

Add attachments to a rejected claim

A step-by-step guide



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MyDentalCoverage

Once you've reached the **login page**, click on the Add Attachments to a Rejected Claim link, and type your username and password created during the registration process. You can log in from the main landing page or from the Dentists section of the website.

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 Attachments to a Rejected Claim](#)
Upload attachments to select rejected claims.

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

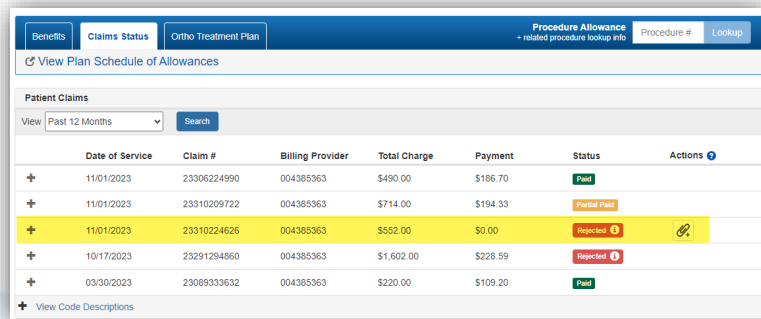
Password [Show](#)

[Sign In](#)

[Create an Account](#)
[Forgot Password?](#)
[Forgot Username?](#)

Application information and eligibility

PPA (Provider Portal Attachments) is an application housed within MyDentalCoverage. The application allows providers to add attachments to rejected claims missing supporting documentation (claim must be in history). As of January 20, 2024, PPA allows attachment types for claims rejecting on suspensions beginning with A, T, and E due to missing supporting documentation.



	Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
+	11/01/2023	23306224990	004385363	\$490.00	\$186.70	Paid	
+	11/01/2023	23310209722	004385363	\$714.00	\$194.33	Partial Paid	
+	11/01/2023	23310224626	004385363	\$552.00	\$0.00	Rejected	
+	10/17/2023	23291294860	004385363	\$1,602.00	\$228.59	Rejected	
+	03/30/2023	23089333632	004385363	\$220.00	\$109.20	Paid	

Eligibility

- Payment, predeterminations, specialty care, encounter, FEP, and mixed line types
- C, A, T, E rejection on at least one line
- Not previously adjusted/voided
- Attachments can only be submitted once per claim
- Maximum of 10 attachments can be added: 5 attachment IDs can be keyed and 5 physically attached
- Files with the following extensions can be attached: jpg, gif, png, tif, bmp, pdf

Enter the 11-digit rejected Claim Number and then click Search.

The screenshot shows the United Concordia Dental web interface. At the top left is the logo "UNITED CONCORDIA DENTAL". At the top right is a "Sign Out" link. The main heading is "Add X-Rays to a Rejected Claim". Below this is a progress bar with three steps: "1 Add X-rays", "2 Review & Submit", and "3 Confirmation". The "Add X-rays" step is currently active. Below the progress bar is a "Claim Number" label with a question mark icon. A search input field contains the number "21267208400" and has a clear "x" button. To the right of the input field is a blue "Search" button. At the bottom of the page, the United Concordia Dental logo is repeated on the left, and on the right are links for "Privacy", "Disclaimers", "Fraud", and "SMS Texting", along with the copyright notice "Copyright © 2021 United Concordia Companies, Inc. All Rights Reserved."

The search will return the claim that was entered. An X-ray can only be added to claims that rejected and display a C, A, T, or E Rejection Code.

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

Claim Number ⓘ

21267208400 ✕ Search

DOB 07/06/1967 Member ID [REDACTED]

Claim 21267208400

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
09/02/2021	D2750	C8000	30		\$225.00

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Add attachment(s)

From Computer [Electronic Attachment #](#)

Drag and drop files here...

Or select files... [Browse...](#)

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

[Review & Submit](#) [Exit](#)

Sign Out

Add Attachments to a Rejected Claim

1 Add Attachments → 2 Review & Submit → 3 Confirmation

Claim Number ⓘ

23310224626 ✕ Search

DOB [REDACTED] Member ID [REDACTED]

Claim 23310224626

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
11/01/2023	D4342	A8237	UL14		\$235.00
11/01/2023	D4341	A8237	LL		\$317.00

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Add Attachment(s) - A maximum of five(5) attachments can be added.

[Upload From Computer](#) [Add Electronic Attachment Number](#)

Accepted file types: jpg, gif, png, tif, bmp, or pdf. (Max 8mb file size each)

On this screen, there is a tab under the Add Attachment section to add an attachment from your computer. An attachment can be added by simply dragging and dropping a file from your computer or it can be added by selecting Browse to search and select your file on your computer. A maximum of 5 attachments can be uploaded. The files types accepted are listed on this slide and under the upload box as a reminder. Each file uploaded cannot exceed 8 megabytes. Once uploaded, click the Review & Submit button.

DOB 07/06/1967 Member ID [REDACTED]


Claim 21267208400

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
09/02/2021	D2750	C8000	30		\$225.00



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Add attachment(s)

From Computer [Electronic Attachment #](#)



__Untitled__.pdf

Attachment Type X-ray  

__Untitled__.pdf  [Browse...](#)

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

[Review & Submit](#) [Exit](#)

If your files are stored on a vendor website, you may also upload X-rays by entering an Electronic Attachment number. This feature will accept attachment numbers from many of the commonly used vendors, such as NEA, Vyne, and Dental xChange. Enter the Electronic Attachment number in the field provided and select the Attachment Type from the drop-down menu. Then click the Add button. Please note that a maximum of 5 attachment IDs can be added. Finally, click Review & Submit.

07/06/1967

Claim 21267208400

Date of Service	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
09/02/2021	D2750	C8000	30		\$225.00

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Add attachment(s)

[From Computer](#)

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	
<input type="text" value="ex: ABC123456789"/>	<input type="text" value="X-ray"/>	<input type="button" value="Add"/>

A maximum of five attachment ids can be added.

In this step you will verify the attachment information is correct and click the Submit button to initiate the claims review process.

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	Proc. Code	Rejection Code	Tooth	Surface	Provider Charge
09/02/2021	D2750	C8000	30		\$225.00

Attachment(s)

- NEA123456

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.

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.

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