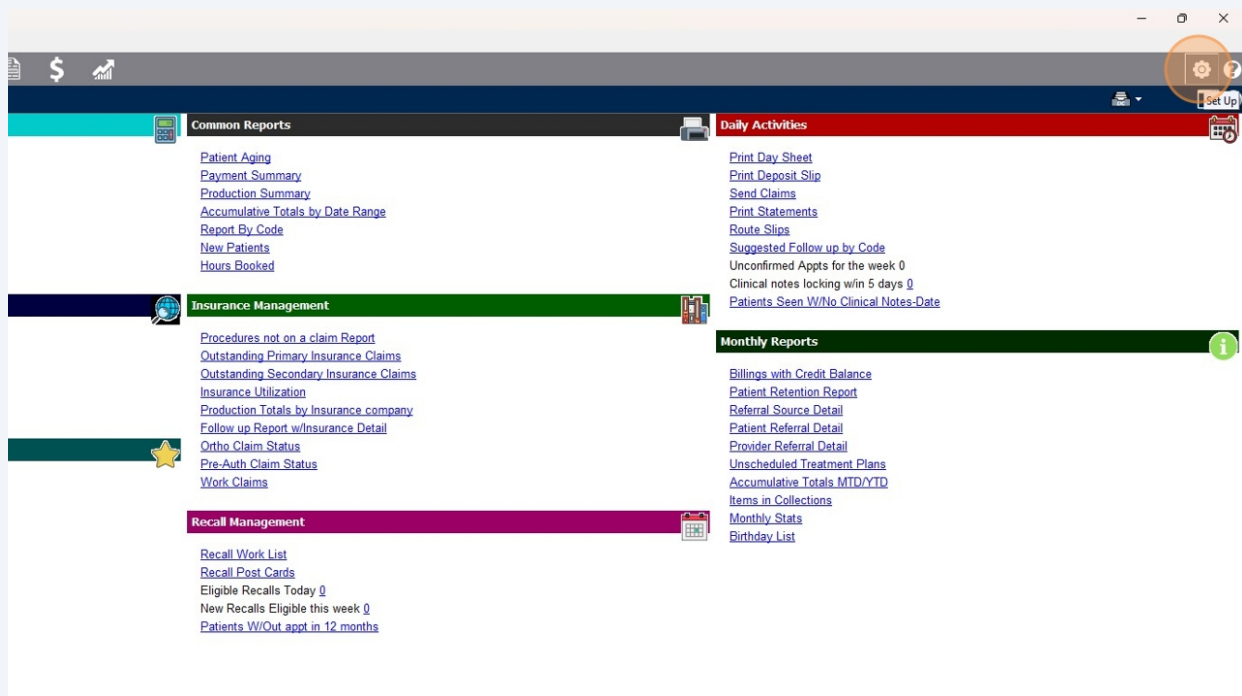


Dentimax dental management system Workflow

Adding New Insurance Plans

1 On the upper right, click on the "gear" to open your SETUP menus



2 Click Enter Insurance Plans

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax Setup

General
Close Screen

Practice Information

- [Set up the practice](#), by entering the address and scheduling preferences, such as opening and closing hours and holidays.
- [Set up users](#), by entering employee names and passwords.
- [Set up security](#), by limiting the users to certain features.
- [Set up providers](#), for each doctor and hygienist.
- [Set up resources](#), for scheduling. Create a resource for each column to be shown in the scheduler.
- [Set up required fields](#), for the patient entry screen.

Accounting Setup

- [Set up the fee schedules](#), to be used with the insurance plans.
- [Enter insurance plans](#), by entering in insurance information like coverage amounts, deductible, and fee schedule.
- [Set up default coverage tables](#), which will allow easy data entry into the insurance plan coverage amounts.
- [Set up the service classes](#), to group your ADA codes by category.
- [Set up Service Codes](#), and Conditions.
- [Set up Accounting Codes](#), such as adjustment and payment codes.

Additional Setup

- [Set up multicores](#), to group service codes together. Using multicores is an easy way to create multiple transactions with a single click.
- [Set up alert codes](#), to notify the users of any patient medical condition or allergies.
- [Create prescription templates](#), for commonly prescribed medications.
- [Modify claim pre-edits](#), to ensure claims are completed before sending.
- [Hide/Show Communicator Button](#), on the top right of the screen.
- [Create patient Acknowledgment items](#) for consent forms, HIPAA agreements, or other items to track for each patient.

System Setup

- [Use the practice start up wizard](#), to set up the basic practice information.
- [Set up with an electronic claims service](#), to be able to send electronic claims.
- [Set the credit card processor](#)
- [Change Server IP address](#)
- [Use the SQL tool](#), for viewing and updating data. (For Support technicians only)

3 Click here

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax Insurance Plan -

Name: _____ Group Number: _____
Employer: _____ Phone: _____

Search: Search by: Code

Code	Name	Group Number	Group Name	Employer	Street	City	State	Zip	Phone	Payer ID	Fee Schedule
00000											2
00001											
00002											
AET00	Aetna				P.O. Box 14094	Lexington	KY	40512	(800) 451-7715	60054	4
ALL00	Allied Benefits Services				P.O. Box 909786-60	Chicago	IL	60690		37308	
AME00	Ameritas Life Ins. Corp				P.O. Box 82520	Lincoln	NE	68501-2520		47009	
AME01	AmeriBen Solutions, Inc.				P.O. Box 7186	Boise	ID	83707		75137	
ANT00	ANTHEM				P.O. Box 659444	San Antonio	TX	78265		84105	
ASS00	Assurant, Inc				P.O. Box 2940	Clinton	IA	52733-2940		70408	
ASS01	Assured Benefits Administrators				4855 N. MESA	El Paso	TX	79912		74240	
CAS00	Cash Discount										3
CIG00	CIGNA				P.O. Box 188037	Chattanooga	TN	37422		62308	2
CIG01	CIGNA	3454646	raytheon -high		P.O. Box 188037	Chattanooga	TN	37422		62308	6
DEL00	Delta Dental										
DEN00	Denti-Cal				P.O. Box 15610	Sacramento	CA	95852		94146	
GEH00	GEHA				P.O. Box 2336	Independence	MO	64051		44054	
GRE00	Great West Life										
HUM00	Humana				P.O. Box 14611	Lexington	KY	40512		73288	
MET00	MetLife Dental Claims				P.O. Box 981282	El Paso	TX	79998-1282	(877) 638-3379	65978	3
PRD00	Principal Life Insurance Co.				P.O. Box 39710	Colorado Springs	CO	80949		61271	
TRD00	Tricare Dental Plan (United Conc				P.O. Box 14181	El Paso	TX	79998		89070	
UNI00	United Concordia				P.O. Box 69421	Harrisburg	PA	17106		89070	
UNI01	United Healthcare				ATTN CLAIMS UNIT	Salt Lake City	UT	84130-0507	(800) 888-8888	52133	

4 Enter all Insurance plan information; IMPORTANT to include the GROUP NUMBER

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Insurance Plan - ()

General Coverage Payment Information Frequency/Limits

Code: _____

Name: _____ Group Name: _____
Street: _____ Employer: _____
Street 2: _____ Group Number: _____
City: _____ State: _____ Local: _____
Postal Code: _____ Fee Schedule: _____
Phone: _____ Payer ID: _____
Fax: _____ Insurance Type: _____
Contact: _____ Category: _____

Medical Insurance Plan
 Send Electronic Claims Check Attachment Requirements Use Electronic Eligibility

Diagnosis Code Type: _____ Fee Schedule on Claim: _____
Info For Claim (Box 48): Provider Information Billing Provider ID (Box 52A): State ID Number
Provider Pin on Claim (Box 58): TIN Number Billing SSN or TIN (Box 51): TIN Number
Timely Filing Days: _____ Billing Procedure Code Set: ADA Codes
 Do Not Bill Insurance Do Not Bill Patient
Default Payment Code: INSCHECK Insurance Check Payment
Default Adjustment Code: INSADJ Insurance Adjustment

Note: _____

5 Assign the correct Fee Schedule from the drop down menu. (if insurance fee schedule is not listed, follow the instructions to add new fee schedule).

This will be the fee schedule that is used for treatment planning and ledger posting

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Insurance Plan - ()

General Coverage Payment Information Frequency/Limits

Code: _____

Name: _____ Group Name: _____
Street: _____ Employer: _____
Street 2: _____ Group Number: _____
City: _____ State: _____ Local: _____
Postal Code: _____ Fee Schedule: _____
Phone: _____ Payer ID: _____
Fax: _____ Insurance Type: _____
Contact: _____ Category: _____

Medical Insurance Plan
 Send Electronic Claims Check Attachment Requirements Use Electronic Eligibility

Diagnosis Code Type: _____ Fee Schedule on Claim: _____
Info For Claim (Box 48): Provider Information Billing Provider ID (Box 52A): State ID Number
Provider Pin on Claim (Box 58): TIN Number Billing SSN or TIN (Box 51): TIN Number
Timely Filing Days: _____ Billing Procedure Code Set: ADA Codes
 Do Not Bill Insurance Do Not Bill Patient
Default Payment Code: INSCHECK Insurance Check Payment
Default Adjustment Code: INSADJ Insurance Adjustment

Note: _____

6

Be sure to mark "Send Electronic Claims, Check Attachment Requirements and Use Electronic Eligibility" if you are set up with Electronic Claims

The screenshot shows the 'Insurance Plan - ()' form in the DentiMax system. The 'General' tab is active. In the 'Medical Insurance Plan' section, the 'Send Electronic Claims' checkbox is highlighted with a red circle. Other visible options include 'Medical Insurance Plan', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. The form contains various fields for Name, Street, City, State, Postal Code, Phone, Fax, Contact, Group Name, Employer, Group Number, Local, Fee Schedule, Payer ID, Insurance Type, and Category. There are also dropdown menus for Billing Provider ID, Billing SSN or TIN, and Billing Procedure Code Set. A 'Note' field is at the bottom.

7

Click "Check Attachment Requirements"

This screenshot is identical to the one above, but the 'Check Attachment Requirements' checkbox is highlighted with a red circle. The 'Send Electronic Claims' checkbox is also checked. The rest of the form fields and layout are the same as in the previous image.

8 Click "Use Electronic Eligibility"

The screenshot shows the 'Insurance Plan - ()' form in the DentiMax system. The 'General' tab is active. In the 'Medical Insurance Plan' section, the 'Send Electronic Claims' checkbox is checked, and the 'Use Electronic Eligibility' checkbox is also checked and highlighted with an orange circle. Other fields include Name, Street, City, State, Postal Code, Phone, Fax, Group Name, Employer, Group Number, Local, Fee Schedule (set to 5), Payer ID, Insurance Type, and Category. There are also dropdown menus for Diagnosis Code Type, Fee Schedule on Claim, Billing Provider ID, Billing SSN or TIN, and Billing Procedure Code Set.

9 Fee Schedule on Claim; always select your OFFICE FEE SCHEDULE.

This screenshot shows the same 'Insurance Plan - ()' form, but with the 'Fee Schedule on Claim' dropdown menu open. The dropdown list is visible, showing options: 1 Office Fees, 2 delta, 3 Cash Plan (10% off), 4 aetna, 5, 6, 7, and 8. The 'Office Fees' option is highlighted with an orange circle. The 'Use Electronic Eligibility' checkbox remains checked.

10

You can use the Note section for any plan specific details the office needs to be aware of

The screenshot shows the 'Claim Form Fee Schedule' form. The 'Notes' field at the bottom is highlighted with a red circle. The form includes various input fields for contact information, insurance details, and checkboxes for electronic claims and attachment requirements.

11

Click "Coverage" tab

The screenshot shows the 'Insurance Plan - ()' form. The 'Coverage' tab is highlighted with a red circle. The form includes various input fields for plan details, insurance information, and checkboxes for electronic claims and attachment requirements.

12

Complete Plan Specific coverage information; deductibles, plan year, maximums and adjust coverage percents as needed.

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Insurance Plan - ()

General Coverage **Payment Information** Frequency/Limits

Save Changes [X] Cancel Changes [ESC]

Coverage Table
Load Default Covera...
Add Coverage
Delete Coverage

Default Options
Use this data for ne...
Clear Default Data f...

Deductible Amounts

Individual Family

Standard: _____ Deductible Reset Month: January

Preventive: _____ Max Individual Benefit: _____

Other: _____ Max Family Benefit: _____

Ortho: _____ Max Individual Ortho: _____

Insurance Estimate Calculation

(Total Fee - Co-Pay) x Coverage %

(Total Fee x Coverage %) - Co-Pay

Use Alternate Fee Schedule

Alternate Fee Schedule: _____

Begin Range	End Range	Category	Coverage %	Co-pay	Ded Type	Exclude from Max
D0120	D1999	Diag/Prev	100	0	Preventive	<input type="checkbox"/>
D2110	D2664	Basic Restor	80	0	Standard	<input type="checkbox"/>
D2710	D2799	Crown	50	0	Standard	<input type="checkbox"/>
D2910	D2999	Other Restorati	50	0	Standard	<input type="checkbox"/>
D3110	D3999	Endo	80	0	Standard	<input type="checkbox"/>
D4210	D4999	Perio	80	0	Standard	<input type="checkbox"/>
D5110	D5899	Prostho	50	0	Standard	<input type="checkbox"/>
D5911	D5999	Maxillo Prostho	50	0	Standard	<input type="checkbox"/>
D6010	D6199	Implants	0	0	Standard	<input type="checkbox"/>
D6205	D6999	Prosho Fixed	50	0	Standard	<input type="checkbox"/>
D7111	D7999	Oral Surgery	80	0	Standard	<input type="checkbox"/>
D8010	D8999	Orthodontics	50	0	Other	<input type="checkbox"/>
D9110	D9999	Adj Gen Serv	0	0	Standard	<input type="checkbox"/>

13

Click "Payment Information"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Insurance Plan - ()

General Coverage **Payment Information** Frequency/Limits

Save Changes [X] Cancel Changes [ESC]

Coverage Table
Load Default Covera...
Add Coverage
Delete Coverage

Default Options
Use this data for ne...
Clear Default Data f...

Deductible Amounts

Individual Family

Standard: _____ Deductible Reset Month: January

Preventive: _____ Max Individual Benefit: _____

Other: _____ Max Family Benefit: _____

Ortho: _____ Max Individual Ortho: _____

Insurance Estimate Calculation

(Total Fee - Co-Pay) x Coverage %

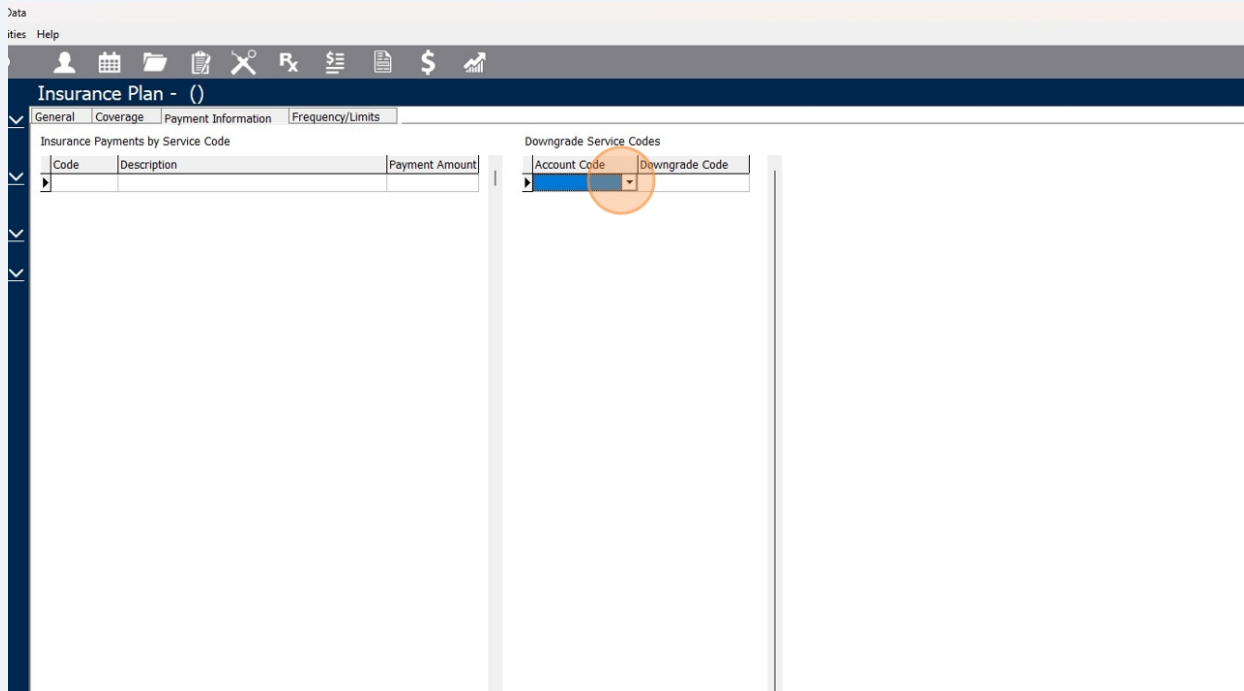
(Total Fee x Coverage %) - Co-Pay

Use Alternate Fee Schedule

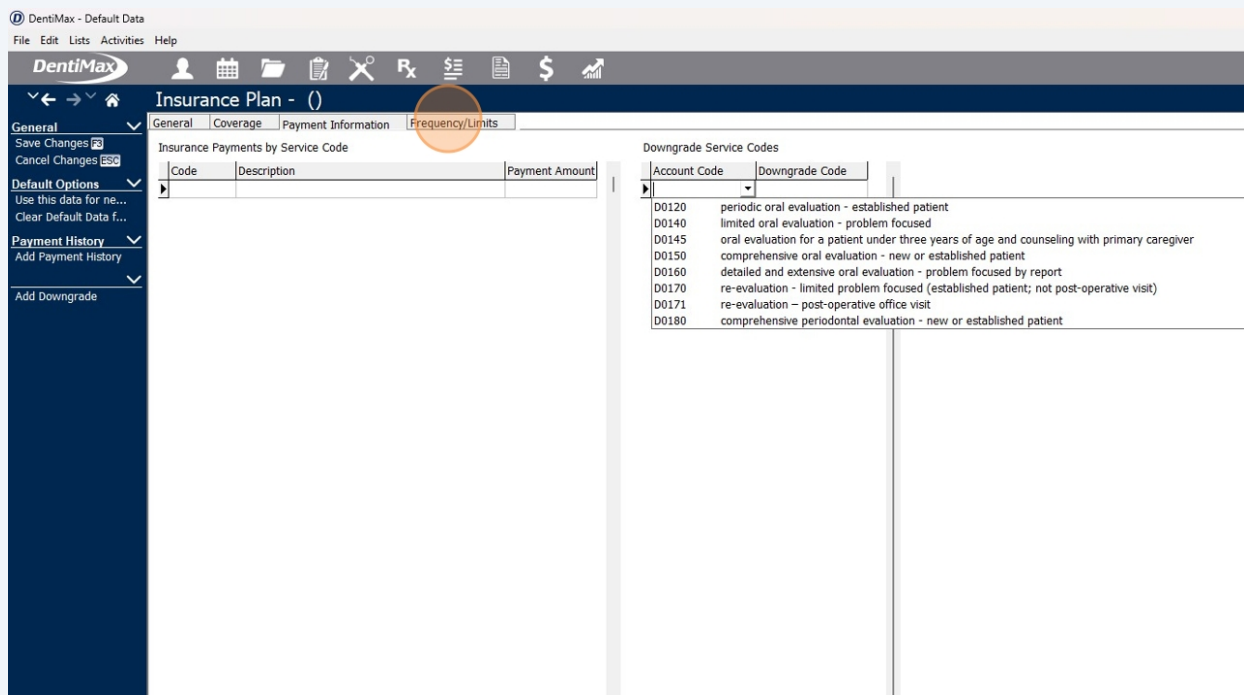
Alternate Fee Schedule: _____

Begin Range	End Range	Category	Coverage %	Co-pay	Ded Type	Exclude from Max
D0120	D1999	Diag/Prev	100	0	Preventive	<input type="checkbox"/>
D2110	D2664	Basic Restor	80	0	Standard	<input type="checkbox"/>
D2710	D2799	Crown	50	0	Standard	<input type="checkbox"/>
D2910	D2999	Other Restorati	50	0	Standard	<input type="checkbox"/>
D3110	D3999	Endo	80	0	Standard	<input type="checkbox"/>
D4210	D4999	Perio	80	0	Standard	<input type="checkbox"/>
D5110	D5899	Prostho	50	0	Standard	<input type="checkbox"/>
D5911	D5999	Maxillo Prostho	50	0	Standard	<input type="checkbox"/>
D6010	D6199	Implants	0	0	Standard	<input type="checkbox"/>
D6205	D6999	Prosho Fixed	50	0	Standard	<input type="checkbox"/>
D7111	D7999	Oral Surgery	80	0	Standard	<input type="checkbox"/>
D8010	D8999	Orthodontics	50	0	Other	<input type="checkbox"/>
D9110	D9999	Adj Gen Serv	0	0	Standard	<input type="checkbox"/>

14 You can enter specific downgrades here as needed



15 Click Frequency/Limits to add plan specific details as needed



16 When you have all the plan information entered click SAVE CHANGES

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Insurance Plan - ()

General Coverage Payment Information Frequency/Limits

Frequency Information

Ortho Claim Billing Frequency: _____

Frequency notes for this insurance plan and specific procedure codes

Code	Description	Note	Frequency	Age Limit
D0330	panoramic radiographic image		1x per 5 Years to Date	

Save Changes [F3]
Cancel Changes [ESC]

Default Options
Use this data for ne...
Clear Default Data f...

Frequencies
Add Limit for Proced...