

How To Manage Patient Billing And Create Insurance Claims

This guide provides a comprehensive walkthrough for navigating the billing ledger and creating insurance claims for patients. Learn how to accurately input transaction details and finalize your billing records to ensure timely processing.

Patient Selection

1

From a patient's profile: On the billing tab, you can view the insurance plans attached to the patient profile. This should show as the Primary and Secondary Dental Insurance policies

The screenshot displays the DentiMax patient profile interface. The top navigation bar includes icons for Home, Patient, Appointment, Billing, Medical Alerts, Extra Info, and Missing Teeth. The patient's name, "ARISU000 - Summer Arizona", is shown in the top right. The left sidebar contains a menu with sections: General (Close, Add Family Member), More Patient Info (View Appointments, View Ledger, View Claims, Prescriptions, View Old Prescriptions, Payment Plan, Recall Details), Exam Info (View Chart, View Perio Exams, New Perio Exam, View PSR Exams), Actions (Send Forms, Print Patient Report, Check Eligibility), and Patient Defaults (Set Default Data). The main content area is divided into two tabs: "Personal Information" and "Billing Information". The "Billing Information" tab is selected and highlighted with a red circle. The "Personal Information" tab shows fields for Chart Number (ARISU000), VIP status, Deceased status, Inactive status, First Name (Summer), Middle Initial, Last Name (Arizona), Nickname, Birth Date (01/01/2001), Gender (Female), Marital Status, Head of Household (Self), SIN/SSN (111-11-1111), Driver's License, Language, and Eligibility Status (Eligibility Not Checked). The "Contact" tab shows fields for Email, Social Media, Home Phone, Work Phone, Mobile Phone ((800) 704-8494), Street (1234 E Test St), Street (Cont), City (Queen creek), State (AZ), Postal Code (85142), Preferred Contact Method, Preferred Scheduling Hours, Emergency Contact Name, Emergency Phone, and Emergency Phone 2.

2 Primary Insurance

Add Family Member

More Patient Info

View Appointments

View Ledger

View Claims

Prescriptions

View Old Prescriptions

Payment Plan

Recall Details

Exam Info

View Chart

View Perio Exams

New Perio Exam

View PSR Exams

Actions

Send Forms

Print Patient Report

Check Eligibility

Patient Defaults

Set Default Data

Insurance Information

Primary Insurance

Patient Relation to Subscriber

Self

Subscriber

Arizona, Summer - ARISU000

Primary Insurance

AET00 - Aetna

Subscriber ID

W123245648

Group Number

1111

☒ Release of Information

☒ Assignment of Benefits

[Hide Secondary Insurance](#)

[Remove](#)

Secondary Insurance

Coordination of Benefits

Default

Relation to Secondary Subscriber

Spouse

Subscriber 2

Arizona, Skye - ARISK000

Secondary Insurance

MET00 - Metlife Dental Claims

Subscriber ID

123547890

Group Number

111

☒ Assignment of Benefits

[Remove](#)

Billing Information

Employer

Type to search

Assigned Provider

Type to search

Designation

Balance

\$42.00

Student

Type

Locato

Last St

None

3 Secondary Insurance

Prescriptions

View Old Prescriptions

Payment Plan

Recall Details

Exam Info

View Chart

View Perio Exams

New Perio Exam

View PSR Exams

Actions

Send Forms

Print Patient Report

Check Eligibility

Patient Defaults

Set Default Data

Self

Primary Insurance

AET00 - Aetna

Subscriber ID

W123245648

Group Number

1111

☒ Release of Information

☒ Assignment of Benefits

[Hide Secondary Insurance](#)

[Remove](#)

Secondary Insurance

Coordination of Benefits

Default

Relation to Secondary Subscriber

Spouse

Subscriber 2

Arizona, Skye - ARISK000

Secondary Insurance

MET00 - Metlife Dental Claims

Subscriber ID

123547890

Group Number

111

☒ Assignment of Benefits

[Remove](#)

Assigned Provider

Type to search

Designation

Balance

\$42.00

Assign

Type

Locato

Last St

None

Search

Search

File Explorer

Microsoft Edge

Google Chrome

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Microsoft Teams

Microsoft OneDrive

Microsoft Outlook

Microsoft Access

Microsoft Publisher

Microsoft Project

Microsoft Visio

Microsoft Word

Microsoft Excel

Microsoft PowerPoint

Microsoft Teams

Microsoft OneDrive

Microsoft Outlook

Microsoft Access

Microsoft Publisher

Microsoft Project

Microsoft Visio

4 Navigate to patient's ledger

The screenshot shows the 'Insurance Information' tab for patient ARISU000 - Summer Arizona. The 'Primary Insurance' section shows 'AET00 - Aetna' with Subscriber ID 'W123245648'. The 'Secondary Insurance' section shows 'MET00 - Metlife Dental Claims' with Subscriber ID '123547890'. A red circle highlights the 'Summer's Ledger' option in the 'Selected Patient' dropdown menu.

Ledger Transaction Entry

5 Add transactions to the ledger in your usual manner: from appointment, from charting, or directly in ledger

The screenshot shows the 'Ledger' tab for patient ARISU000 - Summer Arizona. The 'Transactions' dropdown menu is open, and a red circle highlights the 'New Transaction' option. The 'Billing Information' section shows a table with insurance details and a 'Current' balance of \$0.00.

Insurance	Est Due	Charges:
Ins 1: Aetna, Aetna, Aetna, Aetna	\$0.00	Adjustments:
Ins 2: Metlife Dental Claims, Metli...	\$0.00	Ins Pmts:
HOH: Arizona, Summer	\$0.00	Patient Pmts:
		Total:
		Current
		\$0.00

6

For any medical procedures you can enter the ICD-10 code on the correct procedure as needed

flow by Dentimax

ARISU000 - Summer Arizona

General

- Save Changes
- Save and New
- Cancel Changes

Charge Detail

Details

Patient: Arizona, Summer - ARISU000 | Date: 07/01/2026 | Billing: (Auto) | Provider: Test, Tiff - TES00 | Status: Comp

Account Code: 99214 - Medical Exam of establishe... | Description: Medical Exam of established patient | Fee: \$800.00 | ☐ Follow Up

Note:

Claim & Billing Info

Place of Service: Office | Unit of Time:

☐ Do Not Bill Insurance
☐ Do Not Bill Patient
☐ Insurance 1 Completed Payment
☐ Insurance 2 Completed Payment

Diagnosis

☐ Diagnosis 1
☐ Diagnosis 2
☐ Diagnosis 3
☐ Diagnosis 4

7

Click "Save Changes"

flow by Dentimax

ARISU000 - Summer Arizona

General

- Save Changes
- Save and New
- Cancel Changes

Charge Detail

Details

Patient: Arizona, Summer - ARISU000 | Date: 07/01/2026 | Billing: (Auto) | Provider: Test, Tiff - TES00 | Status: Comp

Account Code: 99214 - Medical Exam of establishe... | Description: Medical Exam of established patient | Fee: \$800.00 | ☐ Follow Up

Note:

Claim & Billing Info

Place of Service: Office | Unit of Time:

☐ Do Not Bill Insurance
☐ Do Not Bill Patient
☐ Insurance 1 Completed Payment
☐ Insurance 2 Completed Payment

Diagnosis

☒ Diagnosis 1: K01.1 - Impacted teeth
☐ Diagnosis 2
☐ Diagnosis 3
☐ Diagnosis 4

8 Click "New Billing" in the sidebar

If the system does not allow you to create a new billing, there is a setting that will need to be adjusted in the practice setup. (Additional workflow will be included for this process if needed)

The screenshot displays the Flow Software interface for a patient named 'ARISU000 - Summer Arizona'. The sidebar on the left contains a 'Transactions' section with 'New Billing' highlighted. The main area shows the 'Ledger' for this patient, with filters for 'Patient' (Arizona, Summer - ARISU000) and 'Billing' (5, 6/30/26). The 'Billing Information' section shows insurance details and a current balance of \$1,700.00. Below this is a table of transactions.

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1
7/1/26	Summer	5	99214	Medical Exam of established patient	TES00			\$800.00	Completed	\$0.00				\$800.00	
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00	Completed	\$0.00				\$400.00	
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00	Completed	\$0.00				\$325.00	
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00	Completed	\$0.00				\$175.00	

9 Click / Un-check "Show All Recent and Open Billings"

Flow by Dentimax ARISU000 - Summer Arizona

< Ledger

Patient: Arizona, Summer - ARISU000

☒ Show All Recent and Open Billings
☐ Show Family
☒ Show All History
☐ Hide Zero Balances
☐ Only Ins Pending

Detail View Sort by Date

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount
7/1/26	Summer	6	99214	Medical Exam of established patient	TES00			\$800.00
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00

Billing Information

Insurance

Ins 1: Aetna, United Health
Ins 2: Metlife Dental Claim
HOH: Arizona, Summer

10 This will allow you to view all billings from the drop-down menu

Flow by Dentimax ARISU000 - Summer Arizona

< Ledger

Patient: Arizona, Summer - ARISU000

☐ Show All Recent and Open Billings
☐ Show Family
☒ Show All History
☐ Hide Zero Balances
☐ Only Ins Pending

Detail View Sort by Date

Search transactions

Billing

- 1, 6/30/26
- 2, 6/30/26
- 3, 6/30/26
- 4, 6/30/26
- 5, 6/30/26
- 6, 7/1/26

Type to search

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1
No data to display															

Billing Information

Insurance	Est Due	Charges:
Ins 1: Aetna	\$0.00	Adjustments:
Ins 2: Metlife Dental Claims	\$0.00	Ins Pmts:
HOH: Arizona, Summer	\$0.00	Patient Pmts:
		Total:
	Current	\$0.00

11 Now you will need to move the MEDICAL procedure(s) to the new billing number

Click to open selected procedure

The screenshot shows the 'Billing Information' section with the following details:

Insurance	Est Due	Charges:
Ins 1: Aetna	\$795.00	Adjustments:
Ins 2: Metlife Dental Claims	\$105.00	Ins Pmts:
HOH: Arizona, Summer	\$800.00	Patient Pmts:
Total:		
Current		\$1,700.00

Below the billing information is a table of transactions:

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1
7/1/26	Summer	5	99214	Medical Exam of established patient	TES00			\$800.00	Completed	\$0.00				\$800.00	
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00	Completed	\$0.00				\$400.00	
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00	Completed	\$0.00				\$325.00	
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00	Completed	\$0.00				\$175.00	

12 From the Charge Details Screen, under the billing selection use the drop-down menu to select the new Billing number

The screenshot shows the 'Charge Detail' screen with the following details:

Details

Patient: Arizona, Summer - ARISU000
Date: 07/01/2026
Billing: 5, 6/30/26
Provider: Test, Tiff - TES00
Status: Completed

Account Code: 99214 - Medical Exam of establishe...
Description: Medical Exam of established patient
Fee: \$800.00
☐ Follow Up

Claim & Billing Info

Place of Service:
Unit of Time:
☐ Do Not Bill Insurance
☐ Do Not Bill Patient
☐ Insurance 1 Completed Payment
☐ Insurance 2 Completed Payment

Diagnosis

☒ Diagnosis 1: K01.1 - Impacted teeth
☐ Diagnosis 2:
☐ Diagnosis 3:
☐ Diagnosis 4:

13 Click "6, 7/1/26"

Charge Detail

Details

Patient: Arizona, Summer - ARISU000

Date: 07/01/2026

Billing: 5, 6/30/26

Provider: Test, Tiff - TES00

Status: Completed

Account Code: 99214 - Medical Exam of establishe...

Description: Medical Exam of established patient

Fee: \$800.00

Follow Up: ☐

Claim & Billing Info

Place of Service:

Unit of Time:

Diagnosis

Diagnosis 1: ☒ K01.1 - Impacted teeth

Diagnosis 2: ☐

Diagnosis 3: ☐

Diagnosis 4: ☐

14 Click "Save Changes"

This will now move the selected procedure to the selected Billing number

Charge Detail

Details

Patient: Arizona, Summer - ARISU000

Date: 07/01/2026

Billing: 6, 7/1/26

Provider: Test, Tiff - TES00

Status: Comp

Account Code: 99214 - Medical Exam of establishe...

Description: Medical Exam of established patient

Fee: \$800.00

Follow Up: ☐

Claim & Billing Info

Place of Service: Office

Unit of Time:

Diagnosis

Diagnosis 1: ☒

Diagnosis 2: ☐

Diagnosis 3: ☐

Diagnosis 4: ☐

15

Back on the ledger:
Select the new Billing number "ie: 6, 7/1/26" to filter the Ledger

Flow by Denimox ARISU000 - Summer Arizona

< Ledger

Patient: Arizona, Summer - ARISU000

Billing: 5, 6/30/26 (highlighted)

☐ Show All Recent and Open Billings
☐ Show Family
☒ Show All History
☐ Hide Zero Balances
☐ Only Ins Pending

Detail View Sort by

Billing Information

Insurance	Est Due	Charges:
Ins 1: Aetna	\$795.00	Adjustments:
Ins 2: Metlife Dental Claims	\$105.00	Ins Pmts:
HOH: Arizona, Summer	\$0.00	Patient Pmts:
Total:		
Current		\$900.00

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Inst
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00	Completed	\$0.00				\$400.00	
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00	Completed	\$0.00				\$325.00	
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00	Completed	\$0.00				\$175.00	

General
Close

Transactions
New Billing
New Transaction
Use a Multicode
Post From Treatment Plan
Adjust Deductible
Adjust Benefits Used

Enter a Payment
New Pat Payment/Adj
New Insurance Payment
Issue a Patient Refund

Patient Info
View Chart
View Prescriptions

Claim Info
Create Claim
Print Claim

Print
Print Walk-Out
Print Statement
Print Ledger

16

Click "Edit" (the yellow pencil) to modify the billing details

Flow by Denimox ARISU000 - Summer Arizona

< Ledger

Patient: Arizona, Summer - ARISU000

Billing: 6, 7/1/26 (highlighted)

☐ Show All Recent and Open Billings
☐ Show Family
☒ Show All History
☐ Hide Zero Balances
☐ Only Ins Pending

Detail View Sort by Date

Billing Information

Insurance	Est Due	Charges:
Ins 1: Aetna	\$0.00	Adjustments:
Ins 2: Metlife Dental Claims	\$0.00	Ins Pmts:
HOH: Arizona, Summer	\$800.00	Patient Pmts:
Total:		
Current		\$800.00

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Inst
7/1/26	Summer	6	99214	Medical Exam of established patient	TES00			\$800.00	Completed	\$0.00				\$800.00	

General
Close

Transactions
New Billing
New Transaction
Use a Multicode
Post From Treatment Plan
Adjust Deductible
Adjust Benefits Used

Enter a Payment
New Pat Payment/Adj
New Insurance Payment
Issue a Patient Refund

Patient Info
View Chart
View Prescriptions

Claim Info
Create Claim
Print Claim

Print
Print Walk-Out
Print Statement
Print Ledger

17

You will need to remove ALL of the Secondary Insurance information, including the Assignment of Benefits box

Select each field and delete

The screenshot shows a medical software interface for a patient named 'Arizona, Summer'. The 'Secondary Insurance' section is highlighted with a red box. It contains the following fields:

- Secondary Insurance:** MET00 - Metlife Dental Claims
- Subscriber 2:** Arizona, Skye - ARISK000
- Group Number:** 111
- Patient Relation to Subscriber:** Spouse
- COB:** Default
- Assignment of Benefits:** ☒

Other visible fields include 'Patient' (Arizona, Summer), 'Date' (07/01/2026), 'Description', 'Completed' checkbox, 'Patient Relation to Subscriber' (Self), and 'Diagnosis Information' (Diagnosis 1, Diagnosis 2).

18

Move over to the Primary Insurance field. This is where you will update to the MEDICAL Insurance information.

*You will need to enter the SUBSCRIBER ID# on the actual claim form as then is no selection for it here.

The screenshot shows the 'Billing' form in the Flow software. The 'Primary Insurance' section is highlighted with a red box. It contains the following fields:

- Primary Insurance:** AET00 - Aetna
- Subscriber:** Arizona, Summer - ARISU000
- Group Number:** 1111
- Patient Relation to Subscriber:** Self
- ☒ **Assignment of Benefits**

Other sections visible include 'Billing Info' (Number: 6, Patient: Arizona, Summer, Date: 07/01/2026), 'Secondary Insurance', 'Service Information', and 'Diagnosis Information'.

19

You can add a Description Name to this billing to identify for future use

The screenshot shows the 'Billing' form in the Flow software. The 'Description' field in the 'Billing Info' section is highlighted with a red box. It is currently empty. The 'Primary Insurance' section is also visible, showing 'UNI01 - United Healthcare' as the selected insurance.

Other sections visible include 'Billing Info' (Number: 6, Patient: Arizona, Summer, Date: 07/01/2026), 'Secondary Insurance', 'Service Information', and 'Diagnosis Information'.

20 Click "Save Changes"

The screenshot shows the 'Billing' form for patient 'ARISU000 - Summer Arizona'. The left sidebar contains a menu with 'General', 'Save Changes', 'Cancel Changes', 'Update Info', 'Fill Current Insurance', and 'Insurance'. The 'Save Changes' button is highlighted with a red circle. The main form area is divided into several sections:

- Billing Info:** Number 6, Patient Arizona, Summer, Date 07/01/2026, Description Medical Policy.
- Primary Insurance:** Primary Insurance UNI01 - United Healthcare, Subscriber Arizona, Summer - ARISU000, Group Number 1111, Patient Relation to Subscriber Self, Assignment of Benefits checked.
- Secondary Insurance:** Secondary Insurance, Subscriber 2, Group Number, Assignment of Benefits.
- Service Information:** Place of Service Office, Group.
- Diagnosis Information:** Diagnosis 1, Type to search.

21 Back on the patient ledger: You are going to Re-Check the "Show All Recent and Open Billings"

The screenshot shows the 'Ledger' view for patient 'ARISU000 - Summer Arizona'. The left sidebar contains a menu with 'General', 'Transactions', 'Enter a Payment', 'Patient Info', and 'Claim Info'. The 'Show All Recent and Open Billings' checkbox is highlighted with a red circle. The main form area is divided into several sections:

- Ledger:** Patient Arizona, Summer - ARISU000, Show All Recent and Open Billings checked, Show Family unchecked, Show All History checked, Hide Zero Balances unchecked, Only Ins Pending unchecked, Detail View, Sort by Date.
- Billing Information:** Insurance, Ins 1: Aetna, United Health, Ins 2: Metlife Dental Claim, HOH: Arizona, Summer.
- Table:** A table with columns: Date, Name, Billing, Code, Description, Provider, Tooth, Surface, Amount.

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount
7/1/26	Summer	6	99214	Medical Exam of established patient	TES00			\$800.00
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00

22 You will now see that the procedures are listed under separate Billing numbers

The screenshot shows the FLOW by Dentimax software interface. The top navigation bar includes icons for home, user, calendar, grid, scissors, list, dollar sign, and a patient icon, followed by the text "ARISU000 - Summer Arizona". The left sidebar contains the following menu items:

- General
 - Close
- Transactions
 - New Billing
 - New Transaction
 - Use a Multicode
 - Post From Treatment Plan
 - Adjust Deductible
 - Adjust Benefits Used
- Enter a Payment
 - New Pat Payment/Adj
 - New Insurance Payment
 - Issue a Patient Refund
- Patient Info
 - View Chart
 - View Prescriptions
- Claim Info
 - Create Claim
 - Print Claim

The main area is titled "< Ledger" and displays the following information:

Patient: Arizona, Summer - ARISU000

Filter options:

- ☒ Show All Recent and Open Billings
- ☐ Show Family
- ☒ Show All History
- ☐ Hide Zero Balances
- ☐ Only Ins Pending

Detail View | Sort by Date

Billing Information:

Insurance

Ins 1: [Aetna , United Health](#)

Ins 2: [Metlife Dental Claim](#)

HOH: [Arizona, Summer](#)

Search transactions:

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount
7/1/26	Summer	6	99214	Medical Exam of established patient	TES00			\$800.00
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00

23 Now you can click "Create Claim" for the individual Billing numbers

Ledger

Patient: Arizona, Summer - ARISU000

☒ Show All Recent and Open Billings
☐ Show Family
☒ Show All History
☐ Hide Zero Balances
☐ Only Ins Pending

Detail View Sort by Date

Billing Information

Insurance	Est Due	Charges:
Ins 1: United Healthcare , Aetna , ...	\$795.00	Adjustments:
Ins 2: None , Metlife Dental Claim...	\$105.00	Ins Pmts:
HOH: Arizona, Summer	\$800.00	Patient Pmts:
		Total:
		Current \$1,700.00

Search transactions

Date	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Inst
7/1/26	Summer	6	99214	Medical Exam of established patient	TES00			\$800.00	Completed	\$0.00				\$800.00	
7/1/26	Summer	5	D0330	panoramic radiographic image	TES00			\$400.00	Completed	\$0.00				\$400.00	
7/1/26	Summer	5	D7210	extraction erupted tooth requiring remov	TES00	12		\$325.00	Completed	\$0.00				\$325.00	
7/1/26	Summer	5	D1110	prophylaxis - adult	TES00			\$175.00	Completed	\$0.00				\$175.00	

24 Click "Ok"

Confirm

2 claims have been created.

Ok

Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase
	\$800.00				
	\$400.00				
	\$325.00				
	\$175.00				

25

Click "Claim List"

Billing Information

<u>Insurance</u>		<u>Est Due</u>	<u>Charges:</u>		<u>\$1,700.00</u>	<u>Primary</u>	<u>Individual</u>		<u>Family</u>
Ins 1:	United Healthcare , Aetna , ...	\$795.00	Adjustments:	\$0.00		Balance	\$1,700.00	\$1,700.00	
Ins 2:	None , MetLife Dental Claim...	\$105.00	Ins Pmts:	\$0.00		Std Ded	\$0.00/\$0.00	\$0.00/\$0.00	
HOH:	Arizona, Summer	\$800.00	Patient Pmts:	\$0.00		Prv Ded	\$0.00	\$0.00	
			Total:	\$1,700.00		Other Ded	\$0.00	\$0.00	
						Ins 1 Used	+ \$795.00	+ \$795.00	
						Ins 1 Max	\$1,000.00	\$2,500.00	
			Current	\$1,700.00		30 Days	\$0.00		
						60 Days	\$0.00		
						90+ Days	\$0.00		

Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase
dical Exam of established patient	TES00			\$800.00	Completed	\$0.00				\$800.00				
oramic radiographic image	TES00			\$400.00	Completed	\$0.00				\$400.00				
raction erupted tooth requiring remov	TES00	12		\$325.00	Completed	\$0.00				\$325.00				
phyllaxis - adult	TES00			\$175.00	Completed	\$0.00				\$175.00				

26

Now you can see the claims separated by Billings with the appropriate insurance attached

< Claim List

Search

Search

Claim Status Primary

Claim Status Secondary

Type of Transaction

Claims Created Between

From

mm/dd/yyyy

To

mm/dd/yyyy

Claims

Number

Chart Number

Primary Payer Name

Secondary Payer Name

Name

Subscriber Name

Date Created

Claim Status Primary

Claim Status Secondary

Next

2

ARISU000

United Healthcare

Arizona, Summer

Arizona, Summer

7/1/26

Ready To Bill

1

ARISU000

Aetna

Metlife Dental Claims

Arizona, Summer

Arizona, Summer

7/1/26

Ready To Bill

Attachment Required

27

You will need to open the MEDICAL CLAIM form and update the SUBSCRIBER ID# to the correct MEDICAL ID#.

This step will need to be done on each MEDICAL CLAIM FORM

Form
ADA 2024 Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes) ☐ Request for Predetermination/Preauthorization
☒ Statement of Actual Services ☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

United Healthcare
ATTN CLAIMS UNIT
P.O. BOX 30567
Salt Lake City, UT 84130-0507

3a. Payer ID 52133

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) mm/dd/yyyy 7. Gender ☐ M ☐ F ☐ U 8. Policyholder/Subscriber ID (Assigned by Plan) 123547890

9. Plan/Group Number 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

Name
Street 1
Street 2
City, State, & Zip

11a. Other Payer ID

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Arizona, Summer
1234 E Test St
Queen creek, AZ 85142

13. Date of Birth (MM/DD/CCYY) 01/01/2001 14. Gender ☐ M ☒ F ☐ U 15. Policyholder/Subscriber ID (Assigned by Plan) 121212121

16. Plan/Group Number 1111 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☒ Self ☐ Spouse ☐ Dependent Child ☐ Other 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Arizona, Summer
1234 E Test St
Queen creek, AZ 85142

21. Date of Birth (MM/DD/CCYY) 01/01/2001 22. Gender ☐ M ☒ F ☐ U 23. Patient ID/Account # (Assigned by Dentist) ARISU000

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag Pointer	29b. Qty	30. Description	31. Fee
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28

Click "Save Changes"

Claim is now ready to be printed on the MEDICAL CLAIM FORM as usual

flow by dentinox

ARISU000 - Summer Arizona

General
Save Changes
Cancel Changes

Claim Data
Update Claim
Validate Claim
Send E-Claim
Get Claim Status

Attachments
Check Attachment Requirements
Add Attachment

Patient Info
View Patient Info
View Billing Info

Print
Print Claim

Form
ADA 2024 Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes) ☐ Request for Predetermination/Preauthorization
☒ Statement of Actual Services ☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

United Healthcare
ATTN CLAIMS UNIT
P.O. BOX 30567
Salt Lake City, UT 84130-0507

3a. Payer ID 52133

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) mm/dd/yyyy 7. Gender ☐ M ☐ F ☐ U 8. Policyholder/Subscriber ID (Assigned by Plan) 123547890

9. Plan/Group Number 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

Name
Street 1
Street 2
City, State, & Zip

11a. Other Payer ID

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Arizona, Summer
1234 E Test St
Queen creek, AZ 85142

13. Date of Birth (MM/DD/CCYY) 01/01/2001 14. Gender ☐ M ☒ F ☐ U 15. Policyholder/Subscriber ID (Assigned by Plan) FEP121212121

16. Plan/Group Number 1111 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☒ Self ☐ Spouse ☐ Dependent Child ☐ Other 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Arizona, Summer
1234 E Test St
Queen creek, AZ 85142