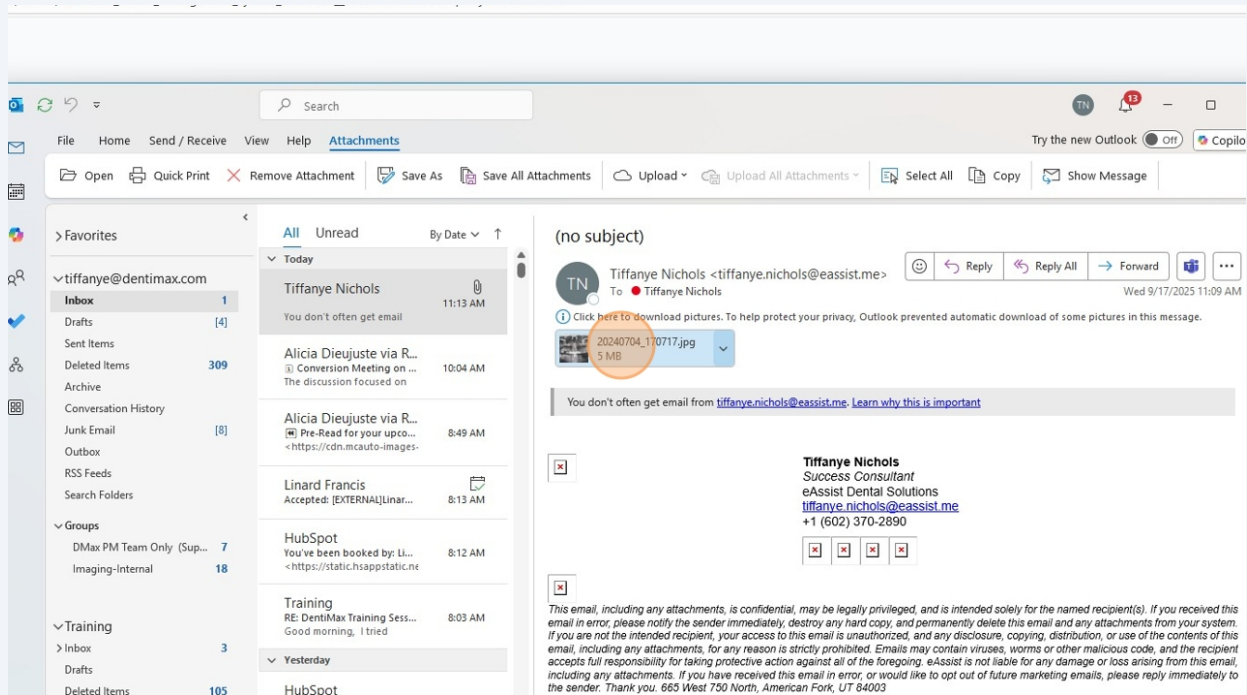


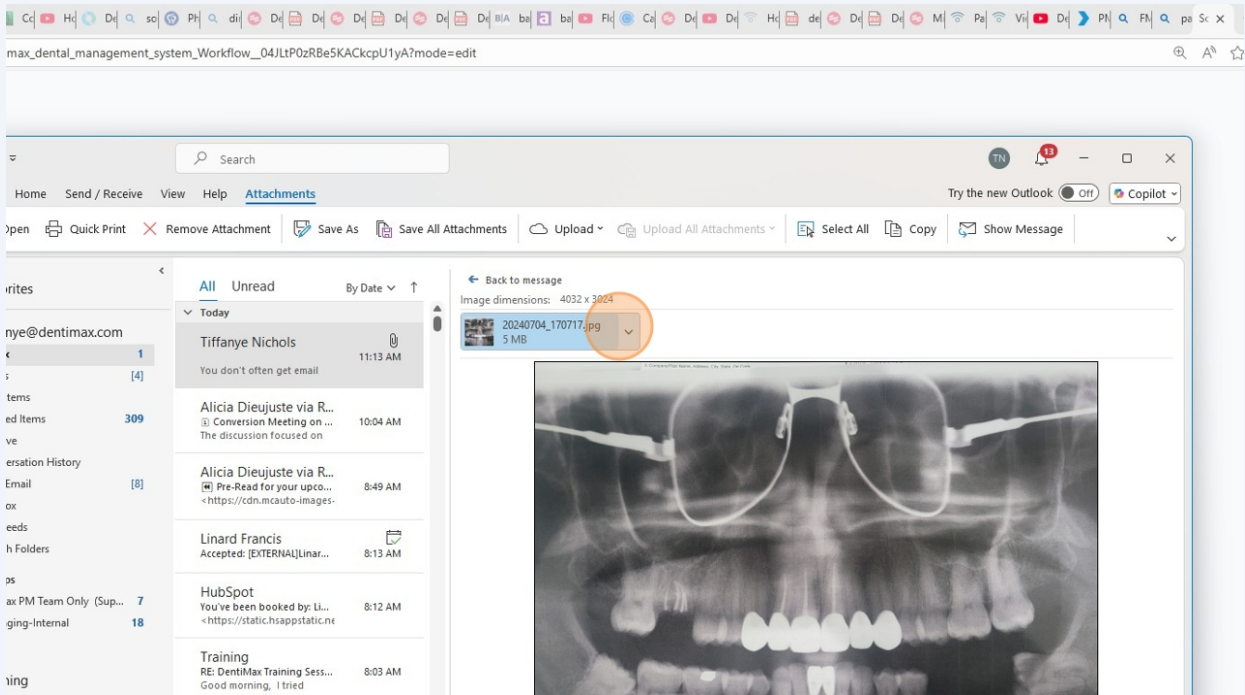
DentiMax: Attaching image to claims

1 If you are needing to pull image from your email:

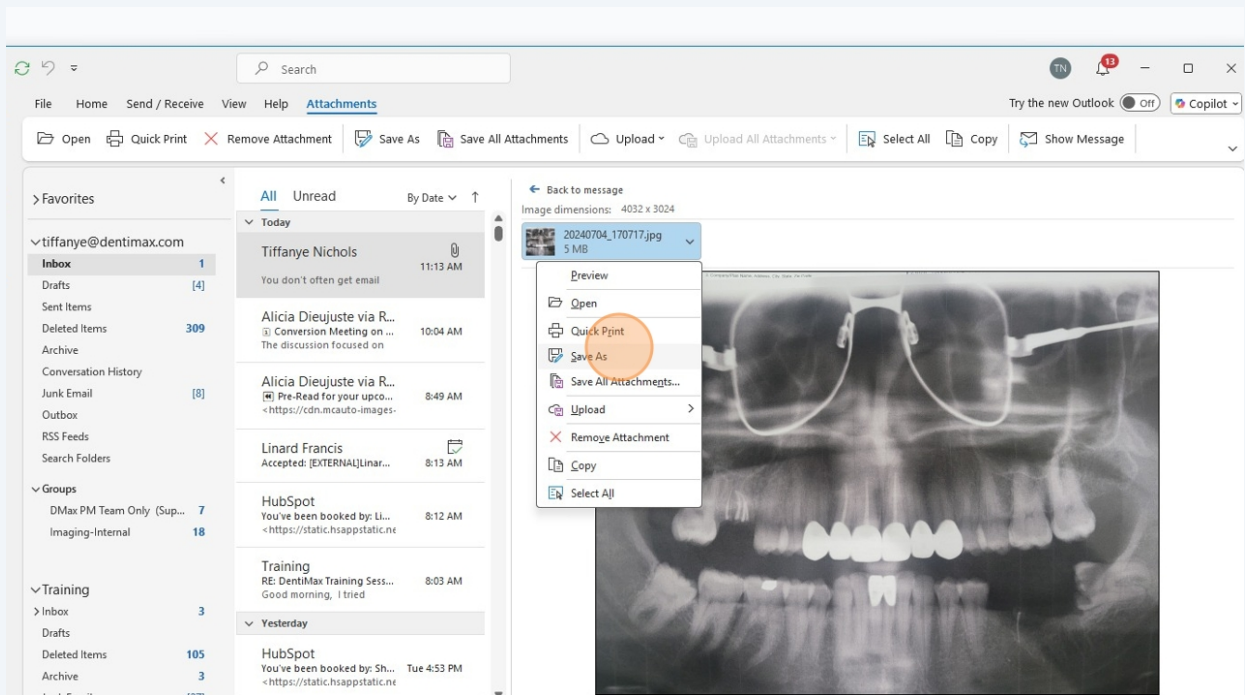
Open the email with the attachment



2 Select the attachment

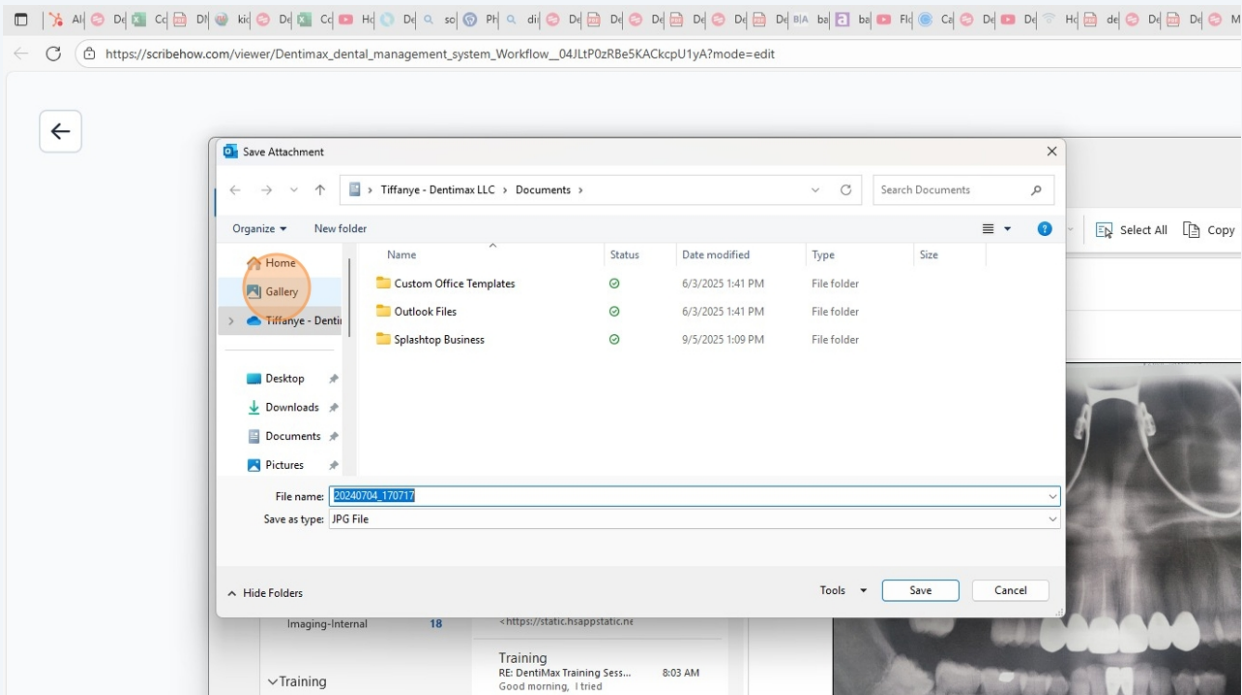


3 You will need to save the attachment

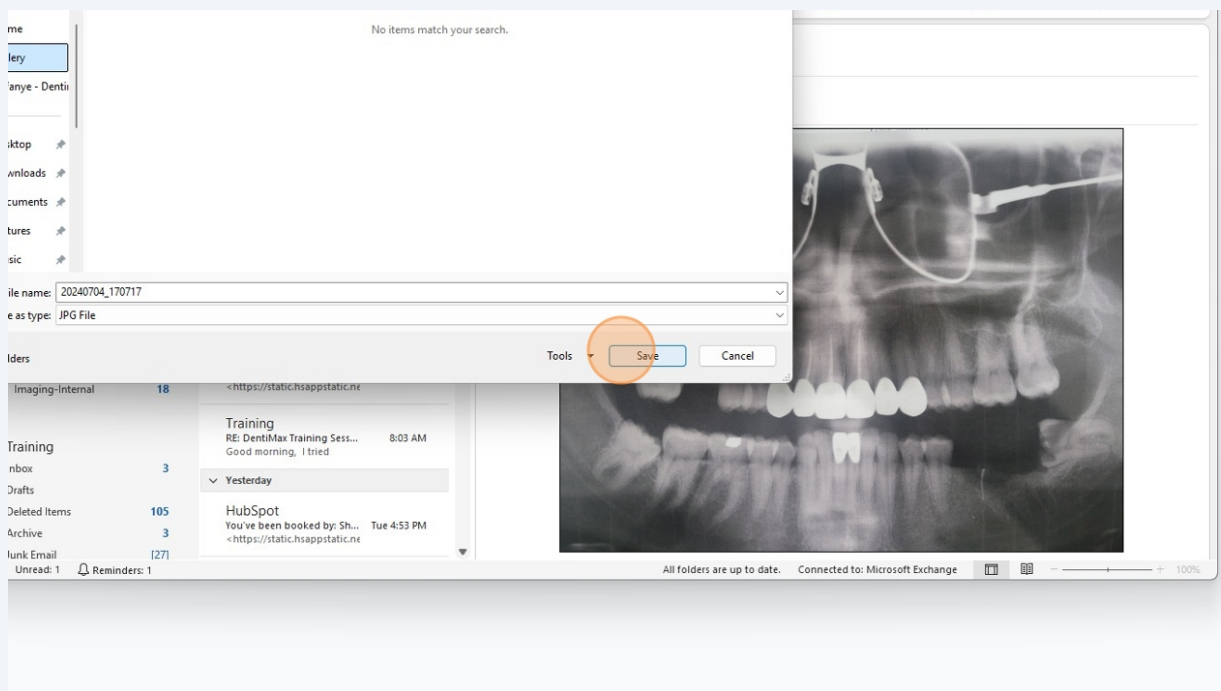


4 Select the correct folder to save the document to

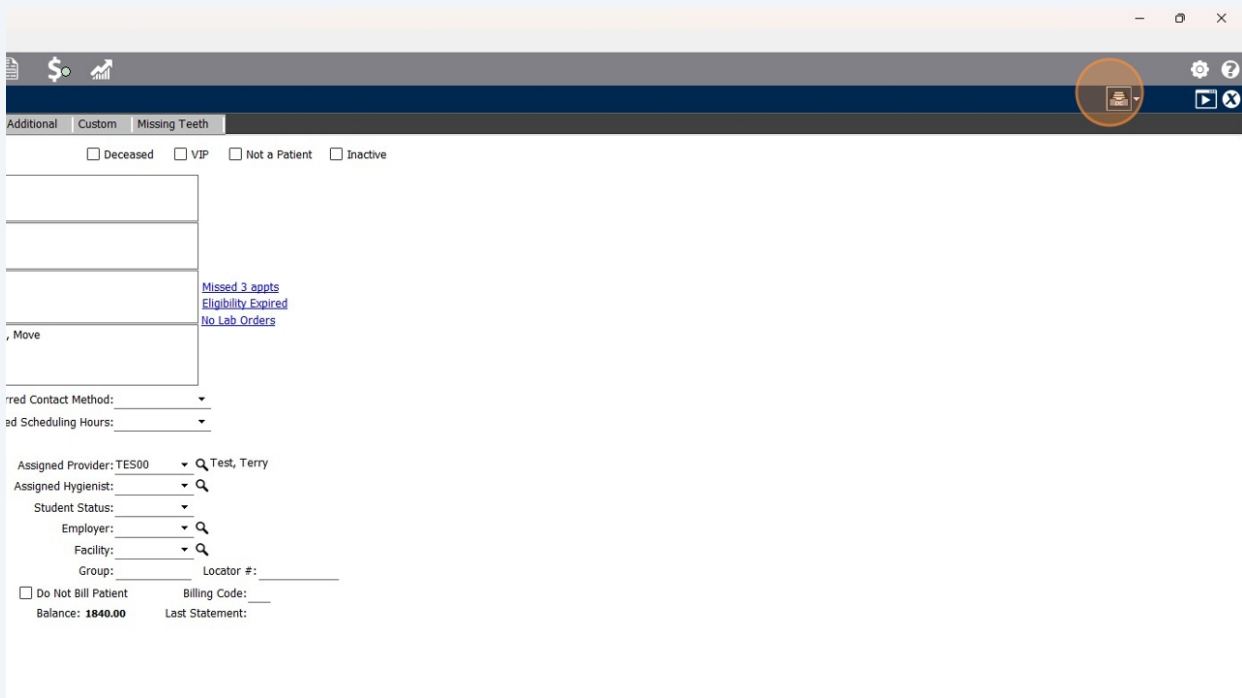
You will have your cloud file folder to save to that we sent when I was there. You will not be using the Gallery like I am here.



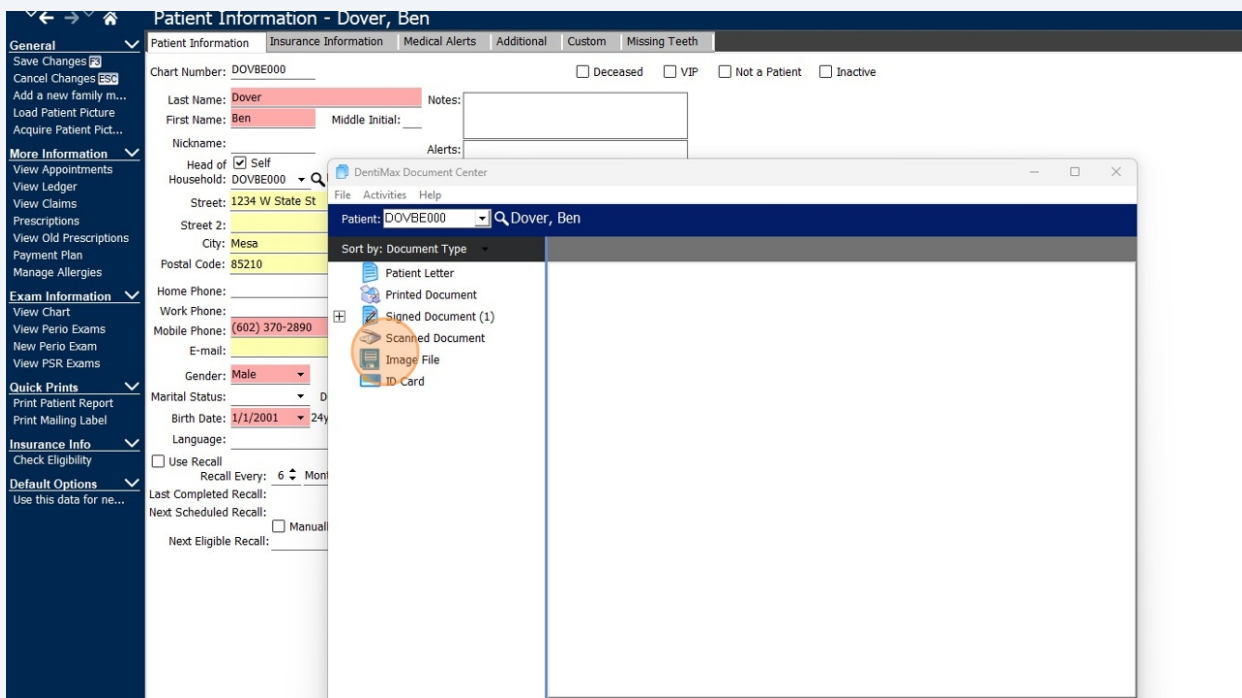
5 Click "Save"



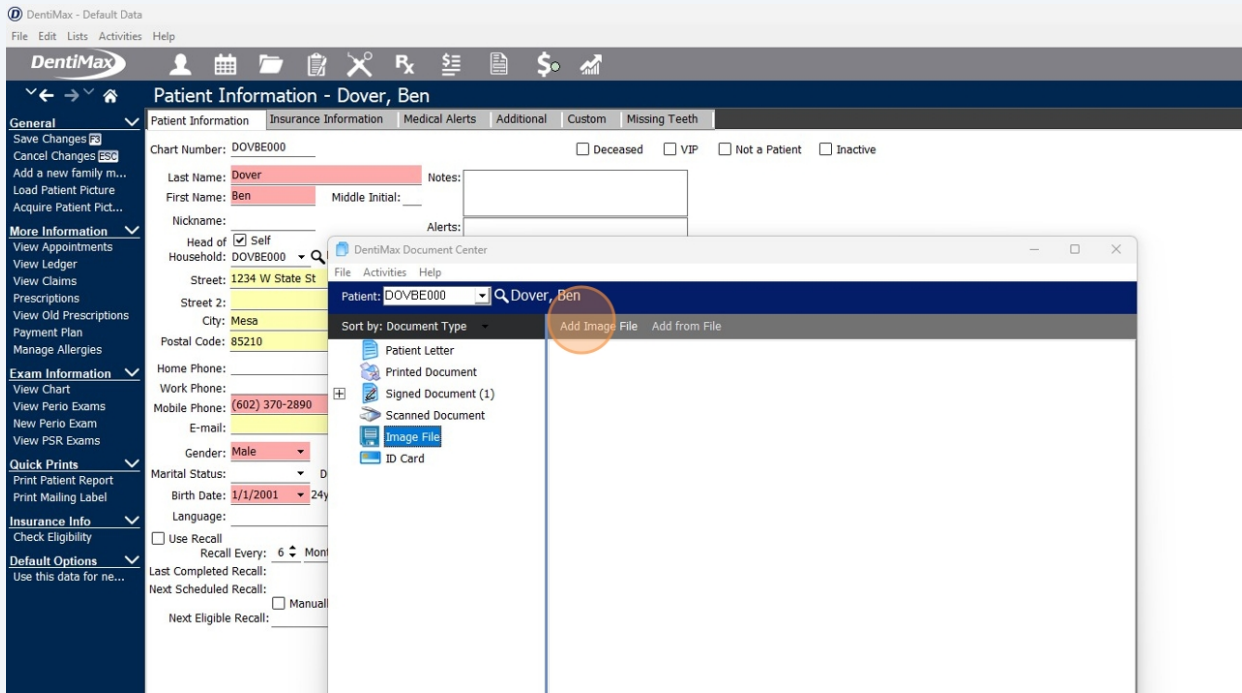
6 Back in DentiMax on the patient account; click DC, Document Center



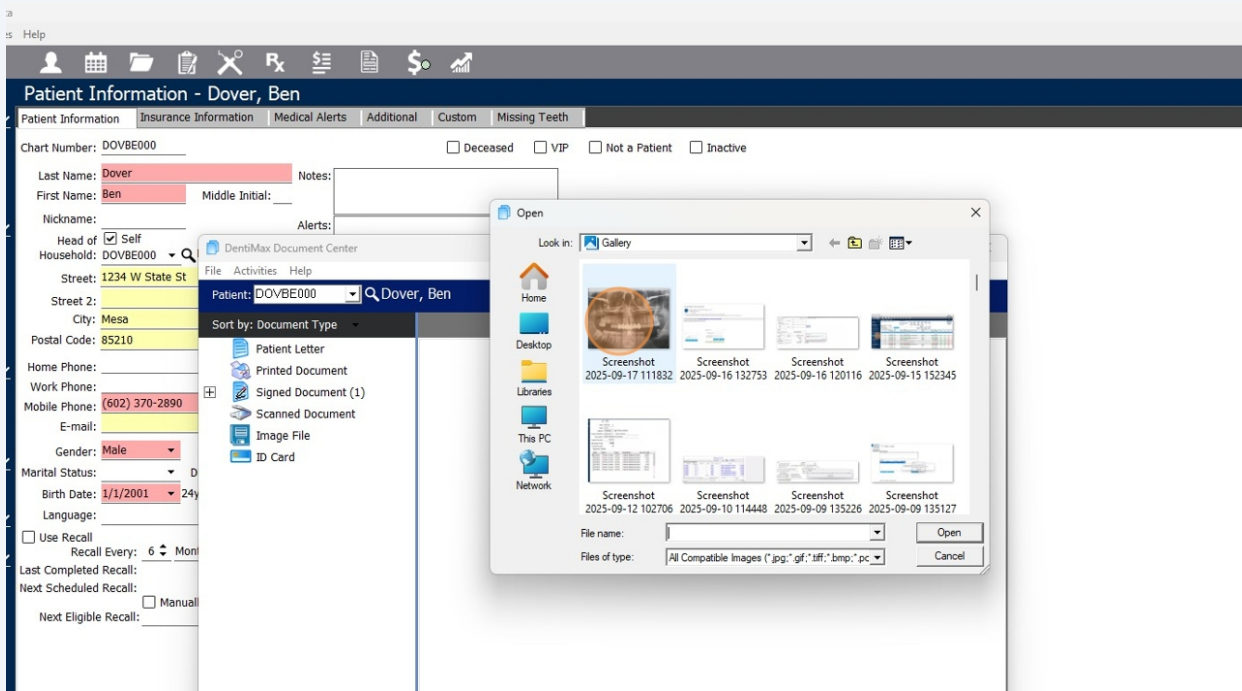
7 Select Image File



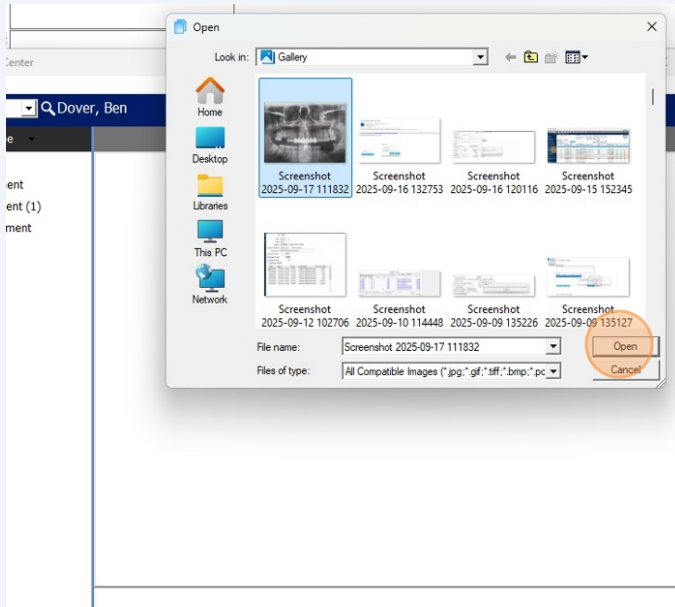
8 Add Image File



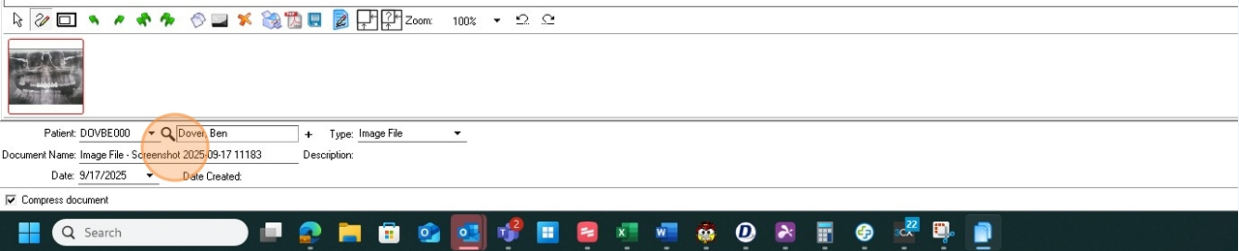
9 Select the file folder that you saved the image to



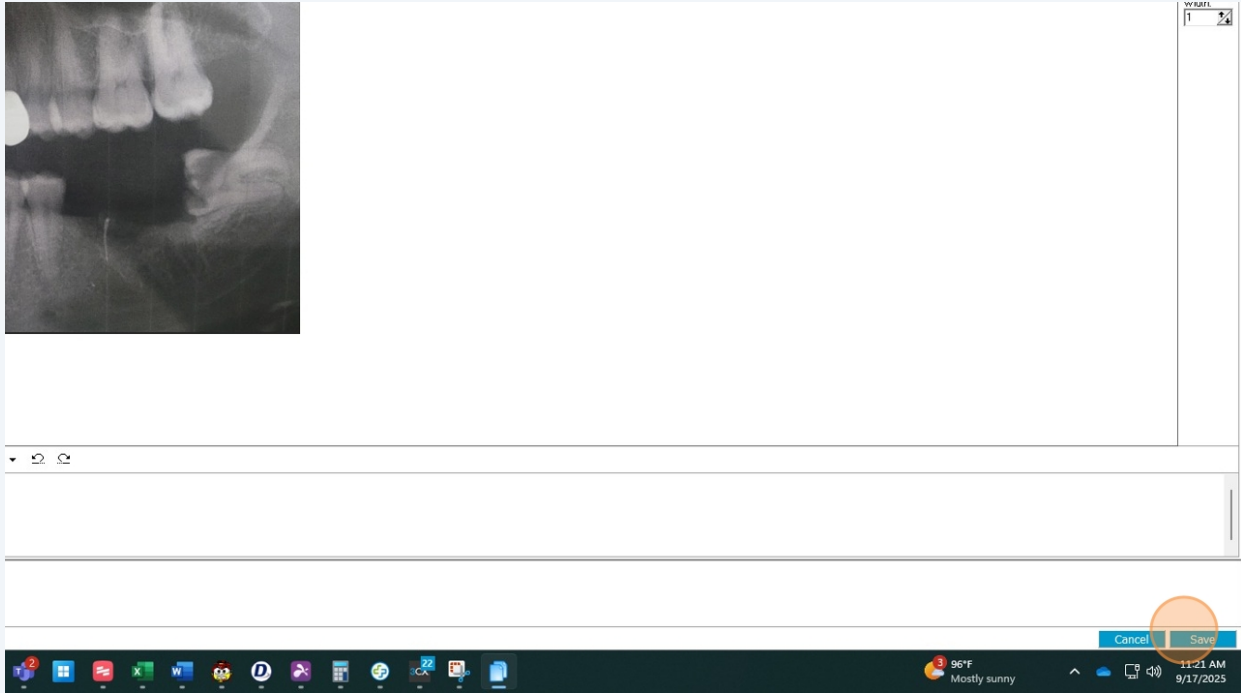
10 Select your image and click Open



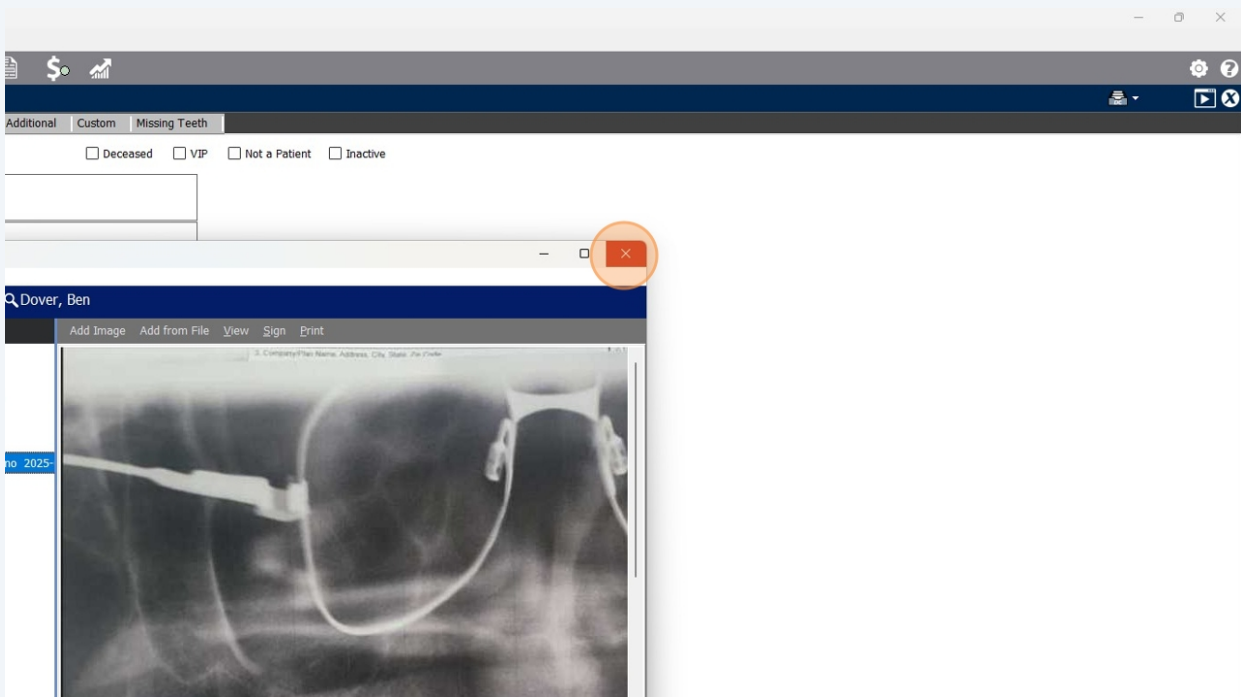
11 You will verify the patient is selected and name the file as needed



12 Click "Save"



13 Close DC



14 Now to attach the image to the claim: Open the claims list

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Information - Dover, Ben

General Patient Information Insurance Information Medical Alerts Additional Custom Missing Teeth

Chart Number: DOVBE000 Deceased VIP Not a Patient Inactive

Last Name: Dover Notes:
 First Name: Ben Middle Initial:
 Nickname: Alerts:
 Head of Household: Self
 Household: DOVBE000 Q Dover, Ben Appts:
 Street: 1234 W State St
 Street 2:
 City: Mesa State: AZ Family: Dover, Move
 Postal Code: 85210
 Home Phone:
 Work Phone: Preferred Contact Method:
 Mobile Phone: (602) 370-2890 Preferred Scheduling Hours:
 E-mail:
 Gender: Male SIV/SSN: 500-50-5050 Assigned Provider: TES00 Q Test, Terry
 Marital Status: Driver License: Assigned Hygienist:
 Birth Date: 1/1/2001 24yrs Other ID: 500-50-5050 Student Status:
 Language: Employer:
 Use Recall Facility:
 Recall Every: 6 Months Plus 1 Day Group: Locator #:
 Last Completed Recall: Do Not Bill Patient Billing Code:
 Next Scheduled Recall: Manually Set Recall Date Balance: 1840.00 Last Statement:
 Next Eligible Recall:

Missed 3 appts
Eligibility Expired
No Lab Orders

General
Save Changes
Cancel Changes
Add a new family m...
Load Patient Picture
Acquire Patient Pict...
More Information
View Appointments
View Ledger
View Claims
Prescriptions
View Old Prescriptions
Payment Plan
Manage Allergies
Exam Information
View Chart
View Perio Exams
New Perio Exam
View PSR Exams
Quick Prints
Print Patient Report
Print Mailing Label
Insurance Info
Check Eligibility
Default Options
Use this data for ne...

15 Double-click to open the claim that needs the attachment

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim - Dover, Ben

General Claim Status Primary: Claim Status Secondary:
 Type of Transaction: Number:
 Name:
 Search: Search by: Number View: Claim List
 Claims created from: 8/18/2025 To: 9/17/2025 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
43	75	DOVBE000	Aetna	Dover, Ben	Dover, Move	9/15/2025 11:26:08 AM	Billed	Billed	
37	74	DOVBE000	Aetna	Dover, Ben	Dover, Move	9/15/2025 11:26:07 AM	Failed Claim Validatio		
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	Billed		
38	71	DOVMO000	Aetna	Dover, Move	Dover, Move	9/4/2025 8:46:05 AM	Failed Claim Validatio		
33	63	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C	9/9/2025 1:23:53 PM	Ready to Bill		

General
Close Screen
Customize View
Customize Filter
Modify Data
Edit Claim
Delete Claim
Create Claims
Claims
Print Selected Claim
Print Claims
Send E-Claims
Send Selected E-Ca...
Validate Claim
Get Claim Status

16 Click "Electronic Attachments"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim Information

General 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) Statement of Actual Services EPSDT / Title XIX Request for Predetermination/Preauthorization

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

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

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: 110365 17. Employer Name

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/Subscrber in #4 (Last, First, Middle Initial, Suffix)

PATIENT INFORMATION

6. Date of Birth (MM/DD/CCYY): 7. Gender: M F U 8. Policyholder/Subscrber ID (Assigned by Plan): 54965654

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

18. Relationship to Policyholder/Subscrber in #12 Above: Self Spouse Dependent Child Other 19. Retained For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Dover, Ben
1234 W State St,
Mesa, AZ 85210

21. Date of Birth (MM/DD/CCYY): 1/1/2001 22. Gender: M F U 23. Patient ID/Account # (Assigned by Dental): DOVBE000

11a. Other Payer ID

RECORD OF SERVICES PROVIDED

24. Procedure Code (MM/DD/CCYY)	25. Area of Care (System)	26. Tooth Surface	27. Tooth Number(s) or Letter(s)	28. Procedure Code	29a. Diag. Planner	29b. City	30. Description	31. Fee
1 8/25/2025	JP	5		D7210			1 extraction erupted tooth requiring remov	\$0.00
2								
3								
4								
5								
6								
7								
8								
9								
10								

17 Click "Add Attachment"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim Information

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

Check Attachment Requirements

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

Add Attachment

Required Attachments:

Status	Description

Attachments:

Att Type	Date Sent	Sent Status	Submission ID

Add Attachment View Attachment Remove Attachment

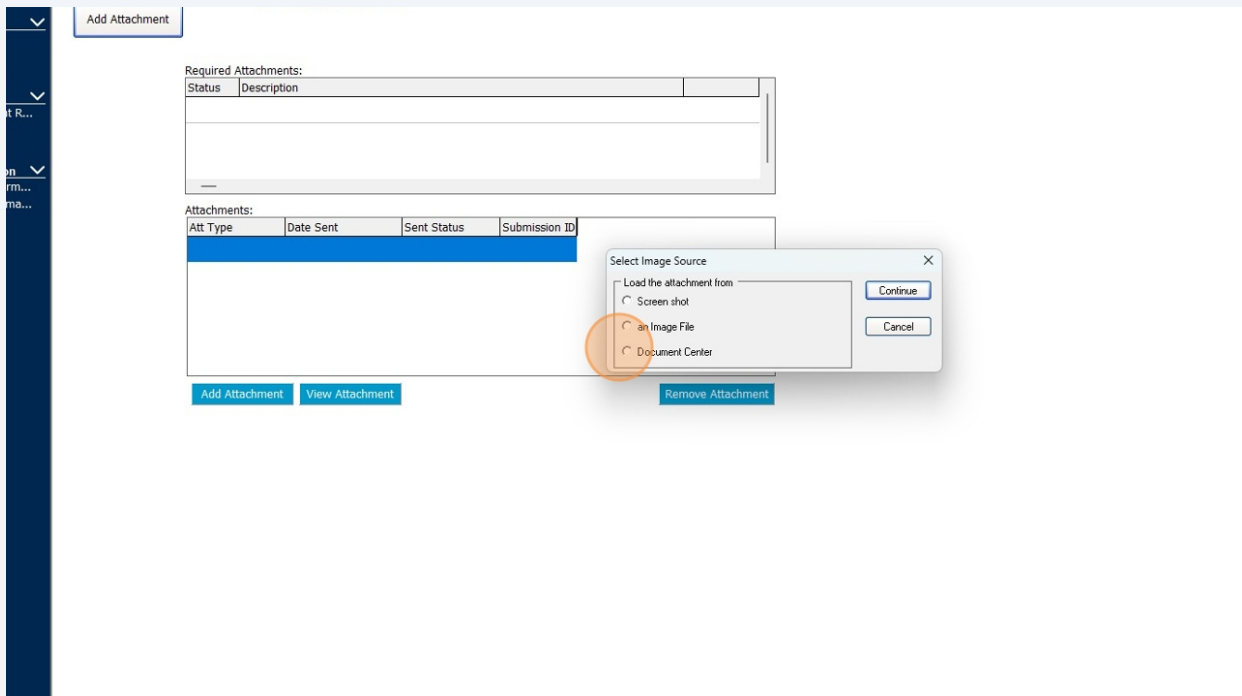
18 in my case: Click Attach Pano

The screenshot shows a web application interface with a dark blue sidebar on the left containing navigation links like 'Check Attachment Requirements' and 'Add Attachment'. The main content area displays 'Attachments Required: <not checked>' and 'Checked on: <not checked>'. Below this is a table for 'Required Attachments' with columns for 'Status' and 'Description'. A modal dialog titled 'Add Electronic Attachment to Claim' is open, showing a list of attachment types: 'Attach Clinical Note / Narrative', 'Attach Period Exam', 'Attach FIMX', 'Attach Pano', 'Attach X-Ray', and 'Other Document'. The 'Attach Pano' option is selected with a radio button. The 'Continue' button is highlighted with an orange circle.

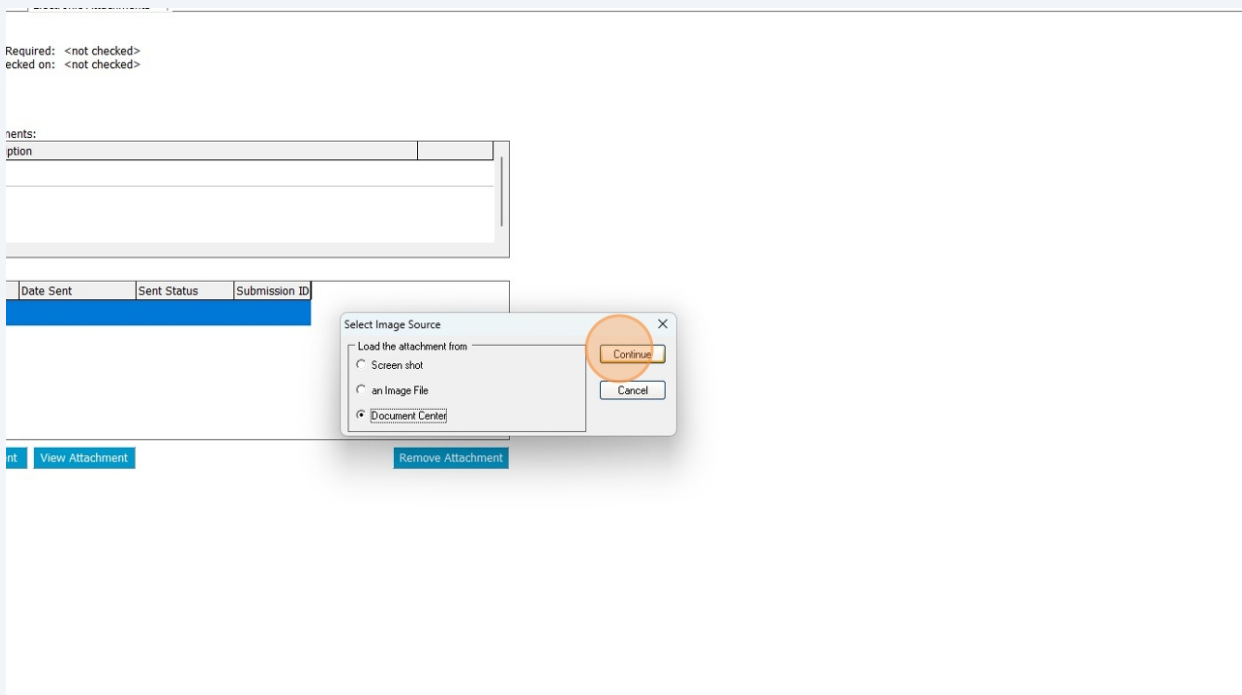
19 Click "Continue"

This screenshot shows the same web application interface as in step 18. The 'Add Electronic Attachment to Claim' dialog is still open, and the 'Attach Pano' option is selected. The 'Continue' button is now highlighted with an orange circle, indicating the next step in the process.

20 Click "Document Center"



21 Click "Continue"



22 Select the file you just uploaded to DC

Default Data
Activities Help

Claim Information

Check Attachment Requirements
Add Attachment

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

Select the Document to Attach

Select a Document

Document Type: [v]

Date	Doc Type	Name
9/17/2025	Image File	Pano 2025-09-17 11183
8/15/2025	Signed Document	Treatment Estimate

Attachments:

Alt Type	Date Sent
----------	-----------

Add Attachment View At

23 Click "Select"

Doc Type	Name
Image File	Pano 2025-09-17 11183
Signed Document	Treatment Estimate

24 Click "Upload Attachments to DentalXChange"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim Information

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

Close Screen
Print
Print Claim
Claim Data
Update Claim
Validate Claim
Get Claim Status
Attachments
Check Attachment R...
Send Attachments
Add Attachment
Remove Attachment
View Attachment
Open FastAttach
Other Information
View Patient Inform...
View Billing Informa...

Check Attachment Requirements
Add Attachment
Upload Attachments to DentalXChange

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

Required Attachments:

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

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Pano		Not Sent	

Add Attachment View Attachment Remove Attachment

25 Click "OK"

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

Required Attachments:

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

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Pano	9/17/2025 11:22:12	Sent	86022153

Preparing attachments to upload. This could take several minutes.

DentiMax Attachments uploaded. the attachment.

OK

Add Attachment View Attachment Remove Attachment

9/17/2025 11:22 AM 2150 - pano attached from a file.

26 You will now see that the image is on the attachment ID

Claim Information

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

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
Pano	9/17/2025 11:22:12 AM	Sent	86022153

Add Attachment View Attachment Remove Attachment

9/17/2025 11:22 AM 2150 - attachments sent to DentalXChange ID: DXC86022153.
9/17/2025 11:22 AM 2150 - pano attached from a file.

27 Close screen

DentiMax - Default Data

File Edit Lists Activities Help

DentiMax

Claim Information

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

Close Screen

Print

Claim Data

Update Claim

Validate Claim

Get Claim Status

Attachments

Check Attachment R...

Send Attachments

Add Attachment

Remove Attachment

View Attachment

Open FastAttach

Other Information

View Patient Inform...

View Billing Informa...

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
Pano	9/17/2025 11:22:12 AM	Sent	86022153

Add Attachment View Attachment Remove Attachment

28

Now you will see the Attachment ID on the selected claim and the claim is ready to send.

Click Send Selected e-claim

