person who with in the inter-	takes time to newiow the appropriat are nequires the following statement subject to criminal or divit penalsis later niquires that the following ap of may be subject to finnes and co nd with interit to injure, definant, or ginformation is guilty of a followy willfully presents a false or fraced effort for insummers is guilty of a str tes a statement of claim containing of with interit to definant arry insur- tion act, which is a crime, and shall be to define or maximum, and shall on violation.	a warning prior to submittle t to appear on this form. An poar on the form: Any para nine ment in state prison. Indexteen any insure files in in the third degree. Next claims for payment of a next claims for payment of any falles or misleading in any falles or misleading in anot company or other para the purpose of misleading also be subject to a civil p for payment of a loss or be to fines and contramend is state law.	g yoar claim. ny paraon who knowingly pro- on who knowingly prosents o a statement of claim or an ap a lose or benefit or who know frees and corrine react in prin formation is subject to crimin son files an application for is an interaction concerning an intellity not to exceed five the intellity of the exceeded five the exceeded five the intellity of the exceeded five the exceeded five the exceeded five the intellity of	enersts a false or fraustulen a false claim for the payme plication containing any engloar wilfully presents son. The second second second of the second second second of the second second second of the second second second of the second second second false information in an plication or files a claim
T: Any person who knowingly and with intent to defnaud any insurance company or other person files a statement of claim containing any material fields information or concease, for the purpose of misleading, information concerning any fact material thereto commits a fisualish insurance ad which is a crime.	you are located in (2: A: L: ID: U: T: U: C., LA, & RI: A: N & WA:	one of the following states, please For your protection Arizona is claim for payment of a loss is For your protection California of a loss is guilty of a crime as Any person who knowingly of false, incomplete or mislead in Any person who knowingly fil Any person who knowingly per- claim containing any material or a state of the claim for each su Any person who knowingly per- plication for insurance is go. Any person who within the int containing a false or decople B is a crime to knowingly pro- Pleastes induction for insurance of go.	takes time to newiow the appropriat are nequires the following statemen- subject to criminal or divil penalsis later niquires that the following ap of may be subject to finnes and co- nd with interit to injure, defraud, or ginformation is guilty of a followy willfully presents a follow or finance from for insurances is guilty of a cri- as a statement of claim containing divids internation or graded ary insur- tion for insurances is guilty of a cri- as a statement of claim containing divids formation, or conceases in by false information, or conceases in twistight of a crime and shall divid the violation. Insurts a false or fraudulent claim statement may have violated to statement may have violated the statement may have violated the index falses, incomplete or misleading of the fields, and divid of insurances to	a warning prior to submittle t to appear on this form. An poar on the form: Any pass nine ment in state prison. I decisive any insure files i in the third degree. Next claims for payment of a mes and may be subject to a say false or misleading in anot company or other par- rite payment of a loss or be to fines and contrained again a state bar. 9 information to an interaine encells.	g your claim. ny parson who knowingly pri- on who knowingly prisents of a statement of claim or an ap a loss or beneaft or who brow fines and confinencer in pri- formation is subject to crimin son files an application for is son files an application for in maky not to exceed five the insky not to exceed five the insky not to exceed five the insky not to exceed five the son files an application of a maky not to exceed five the series of knowingly presents - in prises.	essents a false or fraustulen a false claim for the payme plication containing any englication containing any englication containing any any englishing prosents son. Tauland civil pernetties. Transverse or statements of the first part of the state false information in an plication or files a claim e of definading the compare
	you are located in (2: A: L: ID: U: T: A: A: N & WA: 4 & OK:	one of the following states, please For your protection Arizona is claim for payment of a loss is For your protection California of a loss is guilty of a crime as Any person who knowingly or false, incomplete or mislead in Any person who knowingly fil Any person who knowingly go claim containing any material or also a state of the claim for each su Any person who knowingly per- plication for insurances in go Any person who whowingly pro- Person who within the int containing a false or decaptive It is a orime to knowingly pro- Pensities include imprisonmes WARNINC: Any person who lip	takes time to newiow the appropriat are nequires the following statemen- subject to criminal or divil penalsis later niquires that the following ap of may be subject to firms, and co- nd with interit to injure, defraud, or ginformation is guilty of a followy willfully presents a follow or firm of a statement of claim containing divid internation is guilty of a cri- ss a statement of claim containing of with interit to defraud any insur- tion for insurances is guilty of a cri- ss a statement of claim containing divid information, or concease in the violation. Insurant a false or fraudulent claim of violation.	a warning prior to submittle t to appear on this form. An is, poar on the form: Any para nine ment in state prison, r deceives any insurer files i in the third degree. Next claims for payment of a mes and may be subject to a say false or misleading in anot company or other para r the parpies of misleading in a so be subject to a civil p for payment of a loss or be to fines and contrainment is state law. g information to an insuring mendia. , defraud or deceive any in in is gally of a follow.	g your claim. ny parson who knowingly pro- on who knowingly prosents o a statement of claim or an ap a loss or beneaft or who brow from also is subject to cristi son files an application for is son files an application for it maky not to exceed five the insky not to exceed five the insky not to exceed five the son files an application or a son files and proving presents - in prise.	essents a false or fraustulen a false claim for the payme plication containing any englication containing any englication containing any or willfully presents see. Transverse or state ment of ny fact material therets, unand dollars and the state false information in an plication or files a claim e of defeauding the compar- the proceeds of an insure

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Select *Submit* to create the new claim.

UNITED CONCORDIA" DENTAL

Sign Out

Add X-Rays to a Rejected Claim

aim # 1	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
4/01/2019	D2750	C8000	05		\$500.00
4/01/2019	D7241	C8000	DJ		\$200.00
xray 042319.jpg 123abc					
ument Dental Terminology © A	American Dental Association				

Select DONE to start a new search.

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation					
laim Number 😌					
l	Search				

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How to add an Xray via My Patients' Benefits

*Select the *Claim Status* tab

MyPati	i ents' Benefits <					Office/	Provider	Name	
Member ID	Date of Birth	Search Clear							
You have 1	recent claim(s) available	to view							х
In-Network Dentiet	Your Network NATIONAL FEE FOR SERVICE Group Network ADVANTAGE PLUS Dental Plan DENTAL PREFERRED PROVIDER PROGRAM-PPO	Group / ID HIGHMARK INC / 25289 Covered Members FAMILY	95000	Carrie UNIT CON FOR Servi DEN	er Type ED CORDIA - FEE SERVICE ce Type TAL CARE	Policyho Mailing A	Address		
L Select	Member 4 -					All inform	nation retrieved	on 03/11/202	21
		ACT		Service Hi	istory Snapsh	Filter Cle	What does th	nis include?	e rint
DC	01/0	01/2005 - Present Check Pas	t s	tart	End	Procedure	Tooth	Surface	~
Ag	ge : Mer	Member has a qualified medical condition reported? No		3/01/2021	03/01/2021	D0120			
Gend	ler No			3/01/2021	03/01/2021	D0274			
Relationsh	ip SELF			3/01/2021	03/01/2021	D1110			
			0	8/24/2020 lote: Procedur	08/24/2020 e history is informat	D0120 ional only; not a g	guarantee of payr	nent.	~
Benefits	Claims Status 1 RECE	Ortho Treatment Plan			Procedure + related procedu	Allowance are lookup info	Procedure #	Lookup	

*The *A* Paperclip displays if an attachment can be added.

*After an attachment is added the Status would show as *Pending.* (Claim 102132578226) *If the Paperclip icon is selected *after* an attachment was added a message would display indicating the *Claim is being processed*. (Claim 102132578228)

Date of Service		Claim #	Billing Provider #	Total Charge	Payment	Status	Actions 🕜
IN PROCESS		102132578229	836130	\$873.00	\$650.21	Pending	
IN PROCESS		102132578227	836130	\$88.85	\$88.85	Pending Addl Info	b
IN PROCESS		102132578226	583337	\$95.00	\$128.50	Pending	
Attachment was readed to this line	cently	102132578228	836130	\$128.32		Rejected 😧	Ø+ ÷
	1/2015	102132578225	836130	\$166.00	\$66.00	Paid	
+ View Code Descript	tions			Re-selecting the attachment icon y display a messag indicating the cla being processed	will ge im is	Claim	is being processed

Electronic Funds Transfer (EFT)

Direct deposit claim payments into your account

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

<u>My Patients' Benefits</u> offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

<u>Reimbursements</u> allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using <u>Speed eClaim</u>, our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

Add a Date of Service to a Predetermination

Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New Search for a rejected claim and add X-ray attached and

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.





Select *Step 1 – Request PIN* option.

Electronic Funds Transfer

User ID:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
National Provider Identifier (NPI) associated to the TIN or EIN

Electronic Funds Transfer

Get your PIN to access EFT

Thank you for considering enabling EFT. EFT will allow you to:

- · Receive payments quickly, directly to your bank account.
- · No waiting in line to deposit checks to your account.
- Manage your banking information online.

To access the Electronic Funds Transfer application you will need to:



It will take approximately 7-10 business days to receive your PIN by mail.

Questions about EFT PIN

Q: Why do I need a PIN?

A: The PIN provides verification that you are authorized to manage your office's Financial Institution Routing Number and the Providers' Account Number with the Financial Institution

Q: How will I receive my PIN?

A: This information will be mailed to your office and received within 7-10 business days.

Q: If I have any other questions, who should I contact? A: You can contact Dental Electronic Services at 1-800-633-5430

with any questions. They are available from 8 a.m. to 5 p.m. ET Monday - Friday. *The confirmation page would display.

*A letter with the PIN would be sent to the mailing address on file.

Electronic Funds Transfer

User ID

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Request PIN to Manage EFT Accounts

Thank you for requesting a PIN

Your request will be processed and a letter will be sent to the mailing address we have on file for your office. This address is:

Street :	
City :	1000 C
State :	
ZIP-Code :	

If this address is incorrect or your office does not receive this letter within 7-10 business days, please contact Dental Customer Service at 1-800-332-0366 between 8 a.m. and 8 p.m. E.T. Monday - Friday.

Questions about EFT PIN

Q: Why do I need a PIN?

A: The PIN provides verification that you are authorized to manage your office's Financial Institution Routing Number and the Providers' Account Number with the Financial Institution

Q: How will I receive my PIN?

A: This information will be mailed to your office and received within 7-10 business days.

Q: If I have any other questions, who should I contact? A: You can contact Dental Electronic Services at 1-800-633-5430 with any questions. They are available from 8 a.m. to 5 p.m. ET Monday - Friday.

Updates to your provider information should be sent via fax to 1-844-235-7261 or emailed to ucd_maintenance@ucci.com

If your office is enrolled in United Concordia's EFT process, please contact your financial institution to request that they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) that are required in order to re-associate payments to the ERA and/or online EOB. If you find that payments are late or missing and have not posted to your financial institution within four (4) days after the regularly-scheduled payment cycle*, please call Dental Electronic Services at 1-800-633-5430 for assistance.

*Reference the Electronic Funds Transfer (EFT) Frequently Asked Questions for details.

Upon receipt of the PIN letter:

*This process grants the User ID access to setup/perform ongoing EFT maintenance.

- 1) Logon to the Provider portal
- 2) Select the *EFT* option; this page will display.
- 3) Key the PIN and select Continue

Electronic Funds Transfer

User ID:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Enter your PIN to Manage EFT Accounts

STEP #1: You requested a PIN on 03/16/2021. Your PIN Letter should arrive on or about 03/26/2021.

If you have received your letter, please enter your PIN below.



Questions about the PIN letter and your PIN

Q: How long does my PIN remain active?

A: Your PIN will expire 30 days from the date requested.

Q: What if my PIN doesn't work?

A: You will receive automated messages instructing you to request a new PIN if you have passed the 30 day PIN expiration or if you have unsuccessfully attempted to enter your PIN 3 times. All other questions should be directed to Dental Electronic Services listed below.

Q: What information will I need after I enter my PIN? A: Bank Routing Number, Account Number, and Account Type.

Q: If I have any other questions, who should I contact? A: You can call Dental Electronic Services at 1-800-633-5430 with any questions. They are available from 8 a.m. to 5 p.m. ET Monday - Friday.

Terms and Conditions must be accepted in order to add/update EFT.

Electronic Funds Transfer

User ID:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) National Provider Identifier (NPI) associated to the TIN or EIN

Accept Terms and Conditions

Accept Terms and Conditions

I have been identified as the user responsible for entering and maintaining provider bank account information ("EFT User"). I acknowledge and agree to the following:

1. By enrolling for EFT payments, the provider who employs me ("Provider") has agreed to accept electronic versions of EOBs in lieu of paper copies being mailed to the office. Provider and I understand that all EOBs can be viewed and printed from the United Concordia website, and if the Provider's office practice management system allows, an 835 transaction can be passed to that system.

2. I have been given authorization to register for provider bank account information pages by Provider, and I understand that access and use is permitted for authorized purposes only.



This is where EFT can be added, edited, or removed.

*All offices/providers actively setup in UCD's system would display.

*All or some can be selected and setup with the same or different bank accounts.

Electronic Funds Transfer

User ID

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) National Provider Identifier (NPI) associated to the TIN or EIN

View/Update Financial Institution Information

A REAL PROPERTY.

Add	Add, edit or remove Financial Institution Account information. Check provider then select desired action.						
- 4	Add/Edit Financial Institutio	on Informatio	n Remove Financia	I Institution Inform	ation	Printer Friendly	
	Provider Name	Provider Identifier	<u>Financial Institution</u> <u>Name</u>	<u>Financial</u> Institution Routing Number	<u>Type of Account at</u> <u>Financial Institution</u>	Provider's Account Number with Financial Institution	
	Clean Teeth Dental	123456				^	
	Transmitting Colored to	-					
	AND REPORT OF A DESCRIPTION OF A DESCRIP						
	1x0xxxx 010x000x000						
	Resource of Television State					~	

Updates to your provider information should be sent via fax to 1-844-235-7261 or emailed to ucd_maintenance@ucci.com

If your office is enrolled in United Concordia's EFT process, please contact your financial institution to request that they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) that are required in order to re-associate payments to the ERA and/or online EOB.

If you find that payments are late or missing and have not posted to your financial institution within four (4) days after the regularly-scheduled payment cycle*, please call Dental Electronic Services at 1-800-633-5430 for assistance.

*Reference the Electronic Funds Transfer (EFT) Frequently Asked Questions for details.

<u>To setup an account:</u> 1) Key the routing number and 2) select *Change Financial Institution Routing Number.* 3) Identify the *Type of Account* and 4&5) key the account number twice. 6) Select *Next- Review and Finalize*

Electronic Funds Transfer

User ID: tenvtest1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

Add/Edit Financial Institution Information

Provider Name: Provider Identifier: Financial Institution Name: FIRST COMMONWEALTH BANK Enter 9 digit Financial Institution Routing Number then select 'Verify Financial Institution Routing Number' Financial Institution Routing 043306826 Change Financial Institution Routing Number Number: 1 Enter the Provider's Account Number with Financial Institution and retype to confirm. Select the Type of Account at Financial Institution

Type of Account at Financial Institution:	● Checking ○ Savings 3
Provider's Account Number with Financial Institution:	999999999 4
Retype Provider's Account Number with Financial Institution:	⁹⁹⁹⁹⁹⁹⁹⁹⁹ 5
	Cancel Next - Review and Finalize

Verify content and select Finalize.

Electronic Funds Transfer

User ID: tenvtest1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

Add/Edit Financial Institution Information

Cancel

Review information and select Finalize if correct.

Provider Name:	
Provider Identifier:	and the second
Financial Institution Name	FIRST COMMONWE
Financial Institution Routing Number:	043306826
Type of Account at Financial Institution:	Checking
Provider's Account Number with Financial Institution:	99999999

ALTH BANK



Go Back To Change the Financial Institution Information

Finalize

Upon confirmation of the content, select Return to - View/Update ...

Electronic Funds Transfer

User ID: tenvtest1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI) associated to the TIN or EIN

Printer Friendly

Confirm Financial Institution Information

The provider listed below was updated with the following information.

Provider Name: Provider Identifier: Financial Institution Name FIRST COMMONWEALTH BANK Financial Institution Routing 043306826 Number: Type of Account at Financial Checking Institution: Provider's Account Number 99999999 with Financial Institution:

The providers listed above will now be paid electronically. Checks and Explanation of Benefits(EOB's) will no longer be mailed. EOB's are available for you to review, download, and print at your convenience by selecting Reimbursements on the Dentist Home Page.

For users of the TRICARE Dental Program and Active Duty Dental Program websites, EOB's are available by selecting Provider Check Information in the Online Services menu.



Return to - View/Update the Financial Institution Information

This page displays updated financial account information.

*Completion of account maintenance generates a letter that would be sent to the mailing address on file.

*Select the *Printer Friendly* option to print or save this image to your PC.

Electronic Funds Transfer

User ID: tenvtest1

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

 Image: state of the sta

View/Update Financial Institution Information

Add, edit or remove Financial Institution Account information. Check provider(s) then select desired action.

Financial Institution Information was successfully added for provider

Add/Edit Financial Institution Information Remove Financial Institution Information Printer Friendly							
-	Provider Name	Provider Identifier	<u>Financial Institution</u> <u>Name</u>	Financial Institution Routing Number	<u>Type of Account at</u> Financial Institution	Provider's Account Number with Financial Institution	1
	Clean Teeth Dental	123456	FIRST COMMONWEALTH BANK	043306826	Checking	99999999	^
							~

Updates to your provider information should be sent via fax to 1-844-235-7261 or emailed to ucd_maintenance@ucci.com

If your office is enrolled in United Concordia's EFT process, please contact your financial institution to request that they provide the EFT Payment Data (CORE Required Minimum CCD-Plus data elements) that are required in order to re-associate payments to the ERA and/or online EOB. If you find that payments are late or missing and have not posted to your financial institution within four (4) days after the regularly-scheduled payment cycle*, please call Dental Electronic Services at 1-800-633-5430 for assistance.

*Reference the Electronic Funds Transfer (EFT) Frequently Asked Questions for details
Hard copy print example

UNITED CONCORDIA® Insuring America's Dental Health

The provider listed below was updated with the following information.

Provider Number: Financial Institution Routing Number: 043306826 - FIRST COMMONWEALTH BANK Type of Account at Financial Institution: Checking Provider's Account Number with Financial Institution: 99999999

The providers listed above will now be paid electronically. Checks and Explanation of Benefits(EOB's) will no longer be mailed. EOB's are available for you to review, download, and print at your convenience by selecting Reimbursements on the Dentist Home Page.

For users of the TRICARE Dental Program and Active Duty Dental Program websites, EOB's are available by selecting Provider Check Information in the Online Services menu.

Schedule of Allowances – can receive schedules for different networks

MyDentalCoverage

This site provides benefits, claims and eligibility information for members and providers

For Dentists

<u>My Patients' Benefits</u> offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

<u>Reimbursements</u> allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using <u>Speed eClaim</u>, our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

Add a Date of Service to a Predetermination Search for a predetermination claim and add the dates of service.

Add X-rays to a Rejected Claim New Search for a rejected claim and add X-ray attachments.

Manage Electronic Funds Transfer (EFT) online to receive payments directly to your bank account.

Schedule of Allowances

Download the schedule of allowances for your participating networks.







Many steps have been taken to protect your data; however, when you view personal and/or confidential information, you assume responsibility, to protect the privacy and confidentiality of your data. If you leave your computer without properly ending your session by logging off, anyone who uses your computer after you may have access to your personal and/or confidential information.



Questions?