

POSTING BULK INSURANCE PAYMENT FROM PAYMENT LIST (can be used for single insurance payments as well)

1 Click here

The screenshot displays the DentiMax software interface. At the top, a navigation bar contains several icons, including a dollar sign with a plus sign, which is highlighted by a red circle and labeled 'Payment List'. Below the navigation bar, the main content area is divided into several sections: 'Helpful Resources' with links like 'Create Prescription' and 'ASAP List'; 'Common Reports' with links like 'Patient Aging' and 'Payment Summary'; 'Web Links' with links to 'DentiMax.com Home Page' and 'DentiMax Support Portal'; 'DentiMax Training Videos' with links to 'DentiMax YouTube Channel' and 'DentiMax 20 Videos'; 'Insurance Management' with links like 'Procedures not on a claim Report' and 'Outstanding Primary Insurance Claims'; and 'Recall Management' with links like 'Recall Work List' and 'Eligible Recalls Today'. On the right side, there are vertical navigation menus for 'Daily', 'Month', and 'Birth'.

2 Click New Payment

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Payment - Patient Cash Payment

Date: _____ Payment Method: _____
Check Number: _____ Original Amount: _____
Patient: _____

Date From: _____ To: _____

Search: _____ Search by: ID View: Payment List

Date Created	Date	Chart Number	Description	Original Amount	Check Number	Insurance Code	Unapplied Amount
5/6/2025 3:42 p	5/6/2025	TESDE000	Patient Cash Payment	100.00			100.00
5/7/2025 7:31 a	5/7/2025	TESDE000	Patient Cash Payment	1000.00			
5/12/2025 7:19	5/12/2025	TESSH000	Patient Cash Payment	300.00			
5/13/2025 9:54	5/13/2025	TESBO001	Patient Credit	80.00			0.00
5/13/2025 12:47	5/13/2025	TESBO001	REFUND - Patient Cash Payment	-20.00			
5/23/2025 3:10	5/23/2025		Aetna	200.00		AET00	0.00
5/27/2025 1:11	5/27/2025		Aetna	60.00	13213	AET00	0.00
5/27/2025 1:13	5/27/2025	WEAWI000	Patient Cash Payment	20.00			
5/27/2025 1:14	5/27/2025		Aetna	0.00		AET00	0.00
5/27/2025 1:18	5/29/2025	WEAWI000	Patient Cash Payment	15.00			
5/27/2025 1:53	5/27/2025	WEAWI000	Patient Cash Payment	1000.00			
5/27/2025 2:02	5/27/2025		Aetna	40.00	12632	AET00	0.00
5/27/2025 2:10	5/27/2025	WEAWI000	REFUND - Refund to patient via	-825.00			
6/3/2025 10:46	6/3/2025		United Healthcare	600.00	1232131	UNI01	0.00
6/5/2025 11:28	6/5/2025	WEAWI000		100.00			
6/9/2025 8:04 a	6/9/2025		Insurance Check Payment	300.00	12313	AME01	0.00
6/10/2025 12:55	6/10/2025		Aetna	100.00	1564	AET00	0.00
6/19/2025 12:47	6/19/2025	WEAWI000	Down payment for payment Plan	100.00			100.00
6/19/2025 1:17	6/19/2025	WEAWI000		17.00			0.00
7/7/2025 10:55	7/7/2025		Aetna	100.00		AET00	0.00
7/7/2025 10:55	7/7/2025		Aetna	100.00	12312	AET00	0.00
7/9/2025 10:56	7/9/2025		Aetna	1200.00	3213	AET00	0.00
7/9/2025 11:54	7/9/2025		Aetna	20.00	1	AET00	0.00
7/14/2025 10:25	7/14/2025		Aetna	500.00		AET00	300.00

3 Select Payment Type from drop down menu; INSURANCE

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

ID: _____

Date: 7/14/2025
Type: _____
Insurance Code: _____

Payment Method: _____ Check Number: _____

Description: _____

Original Amount: _____

Distributed Total: 0.00
Unused Amount: 0.00

4 Click "Insurance"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [S] Cancel Changes [ESC]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type:

Insurance Code: Patient Insurance

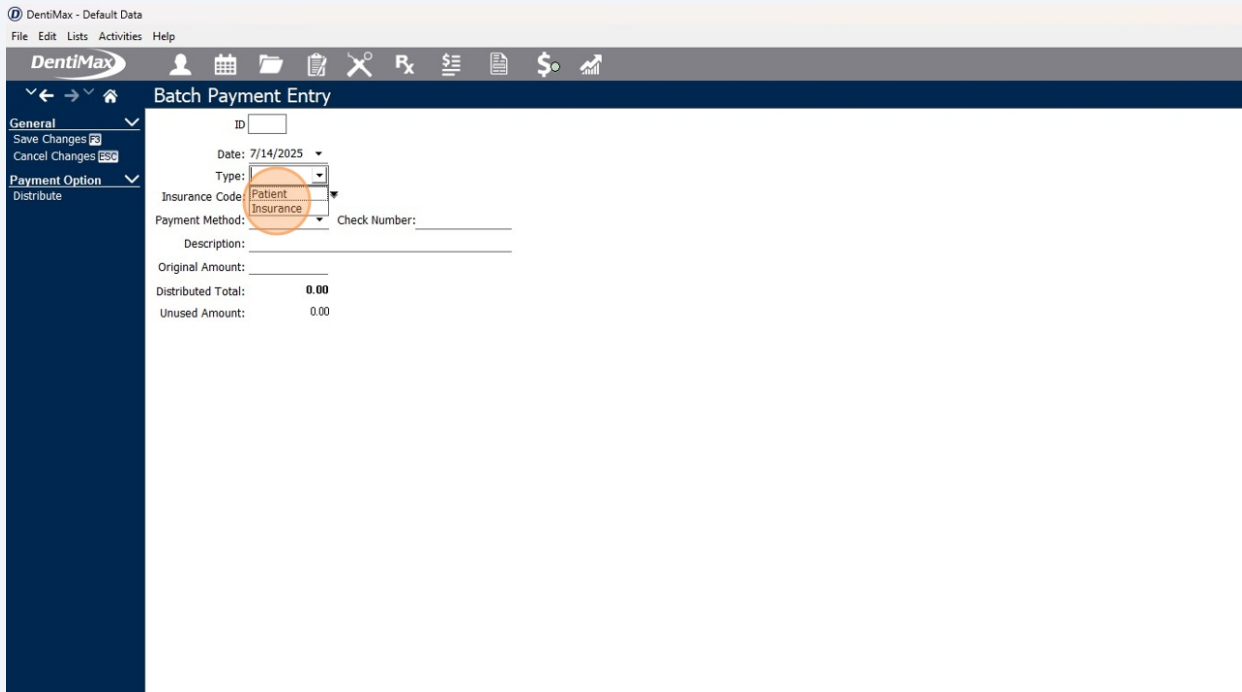
Payment Method: Check Number:

Description:

Original Amount:

Distributed Total: 0.00

Unused Amount: 0.00



5 Click the drop down menu to select the insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [S] Cancel Changes [ESC]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type:

Insurance Code: Insurance

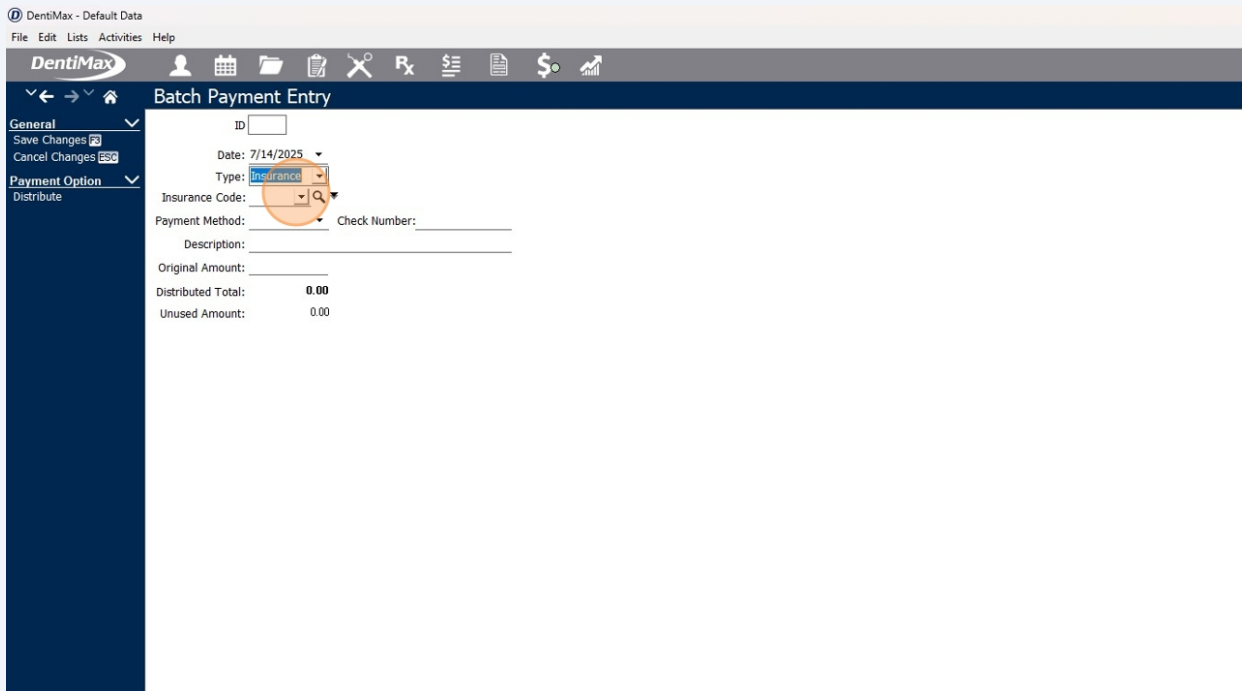
Payment Method: Check Number:

Description:

Original Amount:

Distributed Total: 0.00

Unused Amount: 0.00



6 Select correct insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [ESC]
Cancel Changes [ESC]

Payment Option

Distribute

Insurance Code

Search for Insurance...
Edit Insurance Code
New Insurance Code

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code:

Payment Method:

Code	Name	City	Group Name	Group Number	Insurance Type	Fee Sched...
00000						2
Description:						
00001						
Original Amount:						
00002						
Distributed Total:						5
00003						
AET00	Aetna	Lexington			2	1
Unused Amount:						
ALL00	Allied Benefits Services	Chicago			2	
AME00	Ameritas Life Ins. Corp	Lincoln			2	
AME01	AmeriBen Solutions, Inc.	Boise			2	

7 Select payment method from drop down menu

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [ESC]
Cancel Changes [ESC]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code: AET00

Payment Method:

Check Number:

Description:

Original Amount:

Distributed Total:

Unused Amount: 0.00

Check
Cash
Credit Card
Electronic
Care Credit

8

Enter check number from paper check; this could be a "draft number" if an electronic payment

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [ESG]
Cancel Changes [ESG]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code: AET00 Aetna

Payment Method: Check Check Number:

Description: Aetna

Original Amount:

Distributed Total: 0.00

Unused Amount: 0.00

9

Enter the TOTAL check payment amount

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [ESG]
Cancel Changes [ESG]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code: AET00 Aetna

Payment Method: Check Check Number: 1231651

Description: Aetna

Original Amount:

Distributed Total: 0.00

Unused Amount: 0.00

10 This will show the unused amount for the total payment

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [S] Cancel Changes [ESC]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code: AET00 Aetna

Payment Method: Check Check Number: 1231651

Description: Aetna

Original Amount: 300.00

Distributed Total: 0.00

Unused Amount: 300.00

11 Click Distribute

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General

Save Changes [S] Cancel Changes [ESC]

Payment Option

Distribute

ID:

Date: 7/14/2025

Type: Insurance

Insurance Code: AET00 Aetna

Payment Method: Check Check Number: 1231651

Description: Aetna

Original Amount: 300.00

Distributed Total: 0.00

Unused Amount: 300.00

12 Select first patient on the EOB from the drop down menu

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

EOB Entry - Aetna (AET00)

General
Close Screen

Other Information
Cancel ESG

Check Date: 7/14/2025
Check Number: 1231651

Patient: [Search Icon] [Dropdown Arrow]

Claim: [Dropdown Arrow]

Show Paid Transactions Show Other Insurance Plan Charges

Total Check Amount: 300.00
Previously Posted: 0.00
Current Posted Amount: 0.00
Unposted Amount: 300.00

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up

13 Enter the payments as listed on the EOB

DentiMax - Default Data
Lists Activities Help

DentiMax

EOB Entry - Aetna (AET00)

Primary Ins: AET00 - Aetna
Secondary Ins: -

Check Date: 7/14/2025
Check Number: 1231651

Patient: TESDU000 [Search Icon] Test, Dummy

Claim: All

Show Paid Transactions Show Other Insurance Plan Charges

Total Check Amount: 300.00
Previously Posted: 0.00
Current Posted Amount: 0.00
Unposted Amount: 300.00

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	6/23/2025	0	D1110											
	6/23/2025	0	D0274											
	6/23/2025	0	D1330											
	6/23/2025	0	D1110											
	6/23/2025	0	D0274											
	6/23/2025	0	D1330											

14 When you have posted each payment for this patient; Click Post Payments

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

EOB Entry - Aetna (AET00)

Check Date: 7/14/2025 Primary Ins: AET00 - Aetna
 Check Number: 1231651 Secondary Ins: -
 Patient: TESDU000 Test, Dummy

Total Check Amount: 300.00
 Previously Posted: 0.00
 Current Posted Amount: -150.00
 Unposted Amount: 150.00

Claim: All
 Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	6/23/2025	0	D1110								-100.00		100.00	
	6/23/2025	0	D0274								-50.00		50.00	
	6/23/2025	0	D1330											
	6/23/2025	0	D1110											
	6/23/2025	0	D0274											
	6/23/2025	0	D1330											

15 Select the next patient on the EOB to post to and follow the previous steps to post

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

EOB Entry - Aetna (AET00)

Check Date: 7/14/2025 Primary Ins: AET00 - Aetna
 Check Number: 1231651 Secondary Ins: -
 Patient: [Dropdown] Test, Dummy

Total Check Amount: 300.00
 Previously Posted: -150.00
 Current Posted Amount: 0.00
 Unposted Amount: 150.00

Claim: All
 Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up

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When all patients on the EOB are posted, you will see the full amount has been distributed

Help

EOB Entry - Aetna (AET00)

Check Date: 7/14/2025 **Primary Ins: AET00 - Aetna** Total Check Amount: 300.00
 Check Number: 1231651 Secondary Ins: - Previously Posted: -150.00
 Patient: TESTE002 Test, Testy B Current Posted Amount: -150.00
 Claim: All Unposted Amount: 0.00

Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth	Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	7/8/2025	45	D0220		20.00			-10.00		10.00					
	7/8/2025	45	D0140		55.00			-10.00		45.00					
	7/9/2025	45	D0140		55.00					55.00					
	7/9/2025	45	D0273		200.00			-200.00							
	7/9/2025	45	D7210	6	300.00					300.00		-150.00			

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Click Post Payments and Close

DentiMax - Default Data

File Edit Lists Activities Help

DentiMax

EOB Entry - Aetna (AET00)

Check Date: 7/14/2025 **Primary Ins: AET00 - Aetna** Total Check Amount: 300.00
 Check Number: 1231651 Secondary Ins: - Previously Posted: -150.00
 Patient: TESTE002 Test, Testy B Current Posted Amount: -150.00
 Claim: All Unposted Amount: 0.00

Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Post
 Post Payments
 Post Payments and ...
 General Post Payments and Close All
 Cancel ESG
 Other Information
 Add Billing Note

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth	Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	7/8/2025	45	D0220		20.00			-10.00		10.00					
	7/8/2025	45	D0140		55.00			-10.00		45.00					
	7/9/2025	45	D0140		55.00					55.00					
	7/9/2025	45	D0273		200.00			-200.00							
	7/9/2025	45	D7210	6	300.00					300.00		-150.00			

18 Close Screen

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Batch Payment Entry

General
Close Screen
Payment Option
Distribute

ID: 48
Date: 7/14/2025
Type: Insurance
Insurance Code: AET00 Aetna
Payment Method: Check Check Number: 1231651
Description: Aetna
Original Amount: 300.00
Distributed Total: 300.00
Unused Amount: 0.00

19 You are back in your Payment List

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Payment - Patient Cash Payment

Payment List

Date: _____ Payment Method: _____
Check Number: _____ Original Amount: _____
Patient: _____

Date From: _____ To: _____

Search: _____ Search by: ID View: Payment List

Date Created	Date	Chart Number	Description	Original Amount	Check Number	Insurance Code	Unapplied Amount
5/6/2025 3:42 p	5/6/2025	TESDE000	Patient Cash Payment	100.00			100.00
5/7/2025 7:31 a	5/7/2025	TESDE000	Patient Cash Payment	1,000.00			
5/12/2025 7:19	5/12/2025	TESSH000	Patient Cash Payment	300.00			
5/13/2025 9:54	5/13/2025	TESBO001	Patient Credit	80.00			0.00
5/13/2025 12:47	5/13/2025	TESBO001	REFUND - Patient Cash Payment	-20.00			
5/23/2025 3:10	5/23/2025		Aetna	200.00		AET00	0.00
5/27/2025 1:11	5/27/2025		Aetna	60.00	13213	AET00	0.00
5/27/2025 1:13	5/27/2025	WEAW000	Patient Cash Payment	20.00			
5/27/2025 1:14	5/27/2025		Aetna	0.00		AET00	0.00
5/27/2025 1:18	5/29/2025	WEAW000	Patient Cash Payment	15.00			
5/27/2025 1:53	5/27/2025	WEAW000	Patient Cash Payment	1,000.00			
5/27/2025 2:02	5/27/2025		Aetna	40.00	12632	AET00	0.00
5/27/2025 2:10	5/27/2025	WEAW000	REFUND - Refund to patient via United Healthcare	-825.00			
6/3/2025 10:46	6/3/2025			600.00	1232131	UN01	0.00
6/5/2025 11:28	6/5/2025	WEAW000		100.00			
6/9/2025 8:04 a	6/9/2025		Insurance Check Payment	300.00	12313	AME01	0.00
6/10/2025 12:55	6/10/2025		Aetna	100.00	1564	AET00	0.00
6/19/2025 12:47	6/19/2025	WEAW000	Down payment for payment Plan	100.00			100.00
6/19/2025 1:17	6/19/2025	WEAW000		17.00			0.00
7/7/2025 10:55	7/7/2025		Aetna	100.00		AET00	0.00
7/7/2025 10:55	7/7/2025		Aetna	100.00	12312	AET00	0.00
7/9/2025 10:56	7/9/2025		Aetna	1,200.00	3213	AET00	0.00
7/9/2025 11:54	7/9/2025		Aetna	20.00	1	AET00	0.00
7/14/2025 10:25	7/14/2025		Aetna	500.00		AET00	300.00

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you can verify that all payments have been distributed as the Unapplied Amount will be \$0

You will continue this process for all bulk insurance payments.

For a Single Insurance Payment; you will do the same process and only select the one patient the full amount needs to be posted to.

Account	Description	Amount	Date	Insurance Code	Balance
TESSH000	Patient Cash Payment	300.00			
TESB0001	Patient Credit	80.00			0.00
TESB0001	REFUND - Patient Cash Payment	-20.00			
	Aetna	200.00		AET00	0.00
	Aetna	60.00	13213	AET00	0.00
WEAW000	Patient Cash Payment	20.00			
	Aetna	0.00		AET00	0.00
WEAW000	Patient Cash Payment	15.00			
WEAW000	Patient Cash Payment	1000.00			
	Aetna	40.00	12632	AET00	0.00
WEAW000	REFUND - Refund to patient via	-825.00			
	United Healthcare	600.00	1232131	UNI01	0.00
		100.00			0.00
WEAW000	Insurance Check Payment	300.00	12313	AME01	0.00
	Aetna	100.00	1564	AET00	0.00
WEAW000	Down payment for payment Pla	100.00			100.00
WEAW000		17.00			0.00
	Aetna	100.00		AET00	0.00
	Aetna	100.00	12312	AET00	0.00
	Aetna	1200.00	3213	AET00	0.00
	Aetna	20.00	1	AET00	0.00
	Aetna	500.00		AET00	300.00
	Aetna	300.00	1231651	AET00	0.00