

Posting treatment from appointment

1 Open scheduler

The screenshot displays the DentiMax software interface. At the top, there is a menu bar with 'DentiMax - Default Data' and options for 'File', 'Edit', 'Lists', 'Activities', and 'Help'. Below the menu bar is a toolbar with various icons. The main content area is titled 'Home Page' and is divided into several sections:

- General:** Includes options to 'Customize this page' and 'Refresh page'.
- Helpful Resources:** Contains links for 'Create Prescription', 'ASAP List', 'Today's Appointments', 'Address List', 'View Graphs', 'View Monthly Revenue', and 'Calculator'.
- Web Links:** Lists external links such as 'DentiMax.com Home Page', 'DentiMax Support Portal', 'Dream Digital X-ray Sensors', 'DentiMax Partners', and 'Dental Association'.
- DentiMax Training Videos:** Provides links to 'DentiMax YouTube Channel' and 'DentiMax 20 Videos'.
- Common Reports:** A section with a 'Daily' indicator, containing reports like 'Patient Aging', 'Payment Summary', 'Production Summary', 'Accumulative Totals by Date Range', 'Report By Code', 'New Patients', and 'Hours Booked'. Each report has a 'Print' button.
- Insurance Management:** A section with a 'Month' indicator, containing reports like 'Procedures not on a claim Report', 'Outstanding Primary Insurance Claims', 'Outstanding Secondary Insurance Claims', 'Insurance Utilization', 'Production Totals by Insurance company', 'Follow up Report w/Insurance Detail', 'Ortho Claim Status', 'Pre-Auth Claim Status', and 'Work Claims'. Each report has a 'Print' button.
- Recall Management:** A section containing reports like 'Recall Work List', 'Recall Post Cards', 'Eligible Recalls Today', 'New Recalls Eligible this week', and 'Patients W/Out appt in 12 months'. Each report has a 'Print' button.

2 Select the appointment you would like to work on

Wednesday - July 16, 2025

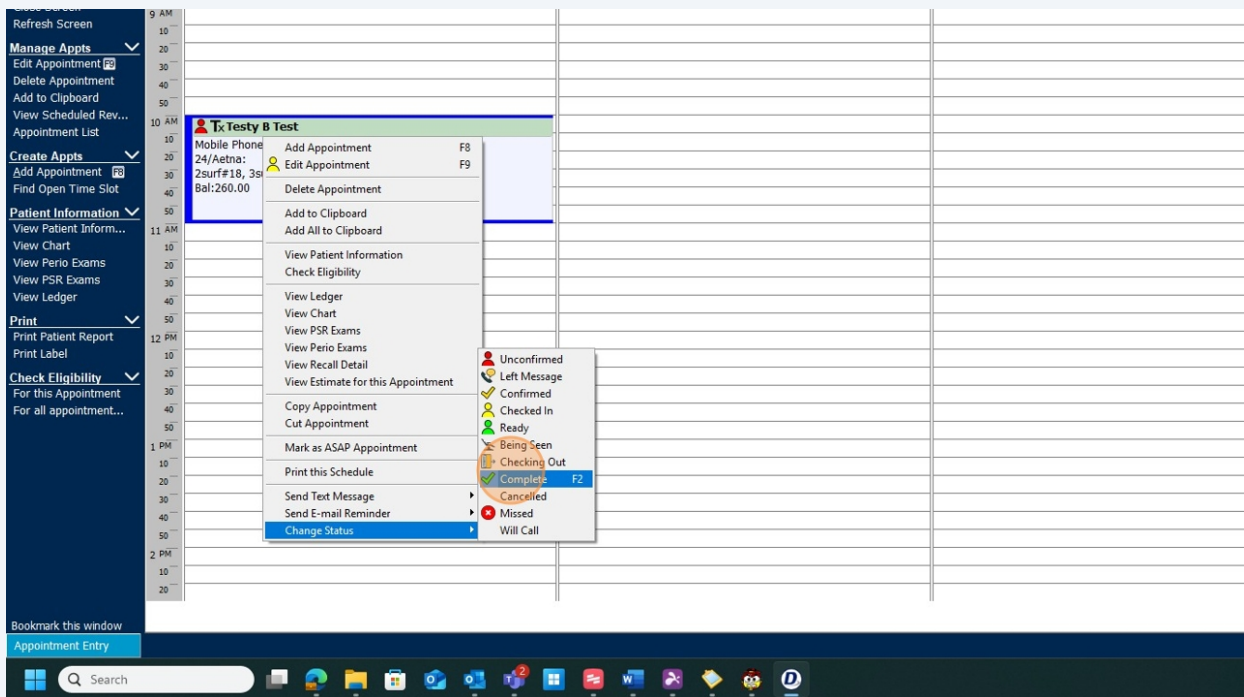
	consults	restorative	Surgery
8 AM			
10			
20			
30			
40			
50			
9 AM			
10			
20			
30			
40			
50			
10 AM	Tx Testy B Test Mobile Phone: (888) 888-8888 24/Aetna: 2surf#18, 3surf#30, 3surf#19 Bal:260.00		
11 AM			
10			
20			
30			
40			
50			
12 PM			
10			
20			
30			
40			
50			
1 PM			
10			

3 Right Click on appointment and select Change Status

9 AM

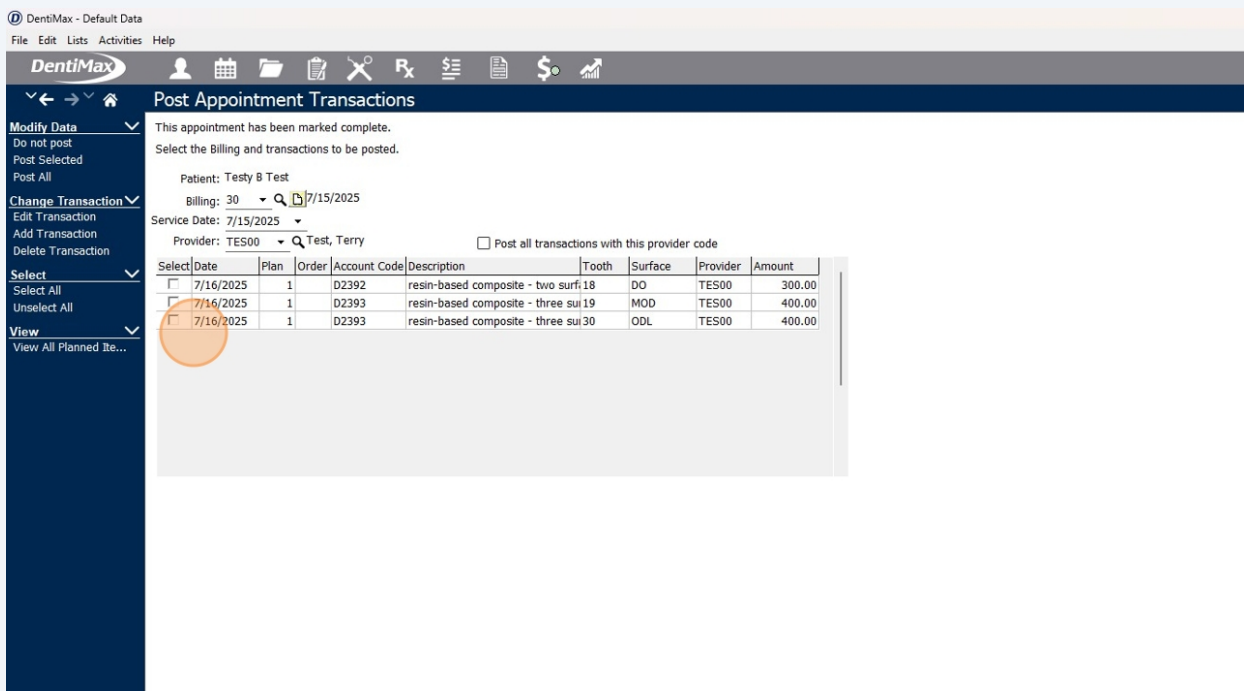
	consults	restorative	Surgery
10			
20			
30			
40			
50			
10 AM	Tx Testy B Test Mobile Phone: (888) 888-8888 24/Aetna: 2surf#18, 3s Bal:260.00		
11 AM			
10			
20			
30			
40			
50			
12 PM			
10			
20			
30			
40			
50			
1 PM			
10			
20			
30			
40			
50			
2 PM			
10			
20			

4 Select Complete



5 Post Appointment Transactions screen will open; you have the option to post all transactions or post selected (if not all treatment was done at the visit)

To post only selected item, click in the Select box for each item needed then click Post Selected and follow the directions below



6 Click Post All

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Post Appointment Transactions

This appointment has been marked complete.
Select the Billing and transactions to be posted.

Patient: Testy B Test
Billing: 30 7/15/2025
Service Date: 7/15/2025
Provider: TES00 Test, Terry Post all transactions with this provider code

Select	Date	Plan	Order	Account Code	Description	Tooth	Surface	Provider	Amount
<input type="checkbox"/>	7/16/2025	1	D2392		resin-based composite - two surfi 18	DO	TES00		300.00
<input type="checkbox"/>	7/16/2025	1	D2393		resin-based composite - three sui 19	MOD	TES00		400.00
<input type="checkbox"/>	7/16/2025	1	D2393		resin-based composite - three sui 30	ODL	TES00		400.00

Modify Data
Do not post
Post Selected
Post All
Change Transaction
Edit Transaction
Add Transaction
Delete Transaction
Select
Select All
Unselect All
View
View All Planned It...

7 Click "Yes"

30 7/15/2025
7/15/2025
TES00 Test, Terry Post all transactions with this provider code

Select	Date	Plan	Order	Account Code	Description	Tooth	Surface	Provider	Amount
<input type="checkbox"/>	7/16/2025	1	D2392		resin-based composite - two surfi 18	DO	TES00		300.00
<input type="checkbox"/>	7/16/2025	1	D2393		resin-based composite - three sui 19	MOD	TES00		400.00
<input type="checkbox"/>	7/16/2025	1	D2393		resin-based composite - three sui 30	ODL	TES00		400.00

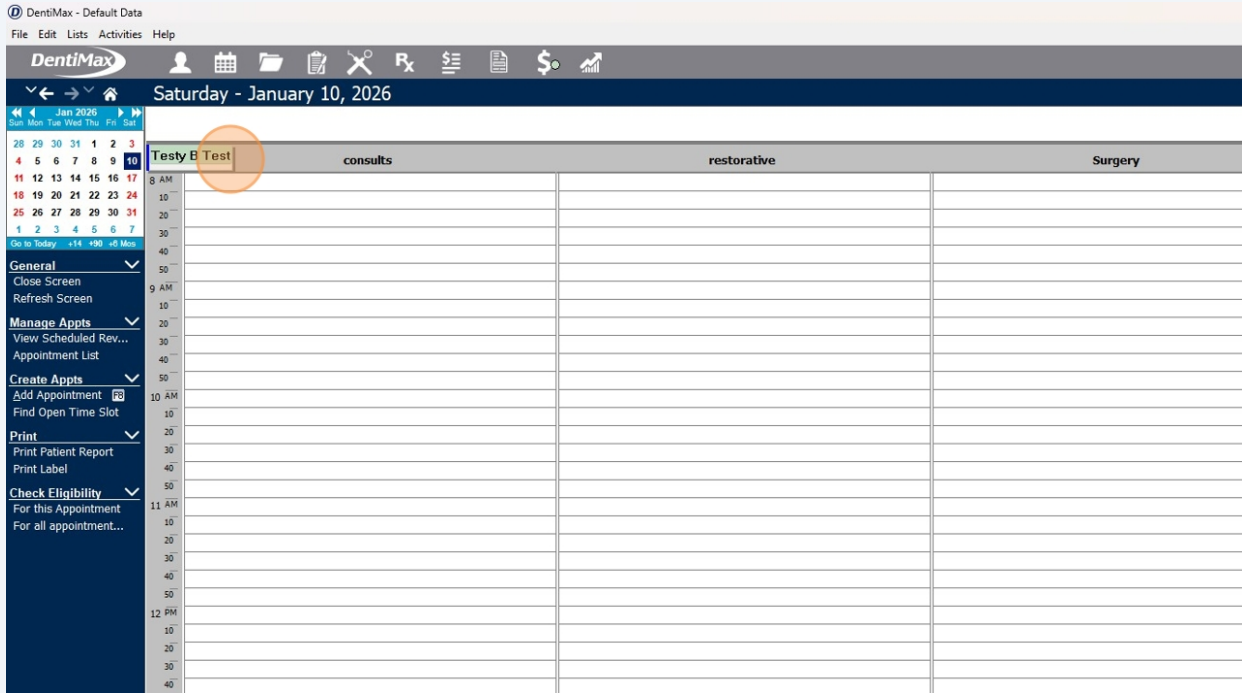
Confirm

Are you sure you want to post ALL of the uncompleted procedures to the patient's chart as completed today?

Yes No

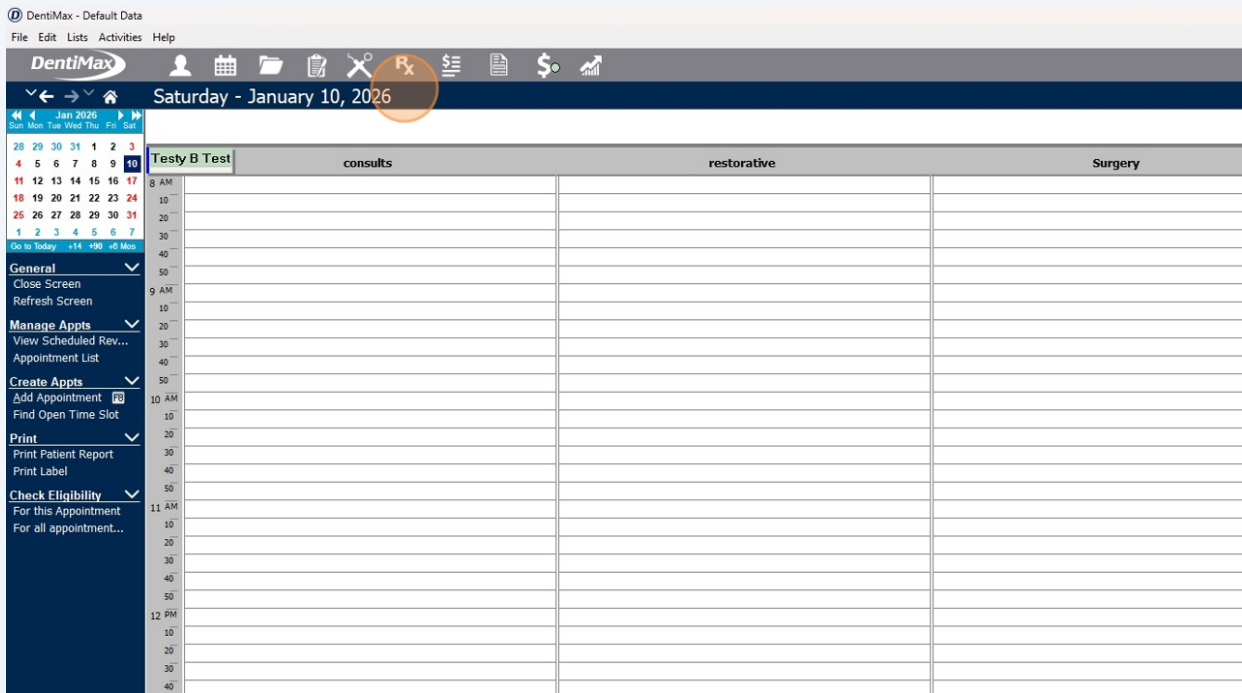
11

This will create the appointment and move it to the clipboard for scheduling.



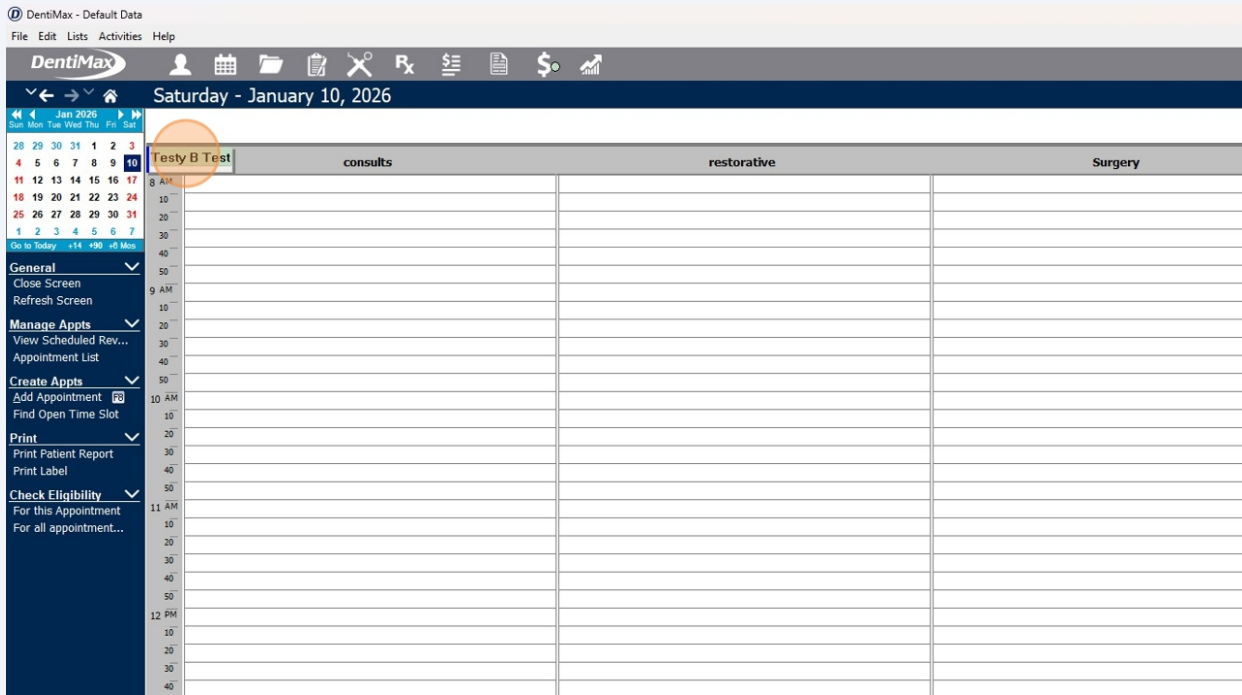
12

The schedule will automatically send you to the recall date appropriate for the patient (6months out)



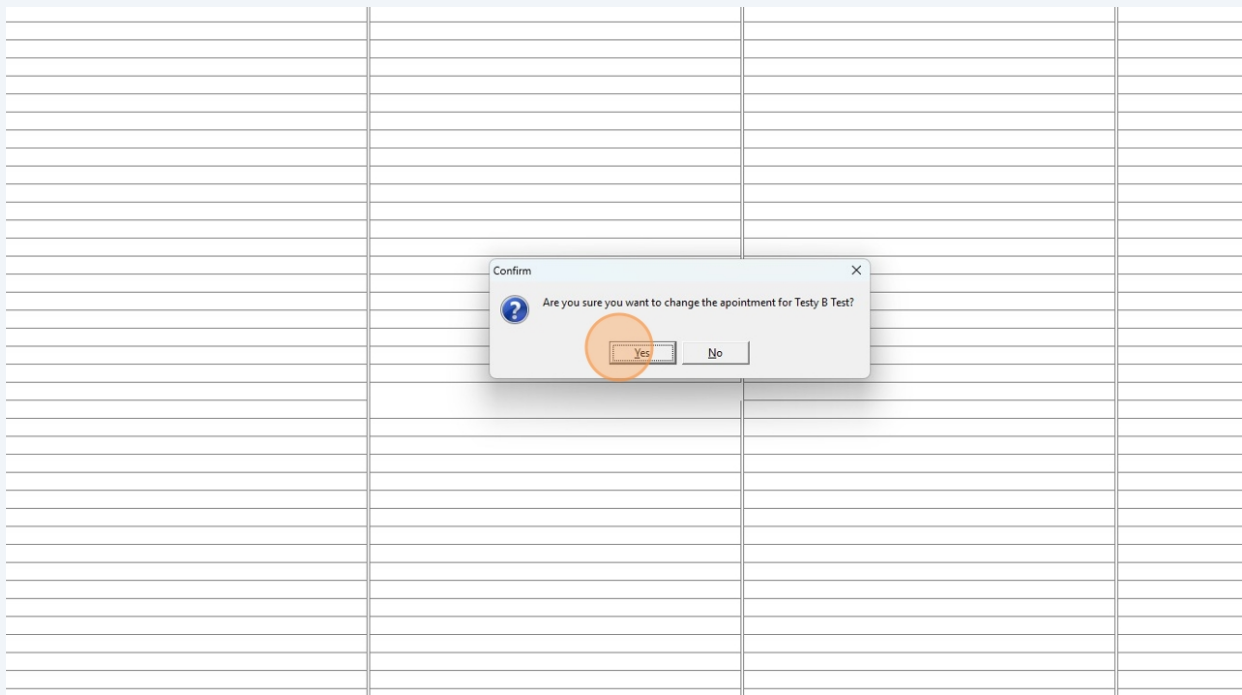
13

Click and drag the clipboarded appointment to the scheduled time requested



14

Click yes



15 Open patients ledger

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Saturday - January 10, 2026

28 29 30 31 1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31
1 2 3 4 5 6 7

Go to Today +14 +90 +6 Mos

General
Close Screen
Refresh Screen
Manage Appts
Edit Appointment
Delete Appointment
Add to Clipboard
View Scheduled Rev...
Appointment List
Create Appts
Add Appointment
Find Open Time Slot
Patient Information
View Patient Inform...
View Chart
View Perio Exams
View PSR Exams
View Ledger
Print
Print Patient Report
Print Label
Check Eligibility
For this Appointment
For all appointment...

	consults	restorative	Surgery
8 AM			
10			
20			
30			
40			
9 AM			
10			
20			
30			
40			
50			
10 AM			
10			
20			
30			
40			
50			
11 AM			
10			
20			
30			
40			
50			
12 PM			
10			
20			
30			
40			

Tx Testy B Test
Mobile Phone: (888) 888-8888
24/Aetna:
Periodic, ProphylAd
Bal:1360.00

16 You will see the treatment posted for the visit

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Test, Testy B)

Patient: TESTE002 Test, Testy B

General
Close Screen
Transactions
New Transaction
Delete Transaction
Use a Multicode
Post From Treatme...
Adjust Deductible
Adjust Benefits Used
Enter a Payment
Add Pat Payment/Adj
New Insurance Pay...
Add Ledger Note
Issue a Patient Refund
Other Information
View Details
View Billing Options
View Chart
View Prescriptions
Claim Information
Create Claim
Print
Print Walk-Out
Print Family Walk-Out
Print Statement
Print Family Statem...
Print Ledger
Print Family Ledger

Billing Information
Est Due: 630.00
Charges: 1730.00
Adjustments: 0.00
Ins 1: Aetna 630.00
Ins 2: None 0.00
Patient Pmts: 0.00
HOH: Test, Testy B 730.00
Total: 1360.00
Payment Plan Balance: 100.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	30	7/15/2025	Testy B	D2392	resin-based composite - two surfaces pos	TES00	18	DO	300.00	Completed	0.00	0.00	0.00	0.0
0	30	7/15/2025	Testy B	D2393	resin-based composite - three surfaces p	TES00	30	ODL	400.00	Completed	0.00	0.00	0.00	0.0
0	30	7/15/2025	Testy B	D2393	resin-based composite - three surfaces p	TES00	19	MOD	400.00	Completed	0.00	0.00	0.00	0.0
45	23	7/9/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	0.00	0.00	0.00	0.0
45	23	7/9/2025	Testy B	D0273	bitewings - three radiographic images	TES00			200.00	Completed	-200.00	0.00	0.00	0.0
	23	7/14/2025	Testy B	INSCHEC	Insurance Check Payment	TES00			-200.00	Completed	0.00	0.00	0.00	0.0
45	23	7/9/2025	Testy B	D7210	extraction erupted tooth requiring remov	TES00	6		300.00	Completed	-150.00	0.00	0.00	0.0
	23	7/14/2025	Testy B	INSCHEC	Insurance Check Payment	TES00			-150.00	Completed	0.00	0.00	0.00	0.0
45	23	7/9/2025	Testy B	CLAIM	Primary insurance claim printed	TES00			0.00	Completed	0.00	0.00	0.00	0.0
45	23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	-10.00	0.00	0.00	0.0
	23	7/9/2025	Testy B	INSCHEC	Insurance Check Payment	TES00			-10.00	Completed	0.00	0.00	0.00	0.0
45	23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	-10.00	0.00	0.00	0.0
	23	7/9/2025	Testy B	INSCHEC	Insurance Check Payment	TES00			-10.00	Completed	0.00	0.00	0.00	0.0
0	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.0
52	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.0
55	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.0
56	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.0

17

Now you can create the claim for the visit by clicking Create Claim button on the left menu

The screenshot shows a dental software interface with a left-hand menu and a main transaction table. The 'Create Claim' button in the 'Claim Information' section of the menu is highlighted with a red circle. The main table displays various dental procedures and their associated insurance payments.

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	30	7/15/2025	Testy B	D2392	resin-based composite - two surfaces pos	TES00	18	DO	300.00	Completed	0.00	0.00	0.00	0.00
0	30	7/15/2025	Testy B	D2393	resin-based composite - three surfaces p	TES00	30	ODL	400.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00	19	MOD	55.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D0273	bitewings - three radiographic images	TES00			200.00	Completed	-200.00	0.00	0.00	0.00
45	23	7/14/2025	Testy B	INSCHECK	Insurance Check Payment	TES00			-200.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D7210	extraction erupted tooth requiring remov	TES00	6		300.00	Completed	-150.00	0.00	0.00	0.00
45	23	7/14/2025	Testy B	INSCHECK	Insurance Check Payment	TES00			-150.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	CLAIM	Primary insurance claim printed				-0.00	Completed	0.00	0.00	0.00	0.00
45	23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	-10.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	INSCHECK	Insurance Check Payment	TES00			-10.00	Completed	0.00	0.00	0.00	0.00
45	23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	-10.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	INSCHECK	Insurance Check Payment	TES00			-10.00	Completed	0.00	0.00	0.00	0.00
0	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00
52	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00
55	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00
56	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00

18

Click "Yes"

The screenshot shows the same dental software interface as in the previous image, but with a confirmation dialog box overlaid. The dialog box contains the following text: "1 claim has been created. The claim failed the validation. Do you want to view it now?" There are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red circle.

19

Verify all info is correct on claim. Click Electronic Attachments to attached any necessary documents

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) 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
 Aetna
 P.O. Box 14094
 Lexington, KY 40512

3a. Payer ID: 80254

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

12. Policyholder/Subscrber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 Test, Testy B
 1234 NE State St
 King, AZ 85297

13. Date of Birth (MM/DD/CCYY): 1/1/2001
 14. Gender: M F U
 15. Policyholder/Subscrber ID (Assigned by Plan): w123456436

16. Plan/Group Number
 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)

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

9. Plan/Group Number
 10. Patient's Relationship to Person named in #3: Self Spouse Dependent Other

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

11a. Other Payer ID

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
 Test, Testy B
 1234 NE State St,
 King, AZ 85297

21. Date of Birth (MM/DD/CCYY): 1/1/2001
 22. Gender: M F U
 23. Patient ID/Account # (Assigned by Dentist): TESTE002

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Root of Qd, Gd, System	26. Tooth Number(s) or Letter(s)	27. Tooth Surface	28. Procedure Code	29a. Diag. Pointer	29b. City	30. Description	31. Fee
1 JP 19		MDD	D2393	1			resin-based composite - three surfaces p	\$300.00
2 JP 30		ODL	D2393	1			resin-based composite - three surfaces p	\$300.00
3 JP 18		DO	D2392	1			resin-based composite - two surfaces pos	\$200.00
4								
5								
6								
7								
8								
9								
10								

20

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
 Add Attachment

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

Required Attachments:

Status	Description

Attachments:

Att Type	Date Sent	Sent Status	Submission ID

Add Attachment View Attachment Remove Attachment

21 Select the attachment type

The screenshot shows the 'Claim Information' page with the 'Electronic Attachments' tab selected. The 'Check Attachment Requirements' button is highlighted. Below it, the 'Add Attachment' button is visible. The 'Required Attachments' table is empty. The 'Attachments' table has columns for 'Att Type', 'Date Sent', 'Sent Status', and 'Submission'. The 'Add Electronic Attachment to Claim' dialog box is open, showing a list of attachment types: 'Attach Clinical Note / Narrative', 'Attach Perio Exam', 'Attach FMX', 'Attach Pano', 'Attach X-Ray', and 'Other Document'. The 'Other Document' option is selected, and a dropdown menu shows 'EOB or COB'. The 'Continue' button is highlighted.

22 Click here

The screenshot shows the 'Electronic Attachments' page. The 'Add Electronic Attachment to Claim' dialog box is open, showing a list of attachment types: 'Attach Clinical Note / Narrative', 'Attach Perio Exam', 'Attach FMX', 'Attach Pano', 'Attach X-Ray', and 'Other Document'. The 'Attach Clinical Note / Narrative' option is selected. The 'Continue' button is highlighted.

23 Follow directions to complete attachment:

Adding clinical note, click on the Use box

The screenshot shows a software interface with a sidebar on the left and a main content area. The sidebar has a menu with options like 'Check Attachment Requirements' and 'Add Attachment'. The main content area has a table for 'Required Attachments' and a 'Clinical Notes' dialog box. The dialog box has a title bar with 'Clinical Notes' and a close button. It contains a table with columns for 'Date', 'Time', 'Provider', and 'Facility'. Below the table is a text area containing a clinical note. The 'Use' checkbox is highlighted with an orange circle.

Date	Time	Provider	Facility
7/15/2025	1:00 PM	Prov. TES00	Fac:

Use

24 Click "Attach"

The screenshot shows the 'Clinical Notes' dialog box from the previous step. The 'Use' checkbox is now checked. The 'Attach' button at the bottom right of the dialog box is highlighted with an orange circle.

Use

Attach Cancel

25

Once all attachments have been selected Click "Upload Attachments to DentalXChange"

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim Information

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

Check Attachment Requirements
Add Attachment
Upload Attachments to DentalXChange

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

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

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative		Not Sent	

Add Attachment View Attachment Remove Attachment

26

Click "OK"

Checked on: <not checked>

Required Attachments:

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

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative	7/15/2025 2:52 pm	Sent	78848485

Preparing attachments to upload. This could take several minutes.

DentiMax X
Attachments uploaded.

OK

7/15/2025 2:51 PM 2150 - Narrative Attached

27 Your attachments will have a Submission ID

Claim Information

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
Narrative	7/15/2025 2:52 pm	Sent	78848485

Add Attachment | View Attachment | Remove Attachment

7/15/2025 2:52 PM 2150 - attachments sent to DentalXChange ID: DXC78848485.
7/15/2025 2:51 PM 2150 - Narrative Attached

28 Close Screen

DentiMax - Default Data

File Edit Lists Activities Help

DentiMax

Claim Information

ADA Form | Billing | Claim Information | Electronic Attachments

General

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

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	7/15/2025 2:52 pm	Sent	78848485

Add Attachment | View Attachment | Remove Attachment

29 Go to Claims List

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax Ledger (Test, Testy B) Claim List

General: Patient: TESTE002, Test, Testy B

Billing Information: Est Due: 630.00, Charges: 1730.00, Adjustments: 0.00, Primary Balance: 1360.00, Individual: 1360.00, Family: 1360.00

Payment Plan Balance: 100.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
57	30	7/15/2025	Testy B	D2292	resin-based composite - two surfaces pos	TES00	18	OO	300.00	Completed	0.00	0.00	0.00	0.00
57	30	7/15/2025	Testy B	D2293	resin-based composite - three surfaces p	TES00	EO	ODL	400.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00	19	MOO	55.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D0273	bitewings - three radiographic images	TES00			200.00	Completed	-200.00	0.00	0.00	0.00
		23	7/14/2025	Testy B	INSCHECK	Insurance Check Payment	TES00		-200.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	D7210	extraction erupted tooth requiring remov	TES00	6		300.00	Completed	-150.00	0.00	0.00	0.00
		23	7/14/2025	Testy B	INSCHECK	Insurance Check Payment	TES00		-150.00	Completed	0.00	0.00	0.00	0.00
45	23	7/9/2025	Testy B	CLAIM	Primary insurance claim printed	TES00			0.00	Completed	0.00	0.00	0.00	0.00
45	23	7/8/2025	Testy B	D0220	intraoral - periapical first radiographi	TES00			20.00	Completed	-10.00	0.00	0.00	0.00
		23	7/9/2025	Testy B	INSCHECK	Insurance Check Payment	TES00		-10.00	Completed	0.00	0.00	0.00	0.00
45	23	7/8/2025	Testy B	D0140	limited oral evaluation - problem focus	TES00			55.00	Completed	-10.00	0.00	0.00	0.00
		23	7/9/2025	Testy B	INSCHECK	Insurance Check Payment	TES00		-10.00	Completed	0.00	0.00	0.00	0.00
0		0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent			0.00	Completed	0.00	0.00	0.00	0.00
52	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00
55	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00
56	0	7/15/2025	Testy B	CLAIM	Primary insurance e-claim sent				0.00	Completed	0.00	0.00	0.00	0.00

30 Select desired claim

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax Claim - Test, Testy B

General: Claim Status Primary: [Dropdown], Claim Status Secondary: [Dropdown]
Type of Transaction: [Dropdown], Number: [Text]
Name: [Text]

Search: [Text] Search by: Number View: Claim List

Claims created from: 6/15/2025 To: 7/15/2025 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	Mont
57	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill			
56	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete			
55	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed			
54	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validatio			
53	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validatio			
52	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed			
51	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill			
50	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill			
46	WEAWI000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validatio			
45	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/9/2025 11:29 am	Paid			
44	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 pm	Ready to Bill			
43	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 pm	Ready to Bill			

31 Click Sent Selected E-Claims

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim - Test, Testy B

Claim Status Primary: _____ Claim Status Secondary: _____
 Type of Transaction: _____ Number: _____
 Name: _____

Search: _____ Search by: Number View: Claim List

Claims created from: 6/15/2025 To: 7/15/2025 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	Month
57	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill			
56	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete			
55	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed			
54	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validation			
53	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validation			
52	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed			
51	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill			
50	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill			
46	WEAWI000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validation			
45	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/9/2025 11:29 am	Paid			
44	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 pm	Ready to Bill			
43	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 pm	Ready to Bill			

32 Click "Send"

sted from: 6/15/2025 To: 7/15/2025 Hide Paid/Completed Only Show Open Ortho Claims

Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill Date	Months of Treatment Remaining	Notes
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validation				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validation				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill				
002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill				
1000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validation				
002	Aetna	Test, Testy B	Test, Testy B	7/9/2025					
000	Aetna	Test, Sunny	Test, Sunny	7/8/2025					
000	Aetna	Test, Sunny	Test, Sunny	7/8/2025					

Send Claims to EHG

ClaimConnect

User ID: aliciaadm

Password: *****

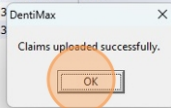
Send Cancel

33 Click "OK"

Search by: Number View: Claim List

reated from: 6/15/2025 To: 7/15/2025 Hide Paid/Completed Only Show Open Ortho Claims

rt Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill Date	Months of Treatment Remaining	Notes
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validation				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validation				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill				
TE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill				
WD000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validation				
TE002	Aetna	Test, Testy B	Test, Testy B	7/9/2025 11:29 am	Paid				
SH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3	DentiMax				
SH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3					

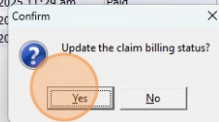


34 Click "Yes"

Search by: Number View: Claim List

Claims created from: 6/15/2025 To: 7/15/2025 Hide Paid/Completed Only Show Open Ortho Claims

Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill Date	Months of Treatment Remaining	Notes
57/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill				
56/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete				
55/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed				
54/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validation				
53/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validation				
52/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed				
51/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill				
50/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill				
46/WEAWD000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validation				
45/TESTE002	Aetna	Test, Testy B	Test, Testy B	7/9/2025 11:29 am	Paid				
44/TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3					
43/TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3					



35 Close Screen

DentiMax - Default Data

File Edit Lists Activities Help

Claim - Test, Testy B

Claim Status Primary:

Type of Transaction:

Name:

Claim Status Secondary:

Number:

Search: Search by: View:

Claims created from: To: 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	Month
<input type="checkbox"/>	57	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 2:51 pm	Ready to Bill		
<input type="checkbox"/>	56	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:10 pm	Complete		
<input type="checkbox"/>	55	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:09 pm	Billed		
<input type="checkbox"/>	54	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:08 pm	Failed Claim Validatio		
<input type="checkbox"/>	53	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:05 pm	Failed Claim Validatio		
<input type="checkbox"/>	52	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:03 pm	Billed		
<input type="checkbox"/>	51	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 1:01 pm	Ready to Bill		
<input type="checkbox"/>	50	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/15/2025 12:59 pm	Ready to Bill		
<input type="checkbox"/>	46	WEAWI000	Aetna	Weather, Windy	Weather, Windy	7/14/2025 10:34 am	Failed Claim Validatio		
<input type="checkbox"/>	45	TESTE002	Aetna	Test, Testy B	Test, Testy B	7/9/2025 11:29 am	Paid		
<input type="checkbox"/>	44	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 pm	Ready to Bill		
<input type="checkbox"/>	43	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/8/2025 3:45 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-Cla...
- Validate Claim
- Get Claim Status