



# Dental Office Toolkit

Online tools to help you manage your  
patients and your practice



## Immediate, secure patient information and more!

The Dental Office Toolkit (DOT) is your secure portal for Delta Dental of Nebraska. You will be able to view patient information, get a pre-treatment estimate, enter claims and review your submitted claims. With DOT, submitting claims is free and most claims process instantly, even while the patient is still at the dental office. The toolkit is easy to use, and there is extensive online help.

## **This toolkit includes information on:**

I.	Registering for Dental Office Toolkit (DOT).....	1
II.	Signing on to DOT .....	2
III.	Viewing Patient Information.....	3
IV.	Benefit Information .....	4
V.	Adding a Claim or Pre-Treatment Estimate .....	5
VI.	Submitting a Claim with Coordination of Benefits (COB) .....	6
VII.	Submitting an Orthodontic Claim .....	6
VIII.	Submitting a Claim with Special Patient Information.....	7
IX.	Understanding Pre-Treatment Estimate Pricing.....	7
X.	Locating a Claim.....	8
XI.	Working with a Pending Claim or Pre-Treatment Estimate .....	9
XII.	Submitting a Pre-Treatment Estimate for Payment.....	10
XIII.	Viewing the Activity Log.....	11
XIV.	Activity Log—Electronic Funds Transfer (EFT) .....	11
XV.	Activity Log—Processed Pre-Treatments.....	12
XVI.	Activity Log—Information Requests.....	12
XVII.	Dealing with Information Requests.....	13
XVIII.	Viewing Claim Payment Information from the EFT Screen.....	13
XIX.	Changing Your Password .....	14
XX.	Resetting Your Password .....	14
XXI.	Changing Your Email Address .....	15
XXII.	Changing Your Secret Question and Answer .....	15
XXIII.	Contact Us .....	16

We hope you find this information helpful. If you have any questions that the toolkit does not answer, please contact Provider Support at 866-524-1134.

# I. Registering for Dental Office Toolkit (DOT)

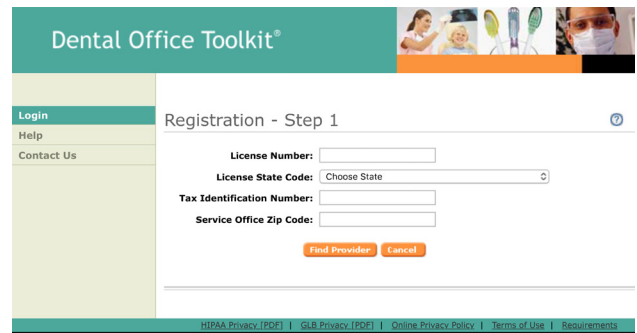
*\*\*Please note: Delta Dental of Nebraska offered use of the Dental Office Toolkit (DOT) last year to providers who treat patients insured through our Individual and Family Plans. If you have already registered for the DOT you do not need to re-register. \*\**

## Registration Step 1

Enter or select information in the following fields:

- **License Number**—Enter your *License Number* in this field.
- **License State Code**—Select the state in which your license was issued.
- **Tax Identification Number**—Enter the *Tax Identification Number* for your business.
- **Service Office ZIP Code**—Enter your *Service Office ZIP Code*.

Click the **Find Provider** button.

The screenshot shows the 'Dental Office Toolkit' registration interface. On the left is a navigation menu with 'Login', 'Help', and 'Contact Us'. The main area is titled 'Registration - Step 1' and contains four input fields: 'License Number', 'License State Code' (a dropdown menu), 'Tax Identification Number', and 'Service Office Zip Code'. Below these fields are two buttons: 'Find Provider' and 'Cancel'. At the bottom of the page, there is a footer with links for 'HIPAA Privacy (PDF)', 'GLB Privacy (PDF)', 'Online Privacy Policy', 'Terms of Use', and 'Requirements'. The top right of the page features a banner with images of dental professionals and patients.

## Registration Step 2

- Enter a username of 5-15 numbers and/or letters in the *Create User ID* box.
- Enter a password in the *Password* box. Your password must be 8-15 characters, at least one of which must be a number.
- Re-type the password in the *Confirm Password* box.
- Enter your email address in the *Email Address* box, then re-type it in the *Confirm Email Address* box.

**Important:** Confirmation codes are required when registering for the DOT. Be sure to use the advertised office email address to complete the registration process, where a registration code will be emailed. If this email does not match, or we do not have an email address on file for your office, the authorization code will be mailed via the US Postal Service to your business office address. When you have the code, you will have access to the portal.

If you need assistance logging in to the DOT, please call the following number:  
**866-356-0301**, and identify yourself as a provider.

- Select an option under *Secret Question*. This question and the corresponding answer are used to verify your identity if you forget or want to change your password.
  - Enter the answer to the selected question in the *Secret Answer* box.
  - Click the **Register** button. If the username you entered is already being used by someone else, or if a security requirement for your password has not been met (e.g., your password does not include numbers or your username is not long enough), an error message will display at the top of the screen. If this happens, enter a new username or password and click the **Register** button again. It may take a few tries to get a unique username or secure password.
1. The *Registration Complete* screen appears, displaying the information for your new account. Click on the **Please click here to log in** link.
  2. The *Dental Office Toolkit Login* screen appears. You will need to log in again with your username and password. The dentist homepage will appear.




## II. Signing on to DOT

Log in with your username and password.  
The homepage will appear.

1. If necessary, select the appropriate license/service office combination in the drop-down field under the provider information on the right of the screen. For group practices, select the correct treating provider by license number. Before adding a claim, **verify that the desired license and service office combination is selected on the *Selected Office Details* screen.** The provider will not be able to view claims, etc. if an incorrect license and service office combination is selected.
2. From the menu on the left, you may elect to:
  - View patient information
  - Enter claims
  - Find and review your submitted claims

# Dental Office Toolkit®



Welcome: First Last [Logout](#)

SELECTED SERVICE OFFICE: 0000 - 0000000000 - 111 Street, Town, NE, 68007-0000

**Toolkit Home**

- **Selected Office Details**
- Patient Info / Enter Claims
- Search
- Activity Log
- Forms

**Direct Deposit**

**Profile**

**Help**

**Contact Us**

## Welcome to Dental Office Toolkit

Service Office Details	Payment Method
First Last 111 Street Town, NE, 68007-0000 US	Paper Check

License Number: 0001  
NPI Type1: 000000001  
Tax ID: 00000001

**Select service office**

0000 - 0000000000 - 111 Street, Town, NE, 68007-0000

## Dental Office Toolkit Announcements

**03/26/2015 - MEDICARE PART D**

**IMPORTANT:** To ensure that patients with Part D drug plans receive reimbursement from Medicare for prescriptions, dentists must either opt in or opt out of the Medicare program. Opting out may impact your participation status with Delta Dental. Elections should be made before **January 1, 2019**. Learn more at: <http://success.ada.org/en/regulatory-legal/medicare/>.

**03/17/2011 - BACK BUTTON**

Do not use the "Back" button in the upper left-hand corner of your browser screen. Please use the buttons provided in Dental Office Toolkit to navigate back to a page. Using the browser back button may cause incorrect data to display.


### III. Viewing Patient Information

To view claims history for the whole family, view benefits, add a claim, or add a family member:

1. Select **Patient Info/Enter Claims** from the menu on the left.
2. Enter the patient's *Member ID*.
3. The *Subscriber Information* screen appears, listing subscriber information, member information and benefit information.
4. Click the **Get Member Info** button.

The *Subscriber Information* screen contains the following information for each family member associated with the member shown in the *Member Information* section:

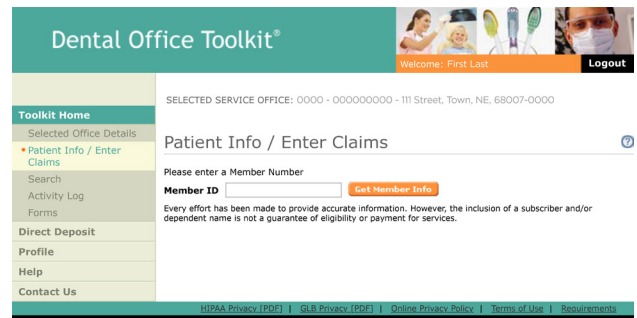
- **Patient Name and Birthday**
- **Relationship**—The relationship of this member to the subscriber
- **Eligible**—Whether or not the person is eligible. The explanations below are displayed when you mouse over the member status:
  - **Active**—Patient is currently eligible
  - **Inactive**—Patient is not currently eligible
  - **Pending**—Eligibility must be confirmed with customer service
  - **Overage**—Patient is over the age limit for eligibility

To view benefits for a person—click on the . See **View Benefits** for additional information.

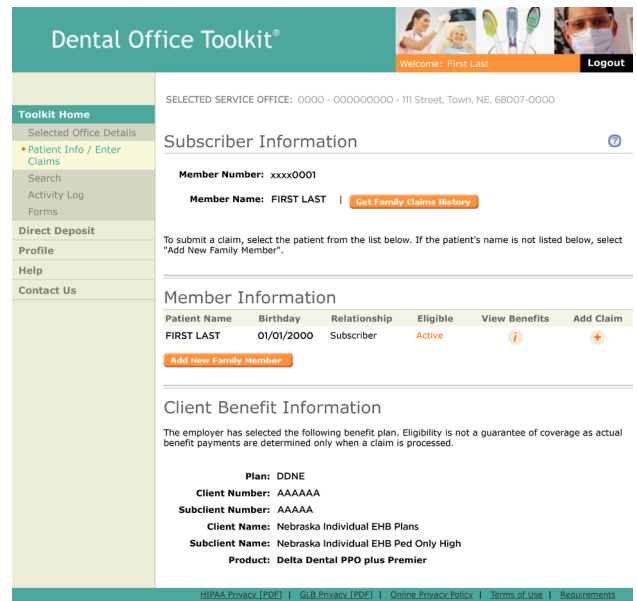
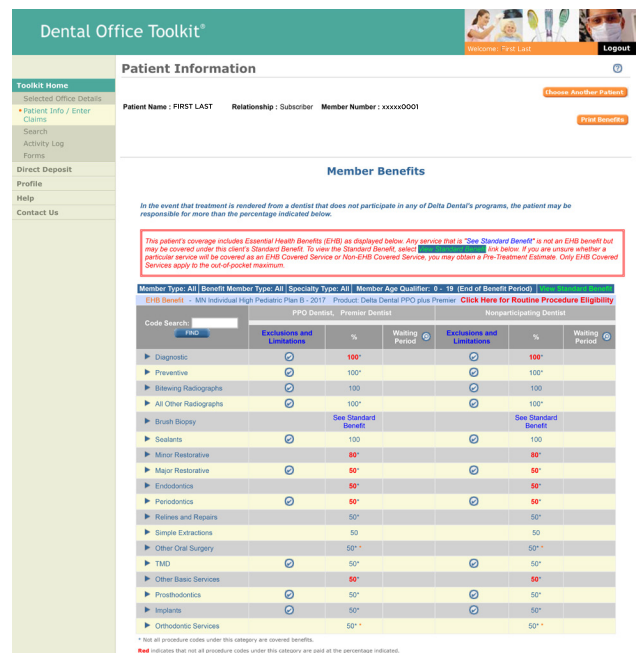
To add a claim for a person—click on the . See **Adding a claim or pre-treatment** for more information.

To view claims history for the whole family, view benefits, add a claim, or add a family member:

1. Select the *Patient Information/Enter Claims* screen.
2. Enter the patient's *Member ID*.
3. Click the **Get Member Info** button.
4. The *Patient Information/Enter Claims* screen appears, listing subscriber information, member information, group benefit information, and view family history.



To obtain eligibility and benefit information, fill in the member ID / Social Security number.

## IV. Benefit Information

The *Patient Information* screen contains information on benefit levels, waiting periods and rules, followed by maximums and deductibles, orthodontic age limits, and Coordination of Benefits (COB) information, if the benefit program includes those. Benefits are subject to client contract limitations, exclusions and Delta Dental of Nebraska processing policies.

### Benefit Levels:

For easy reference, benefit levels, waiting periods and rules are assigned to several standard categories. These categories in turn contain subcategories, and within these, individual procedures or services.

- To expand a category or subcategory, click on the ►
- To collapse it again, click on the ▼

Benefits may also vary by provider network. If so, the information is displayed for each network.

You can also use the *Code Search* feature to find benefit information for a specific procedure code or service. Enter the procedure code and click the **Find** button to jump to benefit information for that code.

Dental Office Toolkit®

Welcome: First LastLogout

ToolKit Home

Selected Office Details

• Patient Info / Enter Claims

Search

Activity Log

Forms

Direct Deposit

Profile

Help

Contact Us

Patient Information

Patient Name : FIRST LAST Relationship : Subscriber Member Number : xxxxx0001

Choose Another Patient

Print Benefits

Member Benefits

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

This patient's coverage includes Essential Health Benefits (EHB) as displayed below. Any service that is "See Standard Benefit" is not an EHB benefit but may be covered under this client's Standard Benefit. To view the Standard Benefit, select link below. If you are unsure whether a particular service will be covered as an EHB Covered Service or Non-EHB Covered Service, you may obtain a Pre-Treatment Estimate. Only EHB Covered Services apply to the out-of-pocket maximum.

Member Type: All | Benefit Member Type: All | Specialty Type: All | Member Age Qualifier: 0 - 19 (End of Benefit Period) | View Network Legend

EHB Benefit - MN Individual High Pediatric Plan B - 2017 Product: Delta Dental PPO plus Premier Click Here for Routine Procedure Eligibility

Code Search: FND	PPO Dentist, Premier Dentist			Nonparticipating Dentist		
	Exclusions and Limitations	%	Waiting Period	Exclusions and Limitations	%	Waiting Period
▶ Diagnostic	✓	100*		✓	100*	
▶ Preventive	✓	100*		✓	100*	
▶ Bitewing Radiographs	✓	100		✓	100	
▶ All Other Radiographs	✓	100*		✓	100*	
▶ Brush Biopsy		See Standard Benefit			See Standard Benefit	
▶ Sealants	✓	100		✓	100	
▶ Minor Restorative		80*			80*	
▶ Major Restorative	✓	50*		✓	50*	
▶ Endodontics		50*			50*	
▶ Periodontics	✓	50*		✓	50*	
▶ Relines and Repairs		50*			50*	
▶ Simple Extractions		50			50	
▶ Other Oral Surgery		50* *			50* *	
▶ TMD	✓	50*		✓	50*	
▶ Other Basic Services		50*			50*	
▶ Prosthodontics	✓	50*		✓	50*	
▶ Implants	✓	50*		✓	50*	
▶ Orthodontic Services		50* *			50* *	

\* Not all procedure codes under this category are covered benefits.

Red indicates that not all procedure codes under this category are paid at the percentage indicated.

Click on ► to expand a category/subcategory to view.


Optional - An allowance may be made based on the fee for the customarily provided service. The patient will be responsible for the difference in cost for any optional treatment.

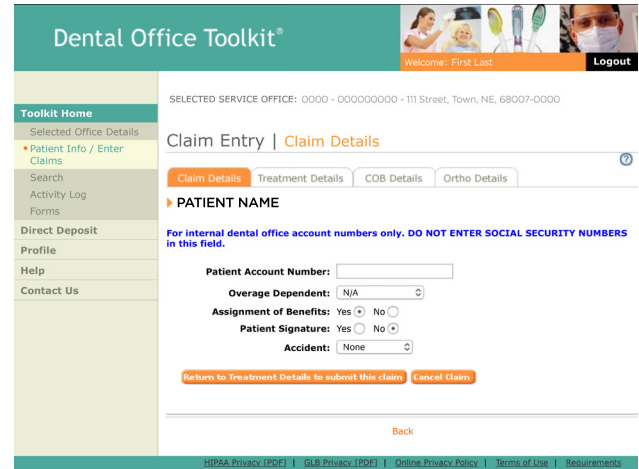
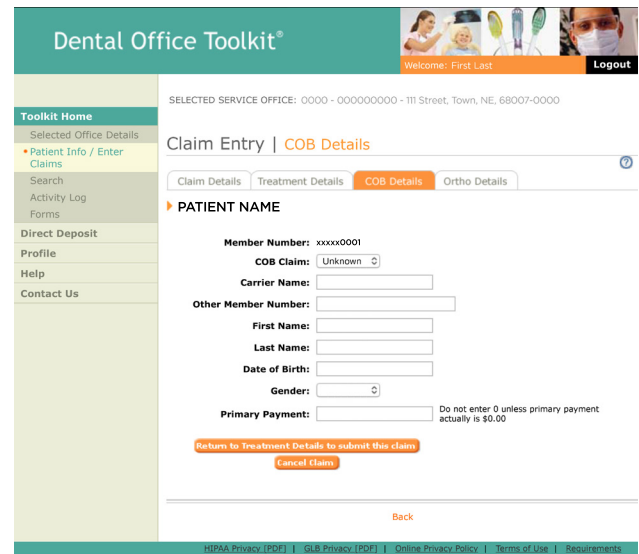
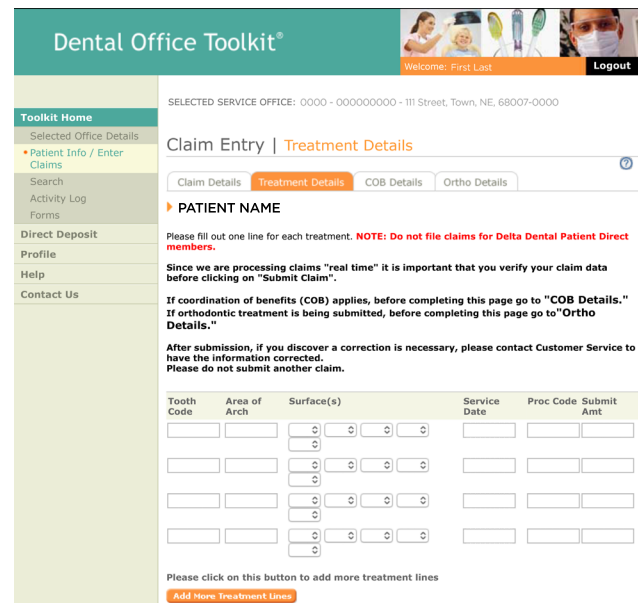
\* Services in this category require medical necessity.

Orange indicates service is only payable if medically necessary.

## V. Adding a Claim or Pre-Treatment Estimate

Before adding a claim, **verify that the desired license and service office combination is selected on the *Selected Office Details* screen.** You can verify this information by clicking the **Selected Office Details** button. This will display the provider and office information. If you have multiple offices, select the appropriate option in the drop-down field. The service offices are listed by the license number of the provider and the ZIP code of the office's location.

1. On the *Subscriber Information* screen, click the  button for the appropriate patient.
2. If necessary, enter additional information on the other tabs:
  - **COB Details**—To add coordination of benefits (COB) information, see **Submitting a claim with coordination of benefits**.
  - **Ortho Details**—To add orthodontic information, see **Submitting an orthodontic claim**.
3. When all appropriate claim information has been entered, return to the **Treatment Details** tab to continue. You can:
  - Submit the claim for processing by selecting the **Submit Claim** button. The *Claim Payment Statement* screen (or *Pre-treatment* screen, if appropriate) appears, displaying a summary of the entered claim information. Once a claim is submitted it cannot be modified or canceled through DOT. If you pend a claim, it will be available for modifying or canceling until it is submitted. Please call customer service if a change is needed after the claim is submitted.
  - Pend the claim for later editing by selecting the **Pend Claim** button. For a pending claim, the *Claim Summary* screen appears. See **Working with a pending claim** for more information.
  - Cancel the claim by clicking on the **Cancel** button.
  - Once you submit a claim, you cannot edit or cancel it. If you pend a claim, it will be available for modifying or canceling until it is submitted. Please call customer service if a change is needed.

## VI. Submitting a Claim with Coordination of Benefits

If, while adding a claim or pre-treatment estimate, coordination of benefits information needs to be added:

1. Click the **COB Details** tab at the top of the *Claim Entry—Treatment Details* screen.
2. Enter the name of the patient's other carrier in the *Carrier Name* field.
3. Enter the member/account number, name, and birth date of the subscriber for the other coverage in the *Other Member Number*, *First Name*, *Last Name*, and *Date of Birth* fields.
4. If this carrier has already made a primary payment (or determined its liability to be \$0) on this claim, enter the payment amount in the *Primary Payment* field. (Leave blank if primary payment is unknown.)
5. Return to the treatment details information by clicking the **Treatment Details** link, or click on another tab to add other types of information for this claim. Clicking **Cancel Claim** will cancel all claim information that has been entered.

The screenshot shows the 'Dental Office Toolkit' interface. The top navigation bar includes 'Toolkit Home', 'Selected Office Details', 'Patient Info / Enter Claims', 'Search', 'Activity Log', 'Forms', 'Direct Deposit', 'Profile', 'Help', and 'Contact Us'. The main content area is titled 'Claim Entry | COB Details'. It features a sidebar with tabs: 'Claim Details', 'Treatment Details', 'COB Details' (selected), and 'Ortho Details'. The 'COB Details' section is titled 'PATIENT NAME' and contains the following fields: 'Member Number' (xxxx0001), 'COB Claim' (Unknown), 'Carrier Name' (text input), 'Other Member Number' (text input), 'First Name' (text input), 'Last Name' (text input), 'Date of Birth' (text input), 'Gender' (dropdown), and 'Primary Payment' (text input). A note states: 'Do not enter 0 unless primary payment actually is \$0.00'. At the bottom, there are buttons for 'Return to Treatment Details to submit this claim' and 'Cancel Claim', and a 'Back' link.

*If coordination of benefits applies, fill in and go back to treatment details to complete and submit the claim.*

## VII. Submitting an Orthodontic Claim

If you are submitting a claim or pre-treatment estimate that includes orthodontic procedures (codes 8000–8999), you must record additional information on the **Ortho Details** tab of the *Claims Entry* screen.

1. Click **Yes** for *Orthodontic Treatment*.
2. If the orthodontic appliance has already been placed, enter the placement date in the *Ortho. Date Placed* field in the format mm/dd/yyyy.
3. Enter the *Number of Active Months* in the treatment plan, not remaining months of treatment.
4. Return to the *Claim Entry—Treatment Details* screen by clicking the **Return to Treatment Details** link, or click on another tab to add other types of information.

The screenshot shows the 'Dental Office Toolkit' interface. The top navigation bar includes 'Toolkit Home', 'Selected Office Details', 'Patient Info / Enter Claims', 'Search', 'Activity Log', 'Forms', 'Direct Deposit', 'Profile', 'Help', and 'Contact Us'. The main content area is titled 'Claim Entry | Ortho Details'. It features a sidebar with tabs: 'Claim Details', 'Treatment Details', 'COB Details', and 'Ortho Details' (selected). The 'Ortho Details' section is titled 'PATIENT NAME' and contains the following fields: 'Member Number' (xxxx0001), 'Orthodontic Treatment' (Yes/No radio buttons), 'Ortho. Date Placed' (text input), and 'Number of Active Months' (text input). At the bottom, there are buttons for 'Return to Treatment Details to submit this claim' and 'Cancel Claim', and a 'Back' link.



## VIII. Submitting a Claim with Special Patient Information

If, while adding a claim or pre-treatment estimate, special details (such as an overage dependent or an accident resulting in needed dental care), need to be added to the patient information:

1. Click the **Claim Details** tab at the top of the claim. The *Claim Details information* is revealed.
  - **Overage Dependent**—If the patient is a dependent and over the child age limit, select the appropriate type of overage dependent see **Viewing member eligibility and benefits**.
  - **Accident**—If the treatment is required because of an accident that may be covered by another form of insurance, select the appropriate type of accident (*automobile, employment, other, or none*. The default is *none*).
2. When finished, click the **Return to Treatment Details to submit this claim** link.

The screenshot shows the 'Dental Office Toolkit' interface. The top navigation bar includes 'Welcome: First Last' and a 'Logout' button. The left sidebar contains a 'Toolkit Home' menu with options: 'Selected Office Details', 'Patient Info / Enter Claims', 'Search', 'Activity Log', 'Forms', 'Direct Deposit', 'Profile', 'Help', and 'Contact Us'. The main content area is titled 'Claim Entry | Claim Details' and has tabs for 'Claim Details', 'Treatment Details', 'COB Details', and 'Ortho Details'. The 'Claim Details' tab is active, showing a form for 'PATIENT NAME'. The form includes fields for 'Patient Account Number', 'Overage Dependent' (with a dropdown menu), 'Assignment of Benefits' (Yes/No radio buttons), 'Patient Signature' (Yes/No radio buttons), and 'Accident' (with a dropdown menu). Below the form are buttons for 'Return to Treatment Details to submit this claim' and 'Cancel Claim'. At the bottom, there is a 'Back' button and a footer with links for 'HIPAA Privacy (PDF)', 'GLB Privacy (PDF)', 'Online Privacy Policy', 'Terms of Use', and 'Requirements'.

## IX. Understanding Pre-Treatment Estimate Pricing

A pre-treatment estimate (PDE) is used to estimate a patient's expected benefit coverage before the procedures are performed. Pre-treatment estimates are submitted just like any other claim except the service date for pre-treatment lines are left blank. A claim may contain both in-for-pay and pre-treatment claim lines. Benefits, as well as fees and other time-sensitive attributes for claim lines without a date of service, are determined as if the service date were the date the pre-treatment estimate is processed.

After the pre-treatment estimate has been submitted it can be re-submitted as a pre-treatment in for pay (PDIFP). The outcome of the PDIFP may be different from the outcome of the original pre-treatment estimate, due to any changes in member benefits, etc., that may have occurred since the PDE was processed. Any changes to the claim information may also result in a different outcome. Therefore, the pre-treatment estimate is not guaranteed; it is an estimate only, based on current data.

The screenshot shows the 'Dental Office Toolkit' interface for a 'Pre-treatment Estimate'. The top navigation bar includes 'Welcome: First Last' and a 'Logout' button. The left sidebar contains a 'Toolkit Home' menu with options: 'Selected Office Details', 'Patient Info / Enter Claims', 'Search', 'Activity Log', 'Forms', 'Direct Deposit', 'Profile', 'Help', and 'Contact Us'. The main content area is titled 'Pre-treatment Estimate' and has tabs for 'Patient Information', 'Treatment Details', 'COB Details', and 'Ortho Details'. The 'Patient Information' tab is active, showing a form for 'PATIENT NAME'. The form includes fields for 'Patient Account Number', 'Patient Name', 'Date of Birth', 'Relationship Code', 'Subscriber Name', 'Dentist', 'License Number', 'Dentist TIN', 'Specialty', and 'Other Carrier'. Below the form are buttons for 'Cancel Claim' and 'Select Cancel Claim Reason'. The bottom section of the form contains a table for 'Treatment Details' with columns for 'Line', 'Date of Service', 'Procedure Code', 'Description', 'Status', and 'Amount'. The table is currently empty. At the bottom, there is a 'Submit for Payment' button and a 'Back' button. A footer note states: 'For questions on this claim, please contact Customer Service.' The footer also includes links for 'HIPAA Privacy (PDF)', 'GLB Privacy (PDF)', 'Online Privacy Policy', 'Terms of Use', and 'Requirements'.



## X. Locating a Claim

You can locate a claim by *claim type*, *date*, *member number*, and/or *claim number*. To locate a claim:

1. Click **Search**.
2. Select or enter information for one or more of the following fields:
  - **Claim Number**—Enter the *claim number*. If using this field, you do not need to enter information in the other fields.
  - **Include**—Select the type of claims you would like to locate: *claims* (the default), *claim payments*, *information requests*, *pre-treatments*, or *claims pending submission*.
  - Search date range cannot exceed 90 days.
  - **Member Number**—Enter the member number associated with the claim(s). In most cases, the member number is the same as the subscriber's Social Security number. A few groups have elected to assign their own identification numbers to their members; if this is your case, use that assigned number.
3. Click the **Search** button.
4. The claim search results appear at the bottom of the screen. Click the **claim number** of the desired claim to view *claim payment information* (or, if a pending claim, see **Working with a pending claim**).  
When the claim type selected is claim payments, only *Start Date* and *End Date* are available.

# Dental Office Toolkit®

Welcome: First Last

Logout

SELECTED SERVICE OFFICE: 0000 - 0000000000 - 111 Street, Town, NE, 68007-0000

## Search

\* indicates required field

Enter your search criteria

**Include:**

Claims Submitted

**\*Start Date(Entry):**

07/28/2017

(mm/dd/yyyy)

**\*End Date(Entry):**

10/26/2017

(mm/dd/yyyy)

**Member Number:**

**Claim Number:**

Search

Toolkit Home

Selected Office Details

Patient Info / Enter Claims

Search

Activity Log

Forms

Direct Deposit

Profile

Help

Contact Us

HIPAA Privacy [PDF]

GLB Privacy [PDF]



Online Privacy Policy

Terms of Use

Requirements

## XI. Working with a Pending Claim or Pre-Treatment Estimate

To work with a pending claim, you first access the pending claim or pre-treatment estimate as described in **Locating a claim**. Once you've located the pending claim/pre-treatment, you can:

1. Edit the claim by clicking the  icon in the *Claim Number* column.
2. The *Claim Entry—Treatment Details* screen appears. Edit the claim as needed. See **Adding a claim or pre-treatment estimate** for help with claim information.
3. Submit the claim for processing by checking the box in the *Select* column, and clicking the **Submit Claims** button. You'll receive a confirmation message.
4. Delete the claim by clicking the  icon in the *Delete* column.

# Dental Office Toolkit®

Welcome: First Last

Logout

Toolkit Home

Selected Office Details

Patient Info / Enter Claims

• Search

Activity Log

Forms

Direct Deposit

Profile

Help

Contact Us

SELECTED SERVICE OFFICE: 0000 - 0000000000 - 111 Street, Town, NE, 68007-0000

## Search

\* indicates required field

Enter your search criteria

Include: Claims Submitted

\*Start Date(Entry): 07/28/2017 (mm/dd/yyyy)

\*End Date(Entry): 10/26/2017 (mm/dd/yyyy)

Member Number:

Claim Number:

Search

HIPAA Privacy [PDF] | GLB Privacy [PDF] | Online Privacy Policy | Terms of Use | Requirements

## XII. Submitting a Pre-Treatment Estimate for Payment

1. Access the original pre-treatment estimate as described in **Locating a claim**.
2. The pre-treatment estimate opens in the *Pre-treatment* screen. Click the **Submit for Payment** button.
3. The Claim Entry screen appears with the **Treatment Details** tab displaying the information from the pre-treatment. Enter the *appropriate date(s)* on the pre-treatment claim lines in the *Service Date* column.

Toolkit Home

Selected Office Details

Patient Info / Enter Claims

• Search

Activity Log

Forms

Direct Deposit

Profile

Help

Contact Us

SELECTED SERVICE OFFICE: 0000 - 0000000000 - 111 Street, Town, NE, 68007-0000

Claim Entry | Treatment Details

Claim DetailsTreatment DetailsCOB DetailsOrtho Details

PATIENT NAME

Please fill out one line for each treatment. **NOTE: Do not file claims for Delta Dental Patient Direct members.**

Since we are processing claims "real time" it is important that you verify your claim data before clicking on "Submit Claim".

If coordination of benefits (COB) applies, before completing this page go to "COB Details." If orthodontic treatment is being submitted, before completing this page go to "Ortho Details."

After submission, if you discover a correction is necessary, please contact Customer Service to have the information corrected. Please do not submit another claim.

Tooth Code	Area of Arch	Surface(s)	Service Date	Proc Code	Submit Amt
02		O		A000	196.00
04				A000	999.00
04				A000	318.00
05		D O		A000	283.00

**NOTE:** If treatment has changed, claim lines for services that were not completed as pre-treatment estimates should be left undated and new claim lines should be added for services that were completed and were not included on the original pre-treatment estimate.

Please click on this button to add more treatment lines

Add More Treatment Lines

Electronic Radiograph(example: NEAXXXX , RSSXXX)

## XIII. Viewing the Activity Log

The *Activity Log* provides information regarding your current claims transactions with the carrier, including:

- Paid claims
- Pre-treatments
- Information requests
- Denied claims

Paid claims, pre-treatments and denied claims are available in the *Activity Log* immediately following submission and processing. EFTs and information requests are available the next business day. All transactions in the *Activity Log* remain available for you to view for as long as you choose. Once you are signed up for EFTs you will no longer receive paper EOBs, PDEs or information requests. These are only available in your *Activity Log*. You may also view your claims activity by family or by searching claims.

To review your *Activity Log*, select **Activity Log**. The *Activity Log* screen appears with claim information sorted in date order with the most recent claims showing first.

## XIV. Activity Log – EFT Section

Direct deposit amounts for paid claims are listed under this heading:

- **Inactivate**—If you have reviewed an EFT and no longer wish it to show in the *Activity Log*, check the box in the *inactivate* column.
- **Date Issued**—The date the EFT was issued.
- **EFT ID**—The unique number assigned by the plan's bank to the direct deposit account of the provider, for a batch of claim payments (via EFT). Click this link to see the *EFT Payment* screen (see **Viewing claim payment information** for more information on the *EFT Payment* screen).
- To reactivate a previously inactivated item you must go through the **Search** function, locate the item required and click the box to activate.
- **Amount**—The total amount direct deposited via EFT.

*This listing shows all claims paid via direct deposit to your account.*

*The EFT ID can be clicked for further payment details.*

InActivate	Date Received	Patient Name	Claim Number	Member Number
<input type="checkbox"/>	08/25/2017	First Last 01	00000000001	xxxxx0001
<input type="checkbox"/>	08/25/2017	First Last 02	00000000002	xxxxx0002
<input type="checkbox"/>	09/18/2017	First Last 03	00000000003	xxxxx0003
<input type="checkbox"/>	09/20/2017	First Last 04	00000000004	xxxxx0004

Click **Inactivate** to remove from the log.

## XV. Activity Log— Processed Pre-Treatments

Any pre-treatments you have sent are listed under this heading, along with the following information:

- **Inactivate**—If you have reviewed a pre-treatment and no longer wish it to show in the *Activity Log*, check the box in the *Inactivate* column.
- **Date Received**—The date the pre-treatment was received by Delta Dental.
- **Patient Name**—The name of the patient for whom the pre-treatment was submitted.
- **Claim Number**—The number assigned by the carrier to identify the pre-treatment you submitted. Click this link to see a copy of the pre-treatment. You may submit the pre-treatment for payment by selecting the **Submit Pre-D for Payment** button on this screen.
- Click the **Claim Number** link button to see a summary of the paper EOB that may have been sent to you via mail. Click on the **Print Preview** link to see the actual EOB image.
- **Member Number**—The member number of the subscriber for whom the pre-treatment was sent.

Dental Office Toolkit®
Welcome: First Last
Logout

SELECTED SERVICE OFFICE: 0000 - 000000000 - 111 Street, Town, NE, 68007-0000

Toolkit Home
Selected Office Details
Patient Info / Enter Claims
Search
Activity Log
Forms
Direct Deposit
Profile
Help
Contact Us

Activity Log
\* Indicates required field
Start Date: 07/28/2017 (mm/dd/yyyy) End Date: 10/26/2017 (mm/dd/yyyy) Search
EFT
If you have missing/late EFTs, please Contact Us.
The Patient Protection and Affordable Care Act (ACA) ushers in a new Healthcare EFT Standard. With the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. Click here to learn more.
No Active EFT found.
Processed Pre-treatment estimates
Found 4 Active Pre-treatment estimates. Displaying Active Pre-treatment estimates from 1 to 4

Inactivate	Date Received	Patient Name	Claim Number	Member Number
<input type="checkbox"/>	08/25/2017	First Last 01	0000000001	xxxxx0001
<input type="checkbox"/>	08/25/2017	First Last 02	0000000002	xxxxx0002
<input type="checkbox"/>	09/18/2017	First Last 03	0000000003	xxxxx0003
<input type="checkbox"/>	09/20/2017	First Last 04	0000000004	xxxxx0004

Information Requests
No Active Information Requests found.
Denied Claims
Found 2 Active Denied Claims. Displaying Active Denied Claims from 1 to 2

Inactivate	Service Date	Date Received	Patient Name	Claim Number	Member Number
<input type="checkbox"/>	08/28/2017	08/28/2017	First Last 05	0000000005	xxxxx0005
<input type="checkbox"/>	08/15/2017	09/05/2017	First Last 06	0000000006	xxxxx0006

EFT Interest Payments
No Active EFT Interest Payment found.
Inactivate Checked Items

## XVI. Activity Log— Information Requests

Additional information may be required when processing a claim. In such cases, an information request may be sent for this information. This section shows any active information requests for your submitted claims.

- **Inactivate**—If you have reviewed an information request and no longer wish it to show in the *Activity Log*, check the box in the *Inactivate* column.
- **Date**—The date that the information request was sent by the carrier.
- **Patient Name**—The name of the patient on the related claim.
- **Claim Number**—The carrier-assigned number for the related claim. Click this link to see a copy of the *information request (IR)*. To return to the *Activity Log* screen, click the **Activity Log**.

Dental Office Toolkit®
Welcome: First Last
Logout

SELECTED SERVICE OFFICE: 0000 - 000000000 - 111 Street, Town, NE, 68007-0000

Toolkit Home
Selected Office Details
Patient Info / Enter Claims
Search
Activity Log
Forms
Direct Deposit
Profile
Help
Contact Us

Activity Log
\* Indicates required field
Start Date: 07/28/2017 (mm/dd/yyyy) End Date: 10/26/2017 (mm/dd/yyyy) Search
EFT
If you have missing/late EFTs, please Contact Us.
The Patient Protection and Affordable Care Act (ACA) ushers in a new Healthcare EFT Standard. With the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. Click here to learn more.
No Active EFT found.
Processed Pre-treatment estimates
Found 4 Active Pre-treatment estimates. Displaying Active Pre-treatment estimates from 1 to 4

Inactivate	Date Received	Patient Name	Claim Number	Member Number
<input type="checkbox"/>	08/25/2017	First Last 01	0000000001	xxxxx0001
<input type="checkbox"/>	08/25/2017	First Last 02	0000000002	xxxxx0002
<input type="checkbox"/>	09/18/2017	First Last 03	0000000003	xxxxx0003
<input type="checkbox"/>	09/20/2017	First Last 04	0000000004	xxxxx0004

Information Requests
No Active Information Requests found.

This sections shows any active information. A copy of the information request can be viewed by clicking the **Claim Number**.

Click **Inactivate** to remove it from the log.

## XVII. Dealing with Information Requests

If you receive an *information request (IR)* regarding a claim or pre-treatment estimate that you have submitted, it appears in your *Activity Log*. You can click on the **Claim Number** link to view the *IR* screen. A brief message will appear stating what kind of information is being requested. To return an *IR* with the requested information on a form, fill in the information, and send it to the address on the bottom of the page. If additional documentation is needed, it is recommended that you send a copy of the *IR* along with the requested information so that the claim can be fixed and continue processing.

## XVIII. Viewing Claim Payment Information from the EFT Screen

To review any payment information:

1. Locate the claim you wish to view.
2. From the returned search results, click on the **payment number** you'd like displayed.
3. The *Check Payment Statement* screen opens and displays the following information:
  - **Payment ID number**—A unique number assigned by Delta Dental to identify this payment.
  - **Issue Date**—The date the payment was issued.
  - **Pay**—The total amount paid in this check payment (the amount of the payment is spelled out and shown in numbers).
  - **To the order of**—The name and address of the payee. A listing of the claims paid under this payment, with the following information:
    - **Claim Number**—The carrier-assigned number for the related claim. Click on this link to view the *Explanation of Benefits* screen, for that claim. To view more claim payment information:
      - Click the **Payment Number** link to return to the *Check Payment Statement* screen
    - or
    - Click **Back** to return to the main *Claim Payments Search Results* screen. You'll need to find the correct payment number from the results list, and start again at step one to see the remainder of the attributes on the check payment.
  - **Patient Name**—The name of the patient on the associated claim.
  - **Member Number**—The member number of the patient.
  - **Plan Payment Amount**—The amount to be paid by the carrier.
  - **Net Payment Amount**—The amount to be paid by the carrier minus any adjustments.
  - **Totals**—The sum of the net payment amounts.
  - **Garnishment**—Total amount of monies applied to the payment of a debt by court order.
  - **Overpayment**—Total amount withheld due to previous claim overpayments.
  - **Net Payment Amount**—Totals minus garnishments and overpayments.

Dental Office Toolkit®

Welcome, First Last Logout

SELECTED SERVICE OFFICE: 0000 - 000000000 - 111 Street, Town, NE, 68007-0000

**Check Payment**

Payment ID # 0000001  
Issue Date: 08/04/2017  
[View/Print All EOB\(s\)](#)

**Pay:** EIGHTY TWO DOLLARS AND EIGHTY FOUR CENTS \$82.84

**To the order of:**  
DENTAL CLINIC NAME  
111 Street, Town,  
NE, 68007-000

Claim No	Patient Name	Member NO.	Plan Payment Amount	Net Payment Amount
00000000000001	Patient Name	xxxxx0001	\$82.84	\$82.84

Totals: \$82.84  
Garnishment: \$0.00  
Overpayment: \$0.00  
Net Payment Amount: \$82.84

[Back](#)

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## XIX. Changing Your Password

Want to change your password? After you have successfully logged in, you can set a new password. If you have lost or forgotten your password, **see Resetting your password** for help. Remember, your password:

- Must be between eight and fifteen characters.
- Must contain at least one number.
- Cannot contain more than two repeating characters.

To change your password:

1. Click **Profile**.
2. The *User Profile* screen appears. Click the **Change Password** link.
3. The *Change Password* screen appears. Enter a new password in the *Enter new password* field.
4. Re-type the new password in the *Confirm new password* field.
5. Click the **Change Password** button.
6. The *User Profile* screen appears, with a message confirming that your password has been changed.

## XX. Resetting Your Password

Lost or forgot your password? Set a new one:

1. On the *Login* screen, click the **Forgot password? Click here** link.
2. Enter your username in the *Enter your User Name* field. You need your username and secret answer in order to reset your password. If you have lost or forgotten these, please contact customer service.
3. Click on the **Submit User Name** button. The secret question you selected when registering is displayed.
4. Enter your license number in the *License Number* field.
5. Select your license state from the list of states in the *License State Code* field.
6. For additional identification purposes, you may optionally enter your *Tax Identification Number* and *Service Office ZIP Code* in those text boxes.
7. Enter a new password in the *Enter new password* field. Remember, your password:
  - Must be between eight and fifteen characters.
  - Must contain at least one number.
  - Cannot contain more than two repeating characters.
8. Re-type the new password in the *Confirm new password* field.
9. Click the **Validate Secret Answer** button.
10. The *Password Changed* screen confirms that the password has been changed. Click the **Please click here to go back to login page** link to log in.

## XXI. Changing Your Email Address

If you change electronic mail service providers or have made changes to your existing address, you can update your profile information.

1. Click **Profile**.
2. The *User Profile Information* screen appears. Click the **Change Email** link.
3. The *Change Email* screen appears. Enter a new email address in the *New email address* field.
4. Re-type the email address in the *Confirm new email address* field.
5. Click the **Change Email** button.
6. The *User Profile* screen appears, with a message confirming that your email has been changed.

## XXII. Changing Your Secret Question and Answer

You can change the secret question that you selected when you first registered for the Dental Office Toolkit, as well as the answer you entered:

1. Click **Profile**.
2. The *User Profile* screen appears. Click the **Change Secret Question and Answer** link.
3. The *Change Secret Question* screen appears. Select a different question.
4. Enter the new answer in the *Secret Answer* field.
5. Click the **Change Secret Question** button.
6. The *User Profile* screen appears, with a message confirming that the secret question and the answer have been changed.



## Contact Us

### Provider Support

866-524-1134

- Option 1:** Member eligibility, benefits, or questions regarding claims or explanation of benefits
- Option 2:** Dental Office Toolkit support, including password resets or navigation support
- Option 3:** Provider's record, address, tax ID changes, adding or terminating a provider

### Updated Claims Address

Delta Dental  
Attn: Claims Processing  
PO BOX 9120  
Farmington Hills, MI 48333-9120

### Customer Service

866-827-3319

### Dental Office Toolkit Password Reset

866-524-1134  
(Option 2)



Delta Dental of Nebraska

[DeltaDentalNE.org](http://DeltaDentalNE.org)