

MyDentalCoverage

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

For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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

Account Access

Sign In

Username

Password

Sign In

[Create an Account](#)

[Forgot Password?](#)

[Forgot Username?](#)



Create an Account

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

Start a dentist account

Provider ID or NPI numbers only [?](#)

Provider Tax ID EIN or SSN [?](#)

☐ I have read and agree to the [Provider Agreement](#)

Next

Exit

Dentist Account Features

- 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

Complete the Fields as indicated

Create an Account

1. Get Started → 2. **Provide Details** → 3. Confirmation

Provider Registration

Your Name

Please do not use the name of anyone else in your office.

First Name

Last Name

Email ?

This email will be used to activate your account.

Confirm Email

Use the name 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

Dentist Account Features

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Account Information

Username

8-25 characters

Choose Username

Complete the Fields as indicated – click submit

Password

Password Help:

Indicates Strength

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: ' ~ ! @ # \$ % ^ & * () - _ = +

Confirm Password

Note - password requirements

Security Question

We'll need this if you forget your account information.

Select Question

Security Question is case sensitive

Submit Previous Exit

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

Select Question

Your childhood house number?

Middle name of your youngest child?

City or town your sibling lives?

Maiden name of your maternal grandmother?

Day of the month you were married?

Day of the month you were born?

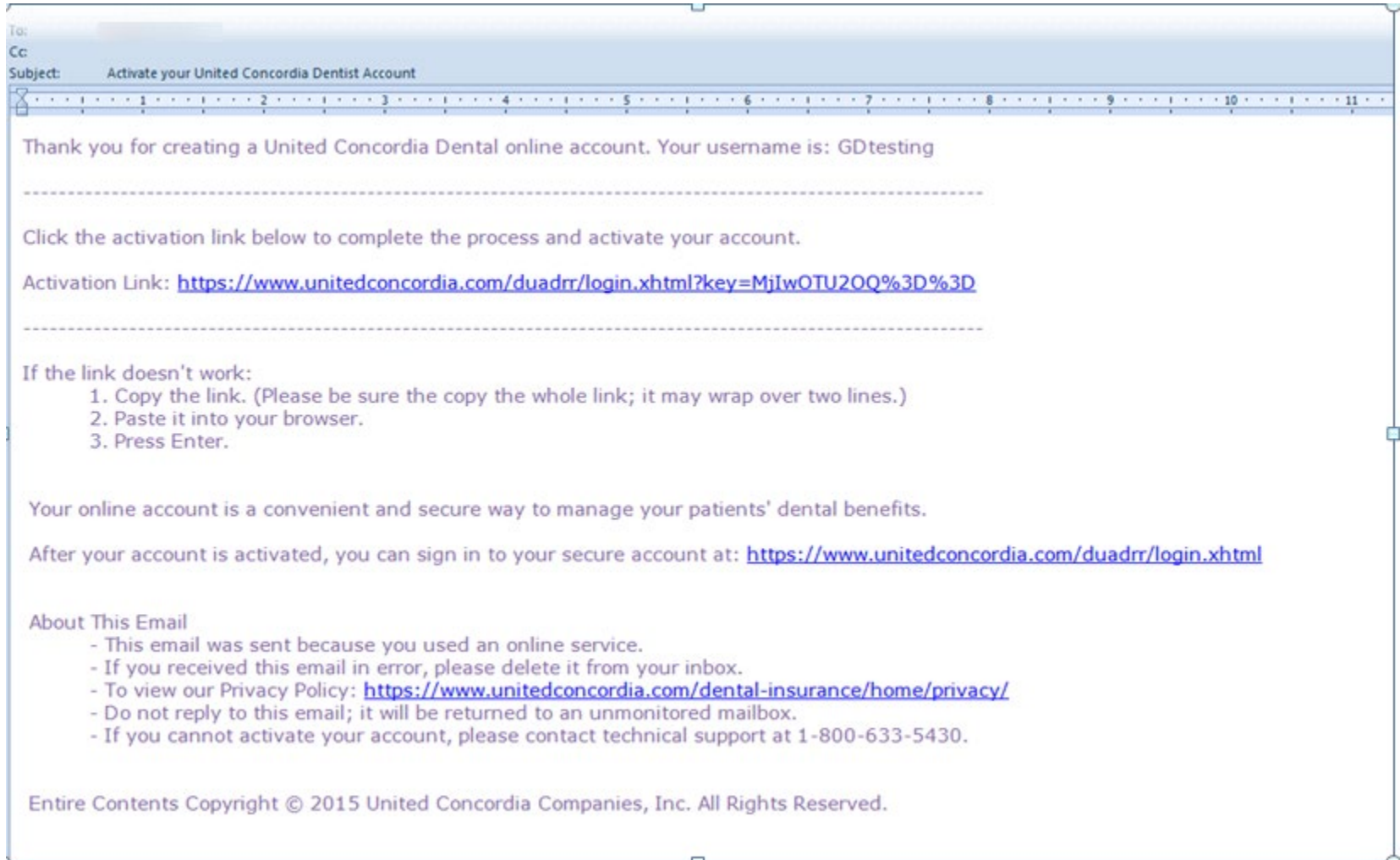
In what year was your father born?

In what year was your mother born?

**Case
Sensitive**

Select Question ▼

Email sent to Activate Account



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

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

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New

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[Schedule of Allowances](#)

Download the schedule of allowances for your participating networks.



Create An Account

Member ID

Date of Birth

mm/dd/yyyy

Search

Clear

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...

It's here! A faster way to find patients' dental benefits information. [See what's new.](#)

[Contact Us](#) | [Fraud](#) | [Privacy Policy](#) | [Integrity Process](#)

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- 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

Dental Network
NO NETWORK

Member ID
Date of Birth

Search
Clear



In-Network
Dentist

Dental Plan
DENTAL

Dental Network
DENTAL BLUE (PPP)

Group / ID

Carrier Type
PARTNERSHIP

Policyholder


Service Type
DENTAL CARE

Mailing Address

Covered Members
FAMILY

Select Member
3

All information retrieved on 06/22/2018



ACTIVE

Coverage Effective
11/01/2011 - Present | [Check Past](#)

DOB

Age 53

Gender MALE

Relationship SELF

Member has a qualified medical condition reported?
No

Service History Snapshot
What does this include? ?

Procedure #
Tooth
Filter
Clear

Print

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 informational only; not a guarantee of payment.

Benefits
Claims Status
Ortho Treatment Plan

Procedure Allowance
+ related procedure lookup info

View Full Schedule of Allowances

- 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 Allowance

+ related procedure lookup info

Procedure #

Lookup

[View Full Schedule of Allowances](#)

Names of covered family members with DOB

Print

Search By

Type in a keyword or procedure code

[View Coverage Summary](#)
[View Service History](#)

Policy Information

+ Deductibles and Maximums

+ Coordination and Other Benefits

Benefit Details by Procedure

	Procedure Code Range
+ Preventive Exams	D0120 - D0191
+ X-rays	D0210 - D0395
+ Tests and Examinations	D0414 - D0470
+ Pathology Laboratory	D0472 - D0478
+ Nomenclature	D0479 - D0999
+ Cleanings & Fluoride	D1110 - D1330
+ Sealants	D1351 - D1354
+ Space Maintainers	D1510 - D1999
+ Restorations	D2140 - D2430

Deductibles

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

PROGRAM DOLLAR MAX

INDIVIDUAL

01/01/2018 - 12/31/2018

\$2,000.00 Applied

\$2,000.00 Total

\$0.00 Remaining

Please advise patient on the status

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

Benefits

Claims Status

Ortho Treatment

Procedure Allowance

+ related procedure lookup info

Procedure #

Lookup

View Full Schedule of Allowances

Search By

Type in a keyword or procedure code

View Coverage Summary

View Service History

Policy Information

+ Deductibles and Maximums

+ Coordination and Other Benefits

- Wellness Benefits (Malena has not reported a condition)

Procedure

Covered

Allowance

Coverage %
or Copay \$

Limitation

Applied to
Deductible

Applied to
Maximum

D1110	Prophylaxis Adult >	Yes	\$55.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No
D1120	Prophylaxis Child >	Yes	\$38.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No
D1208	Topical Fluoride Varnish >	Yes	\$25.00	100%	Oral Cancer Medical Condition 4 Per Benefit Period Additional	No	No
D1208	Topical Fluoride Varnish >	Yes	\$24.00	100%	Oral Cancer Medical Condition 4 Per Benefit Period Additional	No	No
D4341	Scaling/planing 4 + Teeth >	Yes	\$180.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No
D4342	Scaling/planing 1-3 Teeth >	Yes	\$93.00	100%	Diabetes, Coronary Artery Disease, Pregnancy Medical Conditions	No	No
D4910	Periodontal Maintenance >	Yes	\$82.00	100%	Diabetes, Coronary Artery Disease, Pregnancy, Oral Cancer Medical Conditions 4 Per Benefit Period Additional	No	No

Wellness Benefits

This patient has NOT reported a medical condition

See Medical Condition Benefits

PROGRAM DOLLAR DED

INDIVIDUAL

01/01/2017 - 12/31/2017

\$25.00 Applied

\$25.00 Total

\$0.00 Remaining

Please advise patient on the status

PROGRAM DOLLAR MAX

INDIVIDUAL

01/01/2017 - 12/31/2017

\$271.24 Applied

\$1,500.00 Total

\$1,228.76 Remaining

ANNUAL MAX ROLLOVER

INDIVIDUAL

01/01/2017 - 12/31/2017

\$0.00 Applied

\$1,000.00 Total

\$1,000.00 Remaining

14

- 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

Benefits

Claims Status

Ortho Treatment Plan

Procedure Allowance

+ related procedure lookup info

Procedure #

Lookup

[View Full Schedule of Allowances](#)

Print

Search By

Type in a keyword or procedure code

[View Coverage Summary](#)
[View Service History](#)

Policy Information

+ Deductibles and Maximums

+ Coordination and Other Benefits

Benefit Details by Procedure

Procedure Code Range

– Preventive 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 Calendar Year More...	No	Yes
D0140	Limited Oral Evaluation >	Yes	\$41.00	100%	In Network 1 Per Calendar Year ~ Per Dentist More...	No	Yes
D0145	Oral Eval Under Age 3 >	Yes	\$28.00	100%	In Network 2 Per Calendar Year More...	No	Yes
D0150	Comprehensive Evaluation >	Yes	\$43.00	100%	In Network 1 Per 24 Months ~ Per Dentist More...	No	Yes
D0160	Extensive Oral Evaluation >	Yes	\$50.00	100%	In Network 1 Per Calendar Year ~ Per Dentist More...	No	Yes
D0170	Re-evaluation, Limited >	Not Covered					

Deductibles

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

PROGRAM DOLLAR MAX

INDIVIDUAL

01/01/2018 - 12/31/2018

\$2,000.00 Applied

\$2,000.00 Total

\$0.00 Remaining

Please advise patient on the status

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

[◀ Back to Benefits View](#)

D0120: Periodic Evaluation

Procedure Details

Covered	Allowance	Coverage % or Copay \$	Limitations	Applies to Deductible	Applies to Maximum
Yes	\$31.00	100%	In Network 2 Per Calendar Year	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 Preoperative Days	0
Surgery Postoperative Days	0
Benefit Category	DENTAL DIAGNOSTIC SERVICES
Treatment Length Required	NO
Radiograph Type	--
Valid Tooth Surface	--
Valid Tooth	--

- Patient full procedure history is available in the procedure look or from the View Service History Link in Benefit section

Member ID

DOB

Age 53

Gender MALE

Relationship SELF

Coverage Effective

11/01/2011 - Present | [Check Past](#)

Member has a qualified medical condition reported?

No

ACTIVE

Service History Snapshot

What does this include? ?

Procedure #

Tooth

Filter

Clear

Print

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 informational only; not a guarantee of payment.

Benefits

Claims Status

Ortho Treatment Plan

Procedure Allowance
+ related procedure lookup info

Procedure #

Lookup

[View Full Schedule of Allowances](#)

Search By

Type in a keyword or procedure code

[View Coverage Summary](#)
[View Service History](#)

Deductibles

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

Procedure #	Tooth	Filter	Clear	Print
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	

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

+ X-Rays, All		D0210 - D0330			\$10.00 Applied		\$50.00 Total	
+ Cleanings & Fluoride Treatments		D1110 - D1208					\$30.00* Remaining	
+ Sealant Per Tooth		D1351					* Reduced to the lesser amount of the Family deductible remaining.	
+ Space Maintainers		D1510 - D1575						
+ Restorations		D2140 - D2430						
+ Crowns, Inlays & Onlays		D2510 - D2799						
+ Other Restorative Services		D2910 - D2990						
+ Endodontic Procedures		D3220 - D3357						
+ Surgical Periodontal Services		D3410 - D3920						
— Non-Surgical Periodontal Services		D4210 - D4285						
Procedure		Covered	Allowance	Coverage	Limitation	Applied to Deductible	Applied to Maximum	
D4210	Gingivectomy or gingivoplasty - 4+ teeth/spaces, per quadrant >	No	\$616.00	0%	Not Covered due to Waiting Period Covered at 80% on 8/1/2016 1 Per 36 Months ~ Per Area Of The Mouth more...	Yes	Yes	
D4211	Gingivectomy or gingivoplasty - 1-3 teeth/spaces, per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period Covered at 80% on 8/1/2016 1 Per 36 Months ~ Per Area Of The Mouth more...	Yes	Yes	
D4212	Gingivectomy for Access >	No	\$616.00	80%	Not Covered due to Waiting Period Covered at 80% on 8/1/2016 1 Per 36 Months ~ Per Area Of The Mouth more...	Yes	Yes	
D4230	Anatomical crown exposure - 4+ contiguous teeth per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period Covered at 80% on 8/1/2016 1 Per 36 Months ~ Per Area Of The Mouth more...	Yes	Yes	
D4231	Anatomical crown exposure - one to three teeth per quadrant >	No	\$616.00	80%	Not Covered due to Waiting Period Covered at 80% on 8/1/2016 1 Per 36 Months ~ Per Area Of The Mouth more...	Yes	Yes	
					Not Covered due to Waiting			

Program Dollar Maximum ⓘ

Individual
01/01/2017 - 12/31/2017

\$10.00 Applied \$1,000.00 Total

\$990.00 Remaining

Orthodontics
\$0.00 Applied \$1,500.00 Total

\$1,500.00 Remaining

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

RISHAD

Print

Search By

View Coverage Summary

View Service History

Type in a keyword or procedure code

Policy Information

+ Deductibles and Maximums

+ Coordination and Other Benefits

Benefit Details by Procedure					Procedure Code Range	
+ Preventive Exams					D0120 - D0191	
+ X-rays					D0210 - D0395	
+ Tests and Examinations					D0414 - D0470	
+ Pathology Laboratory					D0472 - D0478	
+ Nomenclature					D0479 - D0999	
+ Cleanings & Fluoride					D1110 - D1330	
- Sealants					D1351 - D1354	

Procedure		Coverage %			Applied to Deductible	Applied to Maximum
		Covered	Allowance	or Copay \$ Limitation		
D1351	Sealant Per Tooth >	No	--	0%	No	Yes
D1352	Preventive Resin Rest >	Not Covered				
D1353	Sealant Repair >	Not Covered				
D1354	Interim Caries	Not Covered				

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

MPB - Prototype (Main) X

collaborate.highmark.com/teams3/t12149400/Axure%20Prototypes%20Test/MPB%20-%20

10/20/2015 D0120

Note: Procedure histories are informational only, not a guarantee of payment

Benefits Claim Status Ortho Treatment Procedure Allowance / Co-Pay + related procedure lookup info Procedure # Lookup

View Full Schedule of Allowances Based on Location: 210 FORG RD...17007 Change Provider ID

ANDREW Print

Search for View Service History

Enter procedure code, name or limitation Search

Policy-Related Benefits Details

+ Deductibles and Maximums

+ Other Benefits

Benefit Details by Procedure Procedure Code Range

Procedure	Covered	Allowance	Coverage	Limitation	Applied to Deductible	Applied to Maximum
+ Exams				D0120 - D0180		
+ X-Rays, All				D0210 - D0330		
+ Cleanings & Fluoride Treatments				D1110 - D1208		
— Sealant Per Tooth				D1351		
D1351 Sealant Per Tooth >	Yes	\$30.24	100%	1 Per Tooth - Per 3 Years - Permanent	No	Yes
+ Space Maintainers				D1510 - D1575		
+ Restorations				D2140 - D2430		
+ Crowns, Inlays & Onlays				D2510 - D2799		
+ Other Restorative Services				D2910 - D2990		
+ Endodontic Procedures				D3220 - D3357		
+ Surgical Periodontal Services				D3410 - D3920		

Program Dollar Deductible

Family 01/01/2015 - 12/31/2015

\$120.00 Paid \$150.00 Total

\$30.00 Remaining

Individual 01/01/2015 - 12/31/2015

\$40.00 Applied \$50.00 Total

\$10.00* Remaining

* Reduced to the lesser amount of the Family deductible remaining.

Program Dollar Maximum

Individual 01/01/2015 - 12/31/2015

\$40.00 Applied \$1,000.00 Total


\$960.00 Remaining

Orthodontics \$0.00 Applied \$1,500.00 Total

\$1,500.00 Remaining

- Not covered by plan

- Alternate Benefit

Benefit Details by Procedure						Procedure Code Range	
— Preventive 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 Calendar Year More...	No	Yes
D0140	Limited Oral Evaluation >	Yes	\$41.00	100%	In Network 1 Per Calendar Year ~ Per Dentist More...	No	Yes
D0145	Oral Eval Under Age 3 >	Yes	\$28.00	100%	In Network 2 Per Calendar Year More...	No	Yes
D0150	Comprehensive Evaluation >	Yes	\$43.00	100%	In Network 1 Per 24 Months ~ Per Dentist More...	No	Yes
D0160	Extensive Oral Evaluation >	Yes	\$50.00	100%	In Network 1 Per Calendar Year ~ Per Dentist More...	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

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

The screenshot shows a web application for dental benefits. A modal window titled "Select and Print All Services by Section" is open in the center. The background shows a patient profile for JOVANNE MORC... with Member ID 950071541, DOB 07/02/1953, Age 64, Gender MALE, and Relationship SPOUSE. The modal window contains the following sections:

- Benefits Summary**: Print a basic breakdown of your patients' benefits. [Print Summary]
- Covered Services Section**: [Select All] [Deselect All]
 - Deductibles and Maximums [Select]
 - Coordination and Other Benefits [Select]
 - Wellness Benefits [Select]
 - Preventive Exams [Deselect]
 - X-rays [Deselect]
 - Tests and Examinations [Select]
 - Pathology Laboratory [Select]
 - Nomenclature [Select]
 - Cleanings & Fluoride [Deselect]

At the bottom of the modal are [Print] and [Cancel] buttons.

- Print

All information retrieved on **11/08/2017**



In-Network
Dentist

Dental Plan
DENTAL

Provider ID

Group / ID

VSP DENTAL GOLD PLUS
VISI / F01486000

Coverage Effective

05/01/2017 - Present

ACTIVE

Name

Deductibles and Maximums

Individual Deductible: \$20 Per Contract Year ~ In network

Individual Maximum: \$1,000 Per Contract Year ~ In network

Benefit Details by Procedure

Preventive 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 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					

- View / Print Coverage Summary

All information retrieved on **11/08/2017**

Dental Plan
DENTAL

In-Network
Dentist

Provider ID

Group / ID
VSP DENTAL GOLD PLUS
VISI / F01486000

Coverage Effective
05/01/2017 - Present
ACTIVE

Name

Deductibles and Maximums

Individual Deductible: \$20 Per Contract Year ~ In network

Individual Maximum: \$1,000 Per Contract Year ~ In network

Benefits Summary
View detailed benefits for procedure level coverage, exclusions and limitations

Category	Procedure*	Coverage % or Copay \$*	Category	Procedure*	Coverage % or Copay \$*
Exams	D0120	100%	Endodontics	D3330	80%
Cleanings	D1110	100%	Periodontics	D4341	80%
Sealants	D1351	Not Covered	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 Covered	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
Crowns	D2750	50%	Missing Tooth Clause		Will Not Apply

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

[Benefits](#)
[Claims Status 1 RECENT](#)
[Ortho Treatment Plan](#)

[Procedure Allowance](#)
+ related procedure lookup info

[View Full Schedule of Allowances](#)

Patient Claims

View

Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
05/08/2018	18130234063	003317191	\$189.00	\$79.18	Paid	<input type="button" value="Hide Details"/> <input type="button" value="Print"/>

Claim Details - 18130234063

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
05/08/2018	D1110	1		\$37.39	P1			--	F1	1	\$0.00	\$84.00	\$46.61	\$46.61
05/08/2018	D0274	1		\$30.38	P1	\$20.00	A1	--	F1	1	\$0.00	\$59.00	\$28.62	\$8.62
Total Payment Amount:													\$79.18	

Carrier
LIFE AND SPECIALTY VENTURES

Health Care Claim Status Category Code
F1

Date Claim Received
05/10/2018

Health Care Claim Status Code
1

Check #	Issued	Payee	Amount	Offset	Status	Date	EOB
0035996194	05/10/2018	PROVIDER	\$79.18	No	Matched	05/23/2018	View

- View Details

Reimbursements

MyDentalCoverage

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

For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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:

Tax Id:

- 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 (MM/DD/YYYY) End Date (MM/DD/YYYY)

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) **End Date** (MM/DD/CCYY)

Search Date Range

The groups and providers on this list have EOBs and/or Payments for the time frame above.

To view more use the scroll bar.

Provider Name will 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

Return to Website

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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

Click on the Check / EFT # to see additional details
EFT (Payment Pending) details can be viewed 3 business days after

Issue Date	Check/EFT Ind.	Check/EFT #	EOB	Bank Ac	
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		

Click to see complete
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

Check Detail or EOB available online

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		\$64.84	
0017304332289	10/31/2017		\$67.02	

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

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

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New

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

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[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

Speed^eClaim[®]
[Exit Speed eClaim](#)

Provider Simulation

Welcome to the **NEW** quick entry version of Speed eClaim®. If you need to enter additional information, you can always switch to the original version at any time by clicking on the "Expanded Form" button to the right.

Expanded Form
?

Billing Provider Information ?

Tax ID/SSN*

National Provider Identifier (NPI)*

Retrieve Billing Provider

Claim Information ?

Service Begin Date*

Type of Transaction* Request for Payment ▼

☐ Set Service Dates to Today's Date

Subscriber/Patient Information ?

Subscriber Contract ID*

Subscriber Birthdate*

Patient Account Number*

Do not enter special characters (i.e - or /).

Retrieve Patient Info

Service Information ?

Begin Service Date	Procedure Code*	Charge*	Tooth Number(s)	Mouth Area	Surface(s)	Initial Placement?	If No, Date of Prior Placement
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="▼"/>	<input style="width: 100px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="▼"/>	<input style="width: 100px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="▼"/>	<input style="width: 100px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="▼"/>	<input style="width: 100px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="▼"/>	<input style="width: 100px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>

Add Additional Procedure

Fields marked with an asterisk() are required.*

3 options for Type of Transaction

Type of Transaction*

Request for Payment ▼


Request for Payment

Predetermination

Encounter

Subscriber/Patient Information

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


[Exit Speed eClaim](#)

[Provider Simulation](#)

Expanded Form selection to add COB or Attachments

Welcome to the **NEW** quick entry version of Speed eClaim® information, you can always switch to the original version at "Expanded Form" button to the right.

[Expanded Form](#)

Billing Provider Information
?

Tax ID/SSN*
 National Provider Identifier (NPI)*

[Retrieve Billing Provider](#)

Claim Information
?

Service Begin Date*
 Type of Transaction* Request for Payment ▼

☐ Set Service Dates to Today's Date

Subscriber/Patient Information
?

Subscriber Contract ID*
 Subscriber Birthdate*
 Patient Account Number*

Do not enter special characters (i.e - or /).
[Retrieve Patient Info](#)

Service Information
?

Begin Service Date	Procedure Code*	Charge*	Tooth Number(s)	Mouth Area	Surface(s)	Initial Placement?	If No, Date of Prior Placement
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text" value="mm/dd/ccyy"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	Yes ▼	<input style="width: 100px;" type="text"/>

[Add Additional Procedure](#)

Fields marked with an asterisk() are required.*

Claim Tab

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
Claim ? <input type="checkbox"/> Set Service Dates to Today's Date OR ENTER DATES OF SERVICE BELOW					
Service Begin Date*	<input type="text" value="04/11/2018"/>		Service End Date*	<input type="text" value="04/11/2018"/>	
	MM/DD/YYYY			MM/DD/YYYY	
Type of Transaction*	<input checked="" type="radio"/> Predetermination <input type="radio"/> Encounter				
Place of Service*	<input type="text" value="Office"/>				
Appt. Control Number	<input type="text"/>		Dental Readiness Classification	<input type="text"/>	
	(Required for ADDP only)			(Required for ADDP only)	
Accident ?					
Accident Type	<input type="text"/>		Date of Accident/Injury	<input type="text"/>	
				MM/DD/YYYY	
State of Auto Accident	<input type="text"/>				
Orthodontics ?					
Is Treatment for Orthodontics?	<input type="text" value="No"/>		Appliance/Banding Date	<input type="text"/>	
				MM/DD/YYYY	
Remaining Months of Treatment	<input type="text" value="0"/>		Total Months of Treatment	<input type="text" value="0"/>	
Adjudication ?					
Patient Fee Paid	<input type="text" value="0.00"/>		in US Dollars		
Delay Reason	<input type="text"/>				
Claim Notes	<input type="text"/>				
Health Care Diagnosis Codes	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Fields Marked With an Asterisk (*) Are Required					
<input type="button" value="Continue >>"/>			<input type="button" value="Reset"/>		

Provider Tab

Speed eClaim®[Exit Speed eClaim](#)

Provider Simulation

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
-------	-----------------	--------------------	-----------------	----------	------------------

Billing Provider Information:

Tax ID/ SSN*

National Provider ID

Any Additional Provider

Rendering Provider Information:

*All ADDP and TDP Claims must include an **individual** Rendering/Performing Provider to be approved.*

Rendering Provider's NPI

ZIP Code

Rendering Provider's Last Name

Additional Provider Information:

Referring Provider's NPI

ZIP Code

Referring Provider's Last Name

Referring Provider's UCCI Number

Assistant Surgeon's NPI

ZIP Code

Assistant Surgeon's Last Name

Assistant Surgeon's UCCI ID

Supervising Provider's NPI

ZIP Code

Supervising Provider's Last Name

Supervising Provider's UCCI ID

Facility NPI

Facility Blue Shield #

Facility Name

Facility Location Address

Facility City

Facility State

Zip

Fields Marked With An Asterisk (*) Are Required

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	Subscriber/Patient	Other Insurance	Services	Summary & Submit
-------	----------	--------------------	-----------------	----------	------------------

Subscriber Information
Subscriber Contract ID* *do not enter special characters (i.e - or /)*
Subscriber's Name
Last* First* Middle
Title

Payer and Provider
Payer Name* Payer Payment Responsibility*
Assignment of Benefits* Release of Information*
Coverage Classification*

Patient Information 
Relationship to Subscriber* 
Patient Account Number* Patient Birth Date*
Patient's Name (if different from Subscriber)
Last First Middle
Patient's Address
Line 1*
Line 2
City*
State*
Zip* Country  *required if outside United States

Attachments 

Attachment Type	Transmission Method	Attachment Control #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment Drop Downs

Attachments

Attachment Type	<input type="text"/>	Transmission Method
Attachment Type	<input type="text"/>	Transmission Method
Attachment Type	<input type="text"/>	Transmission Method
Fields Marked With an Asterisk (*) Are Required		

Attachments

Attachment Type	<input type="text"/>	Transmission Method	<input type="text"/>	Attachment Control #
Attachment Type	<input type="text"/>	Transmission Method	<input type="text"/>	Attachment Control #
Attachment Type	<input type="text"/>	Transmission Method	<input type="text"/>	Attachment Control #
Fields Marked With an Asterisk (*) Are Required				

Other Insurance Tab

Speed eClaim[®][Exit Speed eClaim](#)

Provider Simulation

Claim




Provider

Subscriber/Patient

Other Insurance

Services



Summary & Submit

Other Insurance Information   

Other Insurance Responsibility* Other Insurance Plan Name

Patient's Relationship to Other Insured*


Coverage Classification

Other Insured's Information  *Enter "Other Insurance Effective Date" in the claim notes.* 

Contract ID* Birth Date* Gender*

MM/DD/YYYY

Last Name* First Name* M.I.

Other Insured's Address 


Line 1*


Line 2

City*

State*

Zip * Country

All amounts are in US Dollars 

Payer Paid Amount 

*Fields Marked With an Asterisk (*) Are Required*

For Amounts not Paid by Other Insurance, [Click Here](#)

Additional Insurance

Continue >>

<< Back

Reset


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

Provider Simulation

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
Claim Service Begin Date 04/11/2018		Claim Service End Date 04/11/2018			
<div> <div> Begin Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> <div> End Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> </div>					
<div> <div> Procedure Code * <input type="text" value="D0120"/> </div> <div> # of Services * <input type="text" value="1"/> </div> <div> Charge * \$ <input type="text" value="45.00"/> in US Dollars </div> </div>					
<div> <div> Tooth 1 <input type="text"/> </div> <div> Tooth 2 <input type="text"/> </div> <div> Tooth 3 <input type="text"/> </div> <div> Tooth 4 <input type="text"/> </div> </div>					
<div> <div> Surfaces(s) <input type="text"/> </div> <div> Mouth Area <input type="text"/> </div> </div>					
<div> <div> Initial Placement? <input checked="" type="radio"/> Yes <input type="radio"/> No </div> <div> If No, Date of Prior Placement <input type="text"/> MM/DD/YYYY </div> </div>					
<div> <div>More Info</div> <div>Other Insurance</div> <div>More Teeth</div> </div>					
<div> <div> Begin Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> <div> End Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> </div>					
<div> <div> Procedure Code * <input type="text" value="D1120"/> </div> <div> # of Services * <input type="text" value="1"/> </div> <div> Charge * \$ <input type="text" value="75.00"/> in US Dollars </div> </div>					
<div> <div> Tooth 1 <input type="text"/> </div> <div> Tooth 2 <input type="text"/> </div> <div> Tooth 3 <input type="text"/> </div> <div> Tooth 4 <input type="text"/> </div> </div>					
<div> <div> Surfaces(s) <input type="text"/> </div> <div> Mouth Area <input type="text"/> </div> </div>					
<div> <div> Initial Placement? <input checked="" type="radio"/> Yes <input type="radio"/> No </div> <div> If No, Date of Prior Placement <input type="text"/> MM/DD/YYYY </div> </div>					
<div> <div>More Info</div> <div>Other Insurance</div> <div>More Teeth</div> </div>					
<div> <div> Begin Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> <div> End Service Date <input type="text" value="04/11/2018"/> MM/DD/YYYY </div> </div>					
<div> <div> Procedure Code * <input type="text"/> </div> <div> # of Services * <input type="text" value="1"/> </div> <div> Charge * \$ <input type="text" value="0.00"/> in US Dollars </div> </div>					
<div> <div> Tooth 1 <input type="text"/> </div> <div> Tooth 2 <input type="text"/> </div> <div> Tooth 3 <input type="text"/> </div> <div> Tooth 4 <input type="text"/> </div> </div>					
<div> <div> Surfaces(s) <input type="text"/> </div> <div> Mouth Area <input type="text"/> </div> </div>					
<div> <div> Initial Placement? <input type="radio"/> Yes <input type="radio"/> No </div> <div> If No, Date of Prior Placement <input type="text"/> MM/DD/YYYY </div> </div>					
<div> <div>More Info</div> <div>Other Insurance</div> <div>More Teeth</div> </div>					

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

[Exit Speed eClaim](#)

Provider 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

Expanded Form

Billing Provider	
Last Name / Organization Name :	
Tax ID/ SSN :	
Rendering Provider Last Name :	Billing Provider's NPI :
	Rendering Provider's NPI :

Additional Provider Information

Subscriber/Patient Information[Expanded Form](#)

Subscriber Contract ID :

Subscriber Name

Last :

Middle :

Payer Name :

United Concordia

Assignment of Benefits :

Y

Release of Information :

Y

Relationship to Subscriber :

Self

Gender :

Female

First :

Title :

Payer Payment Responsibility :

Primary

Coverage Classification :

Commercial Insurance Company

Patient Account Number :

aa

Patient Birth Date :

*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**[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

Subscriber/Patient Information

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

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***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

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



[Exit Speed eClaim](#)

Provider Simulation

Claim	Provider	Subscriber/Patient	Other Insurance	Services	Summary & Submit
-------	----------	--------------------	-----------------	----------	-----------------------------

Claim simulation completed successfully.

Checks for claims approved by Thursday 5:00pm EST will be mailed by Saturday

[Printer Friendly Version](#)

New Claim for same Provider:
☒ Yes ☐ No

New Claim for same Subscriber:
☐ Yes ☒ No

Add a Date of Service to a Predetermination

MyDentalCoverage

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

For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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



Add a Date of Service to a Predetermination

1 Add a Date of Service → 2 Review & Submit → 3 Confirmation

Enter the claim number below [? 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."

Must be an 11-digit number

- Add a date of service to predeterminations

Benefits
Claims Status 2 RECENT
Ortho Treatment
Procedure Allowance + related procedure lookup info
Procedure #
Lookup

View Full Schedule of Allowances

Patient Claims

View Past 12 Months Search

Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
--	17789368032	001741346	\$900.00	--	PRE-D	Add Date of Service
10/12/2017	17286222914	001741346	\$145.00	\$107.00	Paid	View Details

+ View Code Descriptions

Back to My Patients' Benefits
Sign Out

Add a Date of Service to a Predetermination

1 Add a Date of Service → 2 Review & Submit → 3 Confirmation

DOB
Member ID

Claim
Pre-D
Predetermination Valid Through: 10/30/2018

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.

You can add the same date of service for all procedures by entering the date below, then Apply to All. If procedures were performed on different dates, enter the date(s) of service on each line.

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	P1	\$407.50	C1		F0	37	\$0.00	\$900.00	\$815.00	\$407.50

Review & Submit

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

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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

Requirements (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)

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number ?

11-Digit Number

Search

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-Rays to a Rejected Claim

1 Add X-rays → 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 © American Dental Association

Add attachment(s)

From Computer

Electronic Attachment #

Drag and drop files here...

Or select files...

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

Browse...

Review & Submit

Exit

53

Highlight up to 5 files, then select *Open*

Folder view showing a list of files. A red arrow points to the selected files, indicating the instruction: "Highlight one or up to 5 files".

Name	Date modified	Type	Size
837OBDailyFileMar22.txt	3/23/2018 1:28 PM	Text Document	9,008 KB
ACD WR201800353 Provider Attachments...	9/25/2018 9:20 AM	MHTML Document	1,806 KB
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
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
xDHMO logo.pdf	6/6/2017 8:07 AM	Adobe Acrobat D...	131 KB
xray1 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray2 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray3 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray4 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB
xray5 042319.jpg	4/23/2019 10:19 AM	JPG File	61 KB

File name: "xray3 042319.jpg" "xray1 042319.jpg" "xray2 042319.jpg" All Files (*.*)

Open

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

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

File name: "xray3 042319.jpg" "xray1 042319.jpg" "xray2 042319.jpg"

Max 5 attachment

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number

DOB Member ID

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 © American Dental Association

Add attachment(s)

Drag and drop files here...

Or select files...

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


The images will display.


*Click on the  Trashcan to delete the file and the  Magnifier to view.

[Sign Out](#)

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number 

 [Search](#)

DOB

Member ID

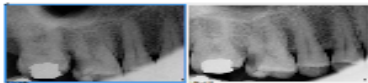


Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
	D2750	C8000	20		\$921.00
	D2954	C8002	20		\$275.00
	D2750	C8000	21		\$921.00
	D2954	C8002	21		\$275.00

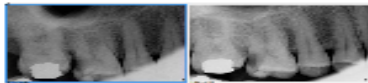


Current Dental Terminology © American Dental Association

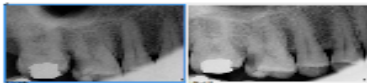


Add attachment(s)

From Computer

[Electronic Attachment #](#)


xray1 042319.jpg
Attachment Type
[X-ray](#)


xray2 042319.jpg
Attachment Type
[X-ray](#)


xray3 042319.jpg
Attachment Type
[X-ray](#)

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 → 2 Review & Submit → 3 Confirmation

Claim Number

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

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Add attachment(s)

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 Attachment #	Attachment Type
example123	X-ray
<input type="text" value="example456"/>	<input type="text" value="X-ray"/> <input type="button" value="Add"/>

A maximum of five attachment ids can be added.

Select *Review and Submit* to view the summary.

*The names of the files and the keyed attachment ids will display.

Sign Out

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Are you sure you want to submit a new claim?
Once submitted, your new claim will go through our claims review process.

Date of Service	Prog. 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

Attachment(s)

- xray1 042319.jpg
- xray2 042319.jpg
- xray3 042319.jpg
- example123
- example456

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 this 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.

IL: 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, & MI: 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.

IN & 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 & OH: **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.

NY: 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.

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Submit

Previous

Exit

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Select *Submit* to create the new claim.

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DENTAL

Sign Out

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Your new Claim # [REDACTED] is pending review.
Please print a copy for your records.

Claim # [REDACTED]

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
04/01/2019	D2750	C8000	05		\$500.00
04/01/2019	D7241	C8000	0J		\$200.00

Attachment(s)

- xray 042319.jpg
- 123abc

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Done

Print

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DENTAL

Privacy | Disclaimers | Fraud | SMS Texting

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Select *DONE* to start a new search.

[Sign Out](#)

Add X-Rays to a Rejected Claim

1 Add X-rays → 2 Review & Submit → 3 Confirmation

Claim Number ?

Search

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How to add an Xray via My Patients' Benefits

*Select the *Claim Status* tab

MyPatients'Benefits

Office/Provider Name


Member ID


Date of Birth

Search


Clear

You have 1 recent claim(s) available to view


In-Network Dentist

Your Network 

NATIONAL FEE FOR SERVICE

Group Network 

ADVANTAGE PLUS

Dental Plan
DENTAL PREFERRED PROVIDER PROGRAM-PPO

Group / ID

HIGHMARK INC / 252895000

Covered Members

FAMILY

Carrier Type

UNITED
CONCORDIA - FEE FOR SERVICE

Service Type

DENTAL CARE

Policyholder

Mailing Address

Select Member 4

All information retrieved on 03/11/2021

ACTIVE

Member ID

DOB

Age

Gender

Relationship SELF

Coverage Effective

01/01/2005 - Present | [Check Past](#)

Member has a qualified medical condition reported?

No

Service History Snapshot

What does this include? 

Tooth

Filter

Clear



Print

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

Benefits

Claims Status 1 RECENT


Ortho Treatment Plan

Procedure Allowance
+ related procedure lookup info

Procedure #



Lookup



*The  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	
IN PROCESS	102132578226	583337	\$95.00	\$128.50	Pending	
Attachment was recently added to this line		102132578228	\$128.32	--	Rejected ?	 
		102132578225	\$166.00	\$66.00	Paid	
+ View Code Descriptions						

Re-selecting the attachment icon will display a message indicating the claim is being processed

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

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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

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:

STEP 1 - Request PIN

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)

☒ National Provider Identifier (NPI) associated to the TIN or 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 :

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.

11

65

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*

The screenshot displays the 'Electronic Funds Transfer' portal. At the top, there is a header with the title 'Electronic Funds Transfer'. Below the header, there are two input fields: 'User ID:' and 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)'. The 'Provider' field has a dropdown menu with 'National Provider Identifier (NPI) associated to the TIN or EIN' selected. Below these fields is a section titled 'Enter your PIN to Manage EFT Accounts'. This section contains two steps: 'STEP #1: You requested a PIN on 03/16/2021. Your PIN Letter should arrive on or about 03/26/2021.' and 'If you have received your letter, please enter your PIN below.' Below this, 'STEP #2: Enter PIN' is followed by a PIN input field. Two red arrows point to the 'Cancel' and 'Continue' buttons below the PIN field. To the right of the PIN entry section, there is a 'Questions about the PIN letter and your PIN' section with several Q&A pairs.

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

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.

STEP #2: Enter PIN

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.

Cancel

I Accept

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

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

Add/Edit Financial Institution Information			Remove Financial Institution Information			Printer Friendly
<input type="checkbox"/>	Provider Name	Provider Identifier	Financial Institution Name	Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution
<input type="checkbox"/>	Clean Teeth Dental	123456				
<input type="checkbox"/>	Endocrine (Endocrine)					
<input type="checkbox"/>	Endocrine (Endocrine)					
<input type="checkbox"/>	Endocrine (Endocrine)					
<input type="checkbox"/>	Endocrine (Endocrine)					
<input type="checkbox"/>	Endocrine (Endocrine)					
<input type="checkbox"/>	Endocrine (Endocrine)					

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.

To setup an account: 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

2

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

99999999

4

Institution:

Retype Provider's Account Number with

99999999

5

Financial Institution:

6

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

Review information and select Finalize if correct.

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:

Cancel

Go Back To Change the Financial Institution Information

Finalize



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

Electronic Funds Transfer

User ID: tenvtst1

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

Confirm Financial Institution Information

[Printer Friendly](#)

The provider listed below was updated with the following information.

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

i

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)

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

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 [REDACTED]



Add/Edit Financial Institution Information

Remove Financial Institution Information

Printer Friendly

<input type="checkbox"/>	Provider Name	Provider Identifier	Financial Institution Name	Financial Institution Routing Number	Type of Account at Financial Institution	Provider's Account Number with Financial Institution	
<input type="checkbox"/>	Clean Teeth Dental	123456	FIRST COMMONWEALTH BANK	043306826	Checking	99999999	^
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

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



The provider listed below was updated with the following information.

Provider Number: [REDACTED]

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

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed eClaim®](#), 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

Schedule of Allowances

Dentist's name is listed here

Your Participating Networks:

- DENTAL BLUE (PPP) 
-  
-  

Available schedules will be listed here based on the networks the dentist participates with.

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?