

# DentiMax: sending attachments to claims



## 1 From Claims List

DentiMax - Default Data  
File Edit Lists Activities Help

**Claim - Dover, Move**

Claim Status Primary: \_\_\_\_\_ Claim Status Secondary: \_\_\_\_\_  
 Type of Transaction: \_\_\_\_\_ Number: \_\_\_\_\_  
 Name: \_\_\_\_\_

Search: \_\_\_\_\_ Search by: Number View: Claim List

Claims created from: 8/11/2025 To: 9/10/2025  Hide Paid/Completed  Only Show Open Ortho Claims

Billing Number	Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bi
42	73	DOVMO000	Aetna	Dover, Move	Dover, Move	9/4/2025 8:46:07 AM	Billed		
41	72	DOVMO000	Aetna	Dover, Move	Dover, Move	9/9/2025 1:31:35 PM	Failed Claim Validatio		
38	71	DOVMO000	Aetna	Dover, Move	Dover, Move	9/4/2025 8:46:05 AM	Failed Claim Validatio		
0	70	DOVBE000	Metlife Dental Claims	Dover, Ben	Dover, Ben	8/15/2025 11:19:31 AM	Ready to Bill		
35	69	DOVBE000	Metlife Dental Claims	Dover, Ben	Dover, Ben	8/15/2025 9:50:20 AM	Billed		
34	68	DOVBE000	Aetna	Dover, Ben	Dover, Ben	8/15/2025 9:44:58 AM	Billed		
32	67	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C	8/14/2025 11:36:58 AM	Billed		
22	66	TESDU000	Aetna	Test, Dummy	Test, Dummy	8/14/2025 11:33:14 AM	Failed Claim Validatio		
19	65	TESDU000	Aetna	Test, Dummy	Test, Dummy	8/14/2025 11:33:13 AM	Failed Claim Validatio		
20	64	TESBO001	United Healthcare	Test, Timmy	Test, Bob Sr.	8/14/2025 11:33:13 AM	Ready to Bill	Attachment Required	
33	63	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C	9/9/2025 1:23:53 PM	Ready to Bill		
31	62	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C	8/14/2025 10:34:12 AM	Billed		
32	61	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C	8/14/2025 9:10:12 AM	Resubmission		
32	60	TESTE003	Aetna	Test, Testy C	Test, Testy C	8/14/2025 9:05:11 AM	Resubmission		

## 2 Double-click here to open claim needing attachments

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File Edit Lists Activities Help

**DentiMax**

Claim - Dover, Move

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## 3 In the claim; Click "Electronic Attachments" tab

DentiMax - Default Data  
File Edit Lists Activities Help

**DentiMax**

Claim Information

ADA Form Billing Claim Information **Electronic Attachments**

Change Form: ADA 2024 Claim Form **Dental Claim Form**

**HEADER INFORMATION**

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

2. Predetermination/Prefauthorization Number

**DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
 Aetna  
 P.O. Box 14094  
 Lexington, KY 40512

3a. Payer ID: 8056

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

12. Policyholder/Subscrber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 Dover, Move  
 1234 E State St  
 .

13. Date of Birth (MM/DD/CCYY): 1/1/2001 14. Gender:  M  F  U 15. Policyholder/Subscrber ID (Assigned by Plan): W1263546513

16. Plan/Group Number: 110066 17. Employer Name:

**PATIENT INFORMATION**

18. Relationship to Policyholder/Subscrber 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  
 Dover, Move  
 1234 E State St,  
 .

21. Date of Birth (MM/DD/CCYY): 1/1/2001 22. Gender:  M  F  U 23. Patient ID/Account # (Assigned by Dentist): DOVMO000

11a. Other Payer ID:

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/CCYY)	25. Root 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
1 9/2/2025	JP	1			D7240		1	removal of impacted tooth - completely b	\$0.00
2									
3									
4									
5									
6									
7									
8									
9									
10									

## 4 Click "Add Attachment"

DentiMax - Default Data  
File Edit Lists Activities Help

**DentiMax**

Claim Information

General ADA Form Billing Claim Information Electronic Attachments

Close Screen  
Print  
Claim Data  
Attachments  
Other Information

Check Attachment Requirements  
Add Attachment

Attachments Required: <not checked>  
Checked on: <not checked>

Status	Description
--------	-------------

Required Attachments:

Att Type	Date Sent	Sent Status	Submission ID
----------	-----------	-------------	---------------

Add Attachment View Attachment Remove Attachment

## 5 Select the type of attachment needed

Claim Information

Check Attachment Requirements  
Add Attachment

Attachments Required: <not checked>  
Checked on: <not checked>

Status	Description
--------	-------------

Required Attachments:

Att Type	Date Sent	Sent Status	Submission ID
----------	-----------	-------------	---------------

Add Attachment View Attachment

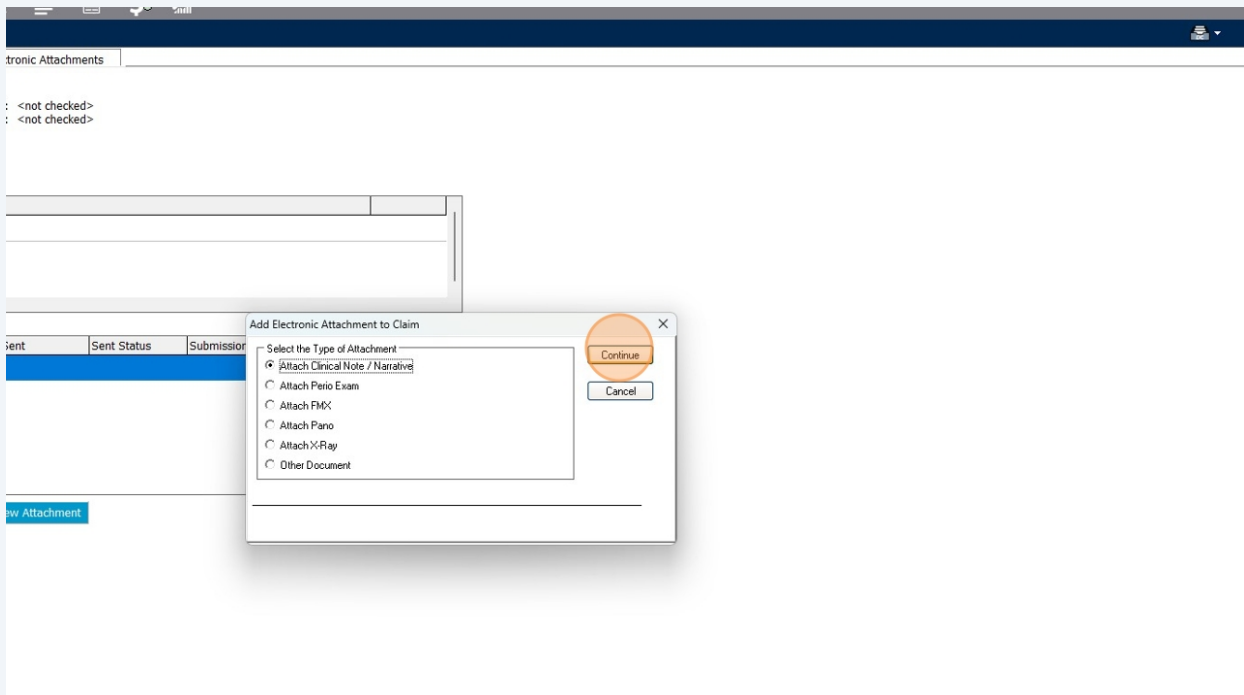
Add Electronic Attachment to Claim

Select the Type of Attachment

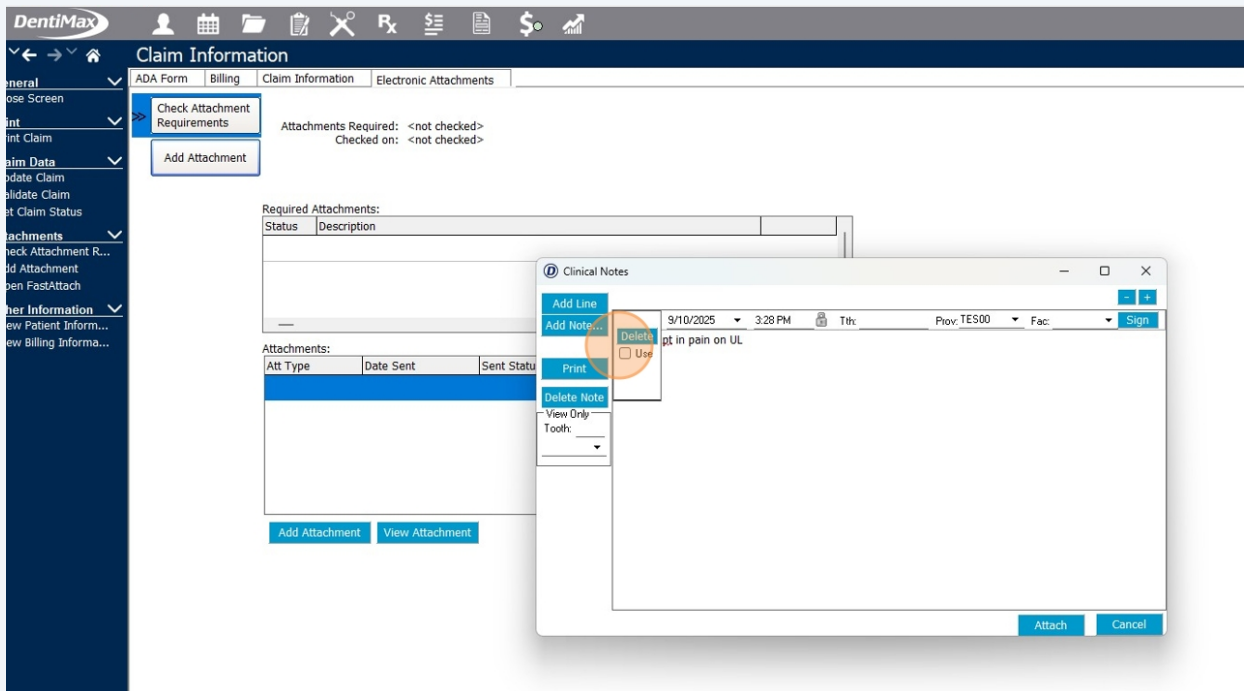
- Attach Clinical Note / Narrative
- Attach Period Exam
- Attach FIMX
- Attach Pano
- Attach X-Ray
- Other Document EOB or COB

Continue Cancel

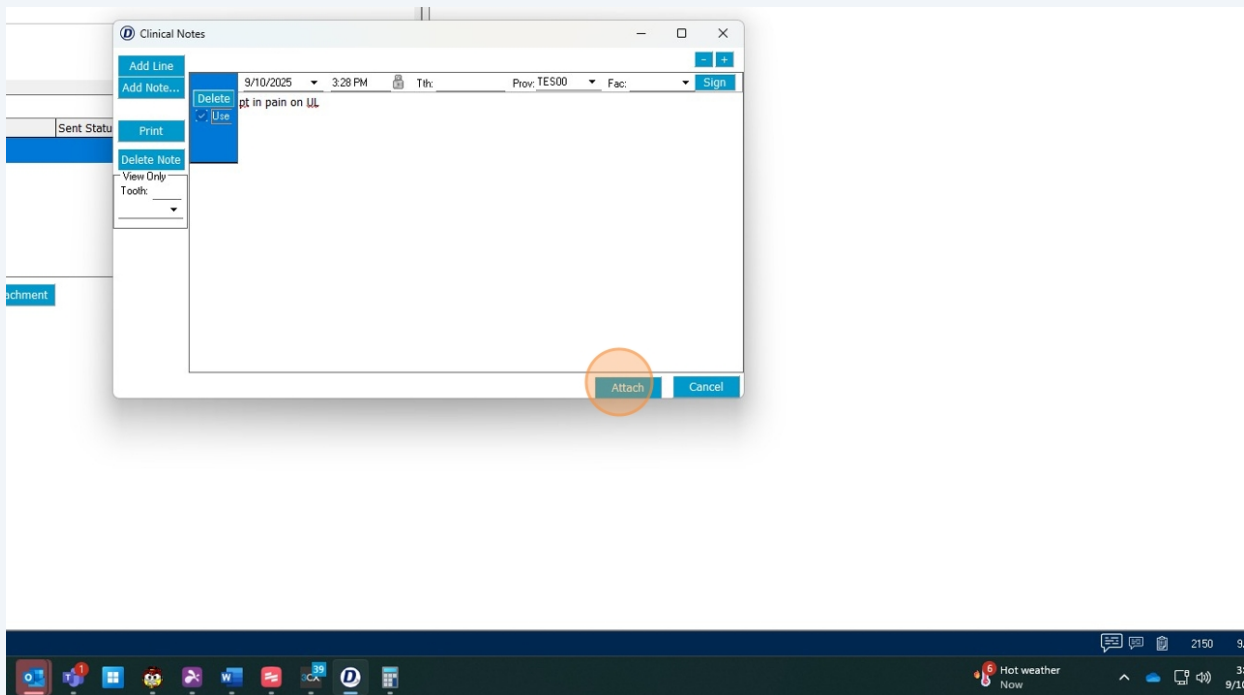
## 6 As an example: this is a clinical attachment



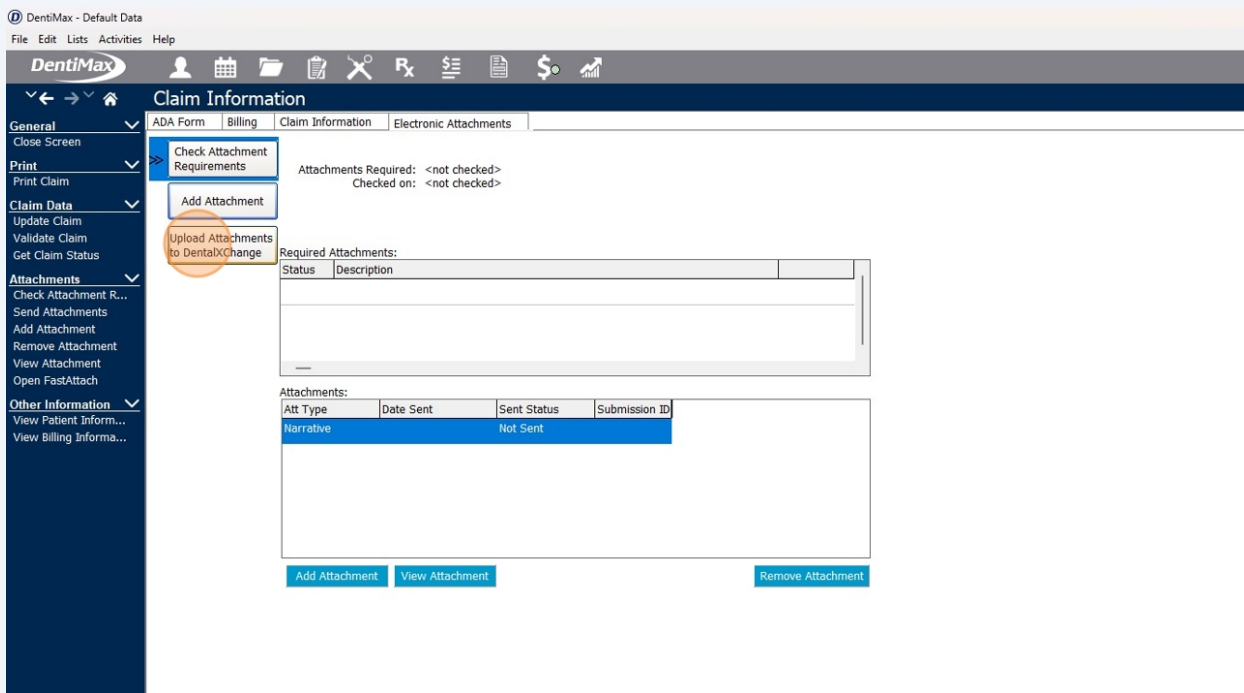
## 7 For a narrative/clinical note: click on the box to use



## 8 Click "Attach"



## 9 Once you have all necessary attachments listed: Click "Upload Attachments to DentalXChange"



## 10 Click "OK"

ment

Checked on: <not checked>

ments

Required Attachments:

Status	Description
--------	-------------

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative	9/10/2025 3:29:04 PM	Sent	85276217

Preparing attachments to upload. This could take several minutes.

DentiMax

Attachments uploaded.

OK

Add Attachment View Attachment Remove Attachment

9/10/2025 3:28 PM 2150 - Narrative Attached

## 11 Now you will see that the attachment has been sent and now has a submission ID#

Claim Information

General

Check Attachment Requirements

Attachments Required: <not checked>  
Checked on: <not checked>

Add Attachment

Upload Attachments to DentalXChange

Required Attachments:

Status	Description
--------	-------------

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative	9/10/2025 3:29:04 PM	Sent	85276217

Add Attachment View Attachment Remove Attachment

9/10/2025 3:29 PM 2150 - attachments sent to DentalXChange ID: DXC85276217.  
9/10/2025 3:28 PM 2150 - Narrative Attached

## 12 Close screen

DentiMax - Default Data  
File Edit Lists Activities Help

**DentiMax**

Claim Information

General | ADA Form | Billing | Claim Information | Electronic Attachments

Close Screen

Check Attachment Requirements  
Attachments Required: <not checked>  
Checked on: <not checked>

Add Attachment

Upload Attachments to DentalXChange

Required Attachments:

Status	Description

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative	9/10/2025 3:29:04	Sent	85276217

Add Attachment View Attachment Remove Attachment

## 13 With the claim to be sent highlighted; click Send Selected E-Claim

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**DentiMax**

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## 14 Click "Send"

Created from: 8/11/2025 To: 9/10/2025  Hide Paid/Completed  Only Show Open Ortho Claims

Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill Date	Months of Treatment Remaining	Note
73	DOVMO000	Aetna	Dover, Move	Dover, Move	9/4/2025 8:46:07 AM	Billed				
72	DOVMO000	Aetna	Dover, Move	Dover, Move	9/9/2025 1:31:35 PM	Failed Claim Validation				0
71	DOVMO000	Aetna	Dover, Move	Dover, Move	9/4/2025 8:46:05 AM	Failed Claim Validation				
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63	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C						0
62	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C						
61	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C						
60	TESTE003	Aetna	Test, Testy C	Test, Testy C						0

Send Claims to EHG  
**ClaimConnect**  
 User ID: aliciadm  
 Password: \*\*\*\*\*

## 15 Click "OK"

Search by: Number View: Claim List

Created from: 8/11/2025 To: 9/10/2025  Hide Paid/Completed  Only Show Open Ortho Claims

Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill Date	Months of Treatment Remaining	Note
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62	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C						
61	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C						
60	TESTE003	Aetna	Test, Testy C	Test, Testy C						0

DentiMax  
 Claims uploaded successfully.

# 16 Click yes

Claim has now been sent through DentalXchange

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