

Posting to ledger, creating claim, processing claim

Learn how to upload and submit a clinical note as an attachment through DentalXChange. This guide walks you through the process of attaching the necessary documents for billing purposes.

1 From patient ledger

DentiMax Ledger (Chicken, Rubber)

Patient: CHR0000 Chicken, Rubber

Charges: 550.00
Adjustments: 45.00
Ins Pmts: -105.00
Patient Pmts: -490.00
Total: 0.00

Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
1/28/2026	88	Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.
1/28/2026	88	Rubber	CHIRU000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.
2/9/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.
2/9/2026	88	Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHIRU000	REFUND - Patient Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.
1/22/2026	85	Rubber	CHIRU000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.
2/9/2026	85	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.
2/18/2026	85	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.
3/22/2026	85	Rubber	CHIRU000	Amt Applied to Ded 50.00				NOTE			Completed			
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	-50.00	0.00	Completed	50.00	0.00	0.
2/18/2026	66	Rubber	CHIRU000	REFUND - Refund to patient via check				REFUND	50.00	0.00	Completed	0.00	0.00	0.
3/11/2025	66	Rubber	CHIRU000	Primary insurance e-claim sent				CLAIM	0.00	0.00	Completed	0.00	0.00	0.
10/16/2025	66	Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.
11/5/2025	66	Rubber	CHIRU000	Claim Printed				CLAIM			Completed			
2/9/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.
2/18/2026	66	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.
2/18/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.

2 Add all necessary procedures: New Transaction

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File Edit Lists Activities Help

DentiMax Ledger (Chicken, Rubber)

Patient: CHR0000 Chicken, Rubber

Charges: 550.00
 Adjustments: 45.00
 Ins Pmts: -105.00
 Patient Pmts: 450.00
 Total: 0.00

Primary Balance: 50.00
 Individual Std Ded: 50.00
 Other Ded: 50.00
 Ins 1 Used: 1500
 Ins 1 Max: 1500

Current: 0.00 | 30 days: 0.00 | 60 days: 0.00 | 90+ days: 0.00

Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
1/23/2026	88	Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-415.00	-5.00	0.00
1/23/2026	88	Rubber	CHIRU000	Collections Payment	TES00			COLLPA	-100.00	0.00	Completed	0.00	0.00	0.00
2/9/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	0.00	0.00	Completed	0.00	0.00	0.00
2/9/2026	88	Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	-25.00	0.00	Completed	0.00	0.00	0.00
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	-25.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHIRU000	REFUND - Patient Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.00
1/22/2026	85	Rubber	CHIRU000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00
2/9/2026	85	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	0.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	85	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00
3/22/2026	85	Rubber	CHIRU000	Amt Applied to Ded 50.00				NOTE			Completed			
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	-50.00	0.00	Completed	50.00	0.00	0.00
2/18/2026	66	Rubber	CHIRU000	REFUND - Refund to patient via check				REFUND	50.00	0.00	Completed	0.00	0.00	0.00
3/11/2025	66	Rubber	CHIRU000	Primary insurance e-claim sent				CLAIM1	0.00	0.00	Completed	0.00	0.00	0.00
10/16/2025	66	Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00
11/5/2025	66	Rubber	CHIRU000	Claim Printed				CLAIM			Completed			
2/9/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	-5.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHEC	-50.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00

3 Enter the appropriate procedure code

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File Edit Lists Activities Help

DentiMax Charge Detail

CHIRU000 Chicken, Rubber

Date: 3/3/2026 Billing: 93 3/3/2026 at ONE00

Account Code: D014 Description:

Tooth	Code	Description	Amount 1
	COMPLETE		50
	D0120	Periodic oral evaluation -	50
	D0140	limited or evaluation -	50
	D0145	oral evaluation for a pati	50
	D0150	comprehensive oral eval	50
	D0160	etailed and extensive or	50
	D0170	re-evaluation - limited pr	50
	D0171	re-evaluation - post-oper	50

Claim Info: Place of Service: 12, Type of Service: 01, Diagnosis Used: _____, Unit of Time: _____

Billing: Do Not Bill Insurance, Do Not Bill Patient, Insurance 1 Completed Payment, Insurance 2 Completed Payment, Claim Number: _____

Estimated Responsibility: Override Estimate, Insurance 1: _____, Insurance 2: _____, Calc

Collections: Date Sent: _____, Batch: _____, Date Removed: _____, Phase: _____

4 Select Save and New to continue adding procedures as needed

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File Edit Lists Activities Help

Charge Detail

CHIRU000 Chicken, Rubber

Date: 3/3/2026 Billing: 93 Q 3/3/2026 at ONE00

Account Code: D0140 Description: limited oral evaluation - problem focus

Fee: 50.00

Provider: TES00 QKOKKIRALA

Note:

Status: Completed Follow Up

Claim Info Place of Service: 12 Type of Service: 01 Diagnosis Used: Unit of Time:	Billing <input type="checkbox"/> Do Not Bill Insurance <input type="checkbox"/> Do Not Bill Patient <input type="checkbox"/> Insurance 1 Completed Payment <input checked="" type="checkbox"/> Insurance 2 Completed Payment Claim Number:	Collections Date Sent: Batch: Date Removed: Phase:
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Diagnosis Use Code <input type="checkbox"/> Diagnosis 1 <input type="checkbox"/> Diagnosis 2 <input type="checkbox"/> Diagnosis 3 <input type="checkbox"/> Diagnosis 4	Estimated Responsibility <input type="checkbox"/> Override Estimate Insurance 1: Insurance 2: Calc
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5 Save Changes once all procedures have been added

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File Edit Lists Activities Help

Charge Detail

CHIRU000 Chicken, Rubber

Date: 3/3/2026 Billing: 93 Q 3/3/2026 at ONE00

Account Code: D1110 Description: prophylaxis - adult

Fee: 50.00

Provider: TES00 QKOKKIRALA

Note:

Status: Completed Follow Up

Claim Info Place of Service: 11 Type of Service: 01 Diagnosis Used: Unit of Time:	Billing <input type="checkbox"/> Do Not Bill Insurance <input type="checkbox"/> Do Not Bill Patient <input type="checkbox"/> Insurance 1 Completed Payment <input checked="" type="checkbox"/> Insurance 2 Completed Payment Claim Number:	Collections Date Sent: Batch: Date Removed: Phase:
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Diagnosis Use Code <input type="checkbox"/> Diagnosis 1 <input type="checkbox"/> Diagnosis 2 <input type="checkbox"/> Diagnosis 3 <input type="checkbox"/> Diagnosis 4	Estimated Responsibility <input type="checkbox"/> Override Estimate Insurance 1: Insurance 2: Calc
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6 You will now have all the procedures done for the visit listed on the ledger.

With one of the procedures highlighted: click View Billing Options on the left menu

Ledger (Chicken, Rubber)

General: Patient: CHIRU000 - Chicken, Rubber

Billing Information: Est Due: 150.00, Charges: 700.00, Adjustments: 45.00, Ins 1: ANTHEM, Ins 2: None, Patient Pmts: 0.00, HOH: Chicken, Rubber, Total: 150.00

Date	Billing Number / Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
3/3/2026	93 Rubber	CHIRU000	limited oral evaluation - problem focus	TES00			D0140	50.00	0.00	Completed	0.00	0.00	0.00
3/3/2026	93 Rubber	CHIRU000	panoramic radiographic image	TES00			D0330	50.00	0.00	Completed	0.00	0.00	0.00
3/3/2026	93 Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	0.00	Completed	0.00	0.00	0.00
1/28/2026	88 Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00

Left Menu: View Billing Options (circled in orange)

7 Use the dropdown menu to select the correct Place of Service

Billing - Chicken, Rubber on 3/3/2026

Number: 93
Patient: CHIRU000 - Chicken, Rubber

Date: 3/3/2026

Description: []

Primary Ins: ANT00 - ANTHEM
Subscriber: CHIRU000 - Chicken, Rubber
Group No.: 123654489

Place of Service: Patient's home (circled in orange)
Facility: ONE00 - QOne

Patient Relation to Subscriber: Self
Assignment of Benefits: [checked]

Referring Provider: []
Fee Schedule: 1 - Office Fees

Diagnosis:
1: []
2: []
3: []
4: []

COB: []

Completed

8 Save Changes

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File Edit Lists Activities Help

DentiMax Billing - Chicken, Rubber on 3/3/2026

General
Save Changes
Cancel Changes
Update Information
Fill Current Insurance

Number: 93
Patient: CHIRU000 - Chicken, Rubber

Date: 3/3/2026
Description: _____

Primary Ins: ANT00 ANTHEM
Subscriber: CHIRU000 Chicken, Rubber
Subscriber ID: 123456987
Group No.: 123654489
Patient Relation to Subscriber: Self
 Assignment of Benefits

Place of Service: Skilled Nursing F
Facility: ONE00 One
Group: _____
Preauthorization Number: _____
Preauthorization Date: _____
Referring Provider: _____
Fee Schedule: 1 Office Fees

Secondary Ins: _____
Subscriber: _____
Subscriber ID: _____
Group No.: _____
Patient Relation to Subscriber: Self
 Assignment of Benefits
COB: _____

Diagnosis
1: _____
2: _____
3: _____
4: _____

Completed

9 Click "Yes"

Date: 3/3/2026
Description: _____

Primary Ins: ANT00 ANTHEM
Subscriber: CHIRU000 Chicken, Rubber
Subscriber ID: 123456987
Group No.: 123654489
Patient Relation to Subscriber: Self
 Assignment of Benefits

Place of Service: Skilled Nursing F
Facility: ONE00 One
Group: _____
Preauthorization Number: _____
Preauthorization Date: _____
Referring Provider: _____
Fee Schedule: 1 Office Fees

Secondary Ins: _____
Subscriber: _____
Subscriber ID: _____
Group No.: _____
Patient Relation to Subscriber: Self
 Assignment of Benefits
COB: _____

Diagnosis
1: _____
2: _____
3: _____
4: _____

Deleted

Confirm

There are transactions on this billing that do not match the new Place of Service on this billing. Do you want to update all these transactions to the new Place of Service?

Yes No

10 Now back on the ledger: Create Claim on the left menu

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

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

Detail View
 Sort by Billing

Ins 1: ANIHEM 150.00
 Ins 2: None 0.00
 HOH: Chicken, Rubber 0.00
 Ins Pmts: -105.00
 Patient Pmts: -490.00
 Total: 150.00
 Balance: 150.00
 Std Ded: 50.00
 Pvy Ded: 150.00
 Other Ded: 50+150
 Ins 1 Used: 150
 Ins 1 Max: 150
 Current: 150.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
8/3/2026	93	Rubber	CHIRU000	limited oral evaluation - problem focus	TES00			D0140	50.00	0.00	Completed	0.00	0.00	0.00
3/3/2026	93	Rubber	CHIRU000	panoramic radiographic image	TES00			D0330	50.00	0.00	Completed	0.00	0.00	0.00
3/3/2026	93	Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	0.00	Completed	0.00	0.00	0.00
1/28/2026	88	Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00
-1/28/2026	88	Rubber	CHIRU000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.00
-2/9/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00
-2/9/2026	88	Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00
-2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00
-2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	88	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	88	Rubber	CHIRU000	REFUND - Patient Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.00
1/22/2026	85	Rubber	CHIRU000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00
-2/9/2026	85	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	85	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00
3/22/2026	85	Rubber	CHIRU000	Amt Applied to Ded 50.00				NOTE			Completed			
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	-50.00	0.00	Completed	50.00	0.00	0.00
-2/18/2026	66	Rubber	CHIRU000	REFUND - Refund to patient via check				REFUND	50.00	0.00	Completed	0.00	0.00	0.00
3/11/2025	66	Rubber	CHIRU000	Primary insurance e-claim sent				CLAIM	0.00	0.00	Completed	0.00	0.00	0.00
10/16/2025	66	Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00
-11/5/2025	66	Rubber	CHIRU000	Claim Printed				CLAIM			Completed			
-2/9/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	66	Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.00
-2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00

11 Click "Yes" to view the claim

If you do not want to view the claim at this time, click No. You will be able to view the claim from the claims list when you are ready to process it.

Family: All History
Detail View
Zero Balances
Sort by Billing
Ins Pending

Current: 150.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid
26	93 Rubber	CHIRU000	limited oral evaluation - problem focus	TES00			D0140	50.00	0.00	Completed	0.00	0.00	0.00	50.00	<input type="checkbox"/>	<input type="checkbox"/>
26	93 Rubber	CHIRU000	panoramic radiographic image	TES00			D0330	50.00	0.00	Completed	0.00	0.00	0.00	50.00	<input type="checkbox"/>	<input type="checkbox"/>
26	93 Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	0.00	Completed	0.00	0.00	0.00	50.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	88 Rubber	CHIRU000	REFUND - Patient Check Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	85 Rubber	CHIRU000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	85 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	85 Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	85 Rubber	CHIRU000	Amt Applied to Ded 50.00							Completed					<input checked="" type="checkbox"/>	<input type="checkbox"/>
026	66 Rubber	CHIRU000	Payment adjustment							Completed	50.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	66 Rubber	CHIRU000	REFUND - Refund to patient via check							Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
2025	66 Rubber	CHIRU000	Primary insurance e-claim sent							Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
2025	66 Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
025	66 Rubber	CHIRU000	Claim Printed				CLAIM			Completed				0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	66 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	66 Rubber	CHIRU000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	66 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
026	66 Rubber	CHIRU000	Payment adjustment				AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>

Confirm

1 claim has been created.
The claim failed the validation.
Do you want to view it now?

Yes No

12

You will see on the claim form the place of service is as notes on the "View Billing Options"

Check Attachment R...
Add Attachment
Open FastAttach
Other Information ▾
View Patient Inform...
View Billing Informa...

San Antonio, TX 78265
 3a. Payer ID: 8405
 13. Date of Birth (MM/DD/YYYY): 10/16/1998
 14. Gender: M F U
 15. Policyholder/Subsriber ID (Assigned by Plan): 123456987

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/Subsriber in #4 (Last, First, Middle Initial, Suffix):
 6. Date of Birth (MM/DD/YYYY):
 7. Gender: M F U
 8. Policyholder/Subsriber ID (Assigned by Plan):
 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:

PATIENT INFORMATION
 18. Relationship to Policyholder/Subsriber 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:
 Chicken, Rubber Street, Gilbert, AZ 85209
 21. Date of Birth (MM/DD/YYYY): 10/16/1998
 22. Gender: M F U
 23. Patient ID/Account # (Assigned by Dentist): CHIRU000

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Care (Code)	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 3/3/2026		JP			D0330		1	panoramic radiographic image	\$50.00
2 3/3/2026		JP			D0140		1	limited oral evaluation - problem focus	\$50.00
3 3/3/2026		JP			D1110		1	prophylaxis - adult	\$50.00
4									
5									
6									
7									
8									
9									
10									

33. Missing Teeth Information (Place an "X" on each missing tooth.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier (ICD-10 + AB)
 34a. Diagnosis Code(s): A _____ C _____ D _____
 (Primary diagnosis in "A") B _____

31a. Other Fees:
 32. Total Fee: \$150.00

35. Remarks:
 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
 Patient/Guardian Signature: _____ Date: 3/3/2026
 X Signature on file
 37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
 38. Place of Treatment: Office In-Office Out-Office Hospital Other
 39. Enclosures (Y or N): N
 40. Is Treatment for Orthodontics? No (Skip 41-42) Yes (Complete 41-42)
 41. Date Appliance Placed (MM/DD/YYYY):
 42. Months of Treatment: No Yes (Complete 44)
 43. Replacement of Prosthesis: No Yes (Complete 44)
 44. Date of Prior Placement (MM/DD/YYYY):
 45. Treatment Resulting from: Occupational Illness/Injury Auto accident Other accident

Bookmark this window

13

If the claim requires attachments: Click "Electronic Attachments" tab

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz
 File Edit Lists Activities Help

DentiMax

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

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

HEADER INFORMATION
 1. Type of Transaction (Mark all applicable boxes) Request for Pre-determination/Preauthorization Statement of Actual Services EPSDT / Title XIX
 2. Pre-determination/Preauthorization Number:

DENTAL BENEFIT PLAN INFORMATION
 3. Company/Plan Name, Address, City, State, Zip Code:
 ANTHEM
 P.O. Box 659444
 San Antonio, TX 78265
 3a. Payer ID: 8405
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/Subsriber in #4 (Last, First, Middle Initial, Suffix):
 6. Date of Birth (MM/DD/YYYY):
 7. Gender: M F U
 8. Policyholder/Subsriber ID (Assigned by Plan):
 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:

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)
 12. Policyholder/Subsriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code:
 Chicken, Rubber Street, Gilbert, AZ 85209
 13. Date of Birth (MM/DD/YYYY): 10/16/1998
 14. Gender: M F U
 15. Policyholder/Subsriber ID (Assigned by Plan): 123456987
 16. Plan/Group Number: 123654489
 17. Employer Name:

PATIENT INFORMATION
 18. Relationship to Policyholder/Subsriber 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:
 Chicken, Rubber Street, Gilbert, AZ 85209
 21. Date of Birth (MM/DD/YYYY): 10/16/1998
 22. Gender: M F U
 23. Patient ID/Account # (Assigned by Dentist): CHIRU000

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Care (Code)	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 3/3/2026		JP			D0330		1	panoramic radiographic image	\$50.00
2 3/3/2026		JP			D0140		1	limited oral evaluation - problem focus	\$50.00
3 3/3/2026		JP			D1110		1	prophylaxis - adult	\$50.00
4									
5									
6									
7									
8									
9									
10									

14 Click "Add Attachment"

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz

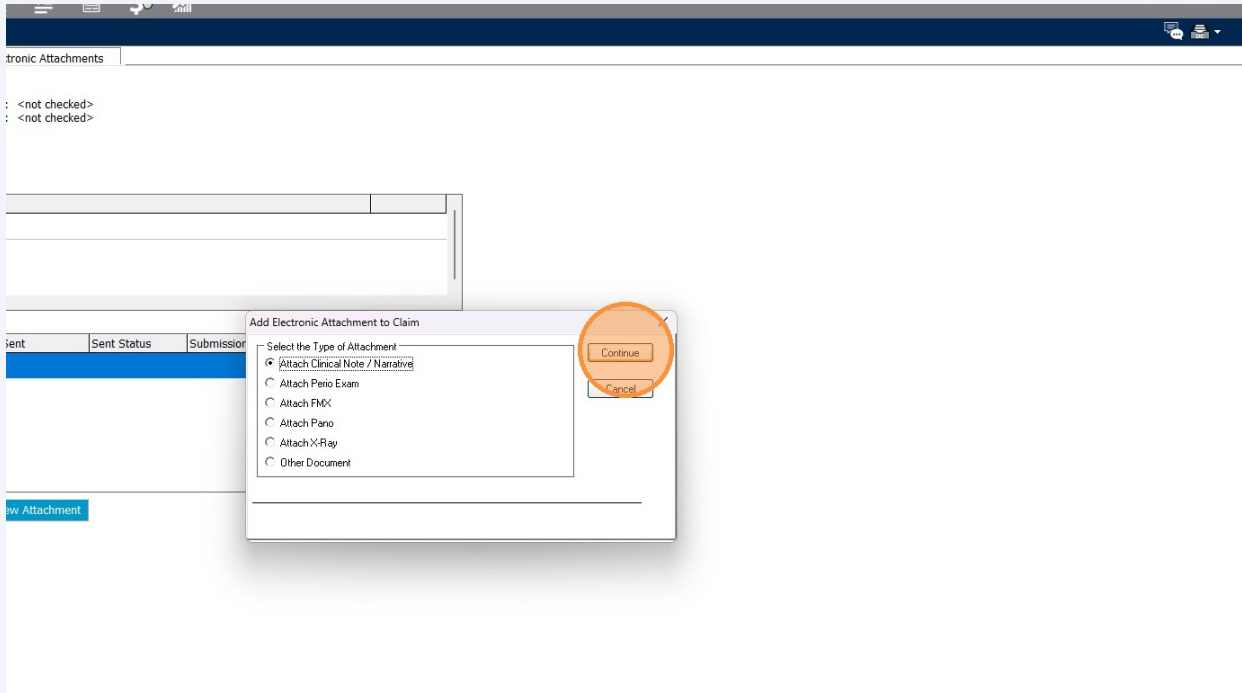
File Edit Lists Activities Help

The screenshot shows the DentiMax software interface. The top navigation bar includes 'File Edit Lists Activities Help'. The main window title is 'Claim Information'. The left sidebar contains a menu with 'Add Attachment' highlighted by an orange circle. The main content area displays 'Attachments Required: <not checked>' and 'Checked on: <not checked>'. Below this are two tables: 'Required Attachments' with columns 'Status' and 'Description', and 'Attachments' with columns 'Att Type', 'Date Sent', 'Sent Status', and 'Submission ID'. At the bottom of the main area are three buttons: 'Add Attachment', 'View Attachment', and 'Remove Attachment'.

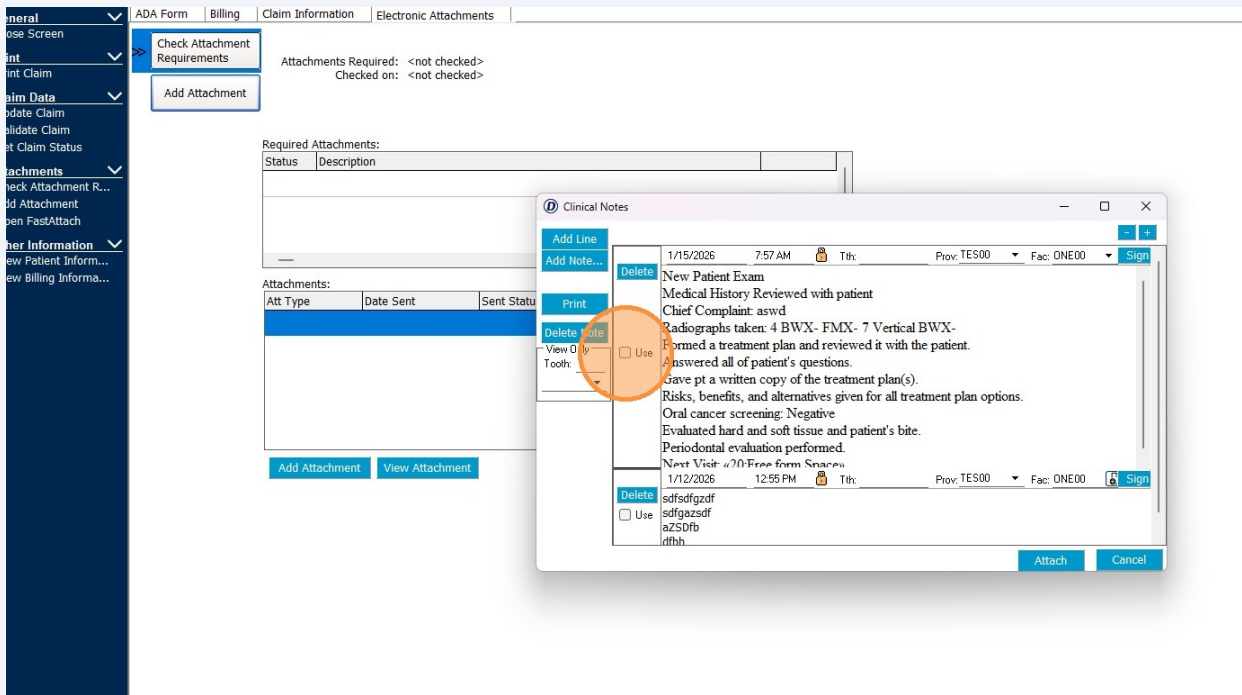
15 Click "Attach Clinical Note / Narrative"

The screenshot shows the DentiMax software interface with the 'Add Electronic Attachment to Claim' dialog box open. The dialog box has a title bar and a close button. It contains a section 'Select the Type of Attachment' with several radio button options: 'Attach Clinical Note / Narrative', 'Attach Periodo Exam', 'Attach PMX', 'Attach Pano', 'Attach X-Ray', and 'Other Document'. The 'Other Document' option is selected, and a dropdown menu next to it shows 'EOB or COB'. There are 'Continue' and 'Cancel' buttons at the bottom right of the dialog. The background shows the same 'Claim Information' screen as in the previous screenshot, with the 'Add Attachment' button still highlighted.

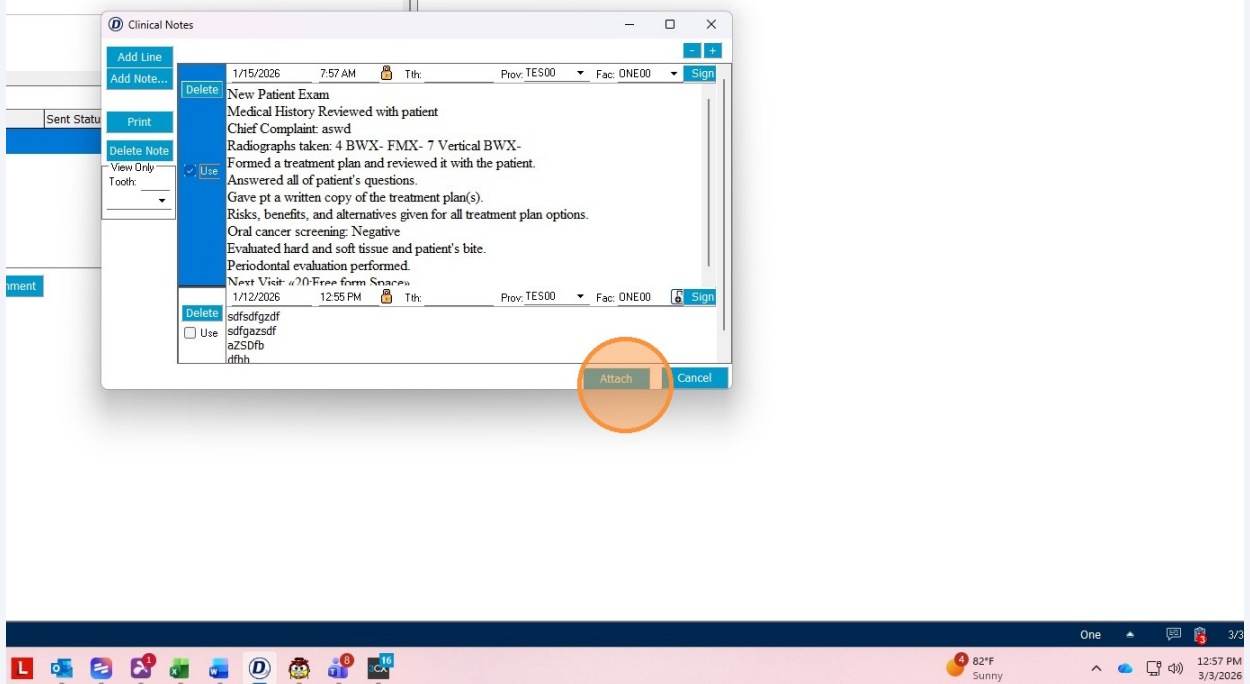
16 Click "Continue"



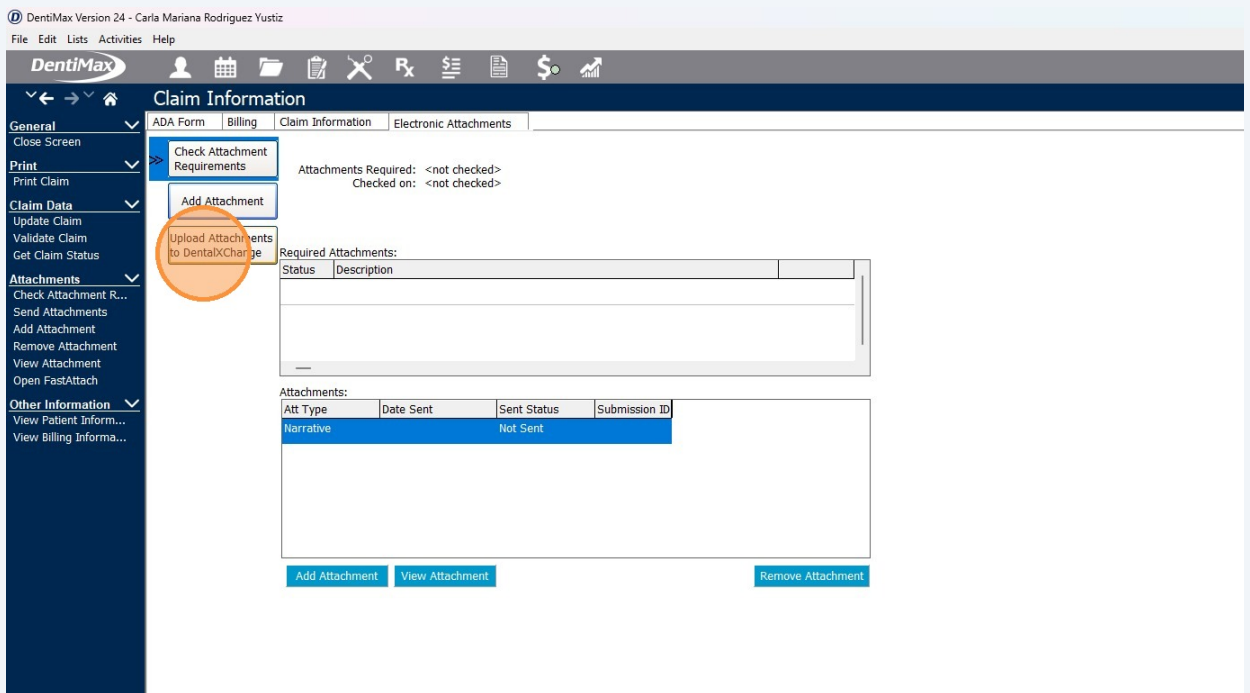
17 Click "Use " on the correct narrative



18 Click "Attach"



19 Click "Upload Attachments to DentalXChange"



20 Click "OK"

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

Required Attachments:

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

Attachments:

Att Type	Date Sent	Sent Status	Submission ID
Narrative	3/3/2026 12:57 pm	Sent	105333286

Preparing attachments to upload. This could take several minutes.

DentiMax Version 24
Attachments uploaded. OK

Add Attachment View Attachment Remove Attachment

3/3/2026 12:57 PM - Narrative Attached

21 You will now see the attachment has been sent with a submission ID

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

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	3/3/2026 12:57 pm	Sent	105333286

Add Attachment View Attachment Remove Attachment

3/3/2026 12:57 PM - attachments sent to DentalXChange ID: DXC105333286.
3/3/2026 12:57 PM - Narrative Attached

22 Close Screen

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz

File Edit Lists Activities Help

The screenshot shows the 'Claim Information' screen in DentiMax. The left-hand navigation menu is open, and 'Close Screen' is highlighted with a red circle. The main area displays 'Check Attachment Requirements' with 'Attachments Required: <not checked>' and 'Checked on: <not checked>'. There are buttons for 'Add Attachment', 'Upload Attachments to DentalXChange', and a table for 'Attachments' with columns for 'Att Type', 'Date Sent', 'Sent Status', and 'Submission ID'. One attachment is listed: 'Narrative' sent on '3/3/2026 12:57 pm' with status 'Sent' and ID '105333286'. Buttons for 'Add Attachment', 'View Attachment', and 'Remove Attachment' are at the bottom.

23 Go to your claims list

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz

File Edit Lists Activities Help

The screenshot shows the 'Ledger (Chicken, Rubber)' screen in DentiMax. The top toolbar has the 'Claims' icon highlighted with a red circle. The screen displays a table of transactions for patient 'CHIRU000' (Chicken, Rubber). The table includes columns for Date, Billing Number, Name, Chart Number, Description, Provider, Tooth, Surface, Code, Amount, Ins Pd, Status, Pat Pd, Ins Adj, and Pat Adj. The table lists various transactions including 'limited oral evaluation - problem focus', 'panoramic radiographic image', 'prophylaxis - adult', 'surgical placement of implant body: endo', 'Insurance Check Payment', 'Insurance Adjustment', 'Patient American Express Payment', 'PATAMEX', 'PATAPAY', 'PX EP periodic oral evaluation - estab', 'REFUND - Refund to patient via check', 'Primary insurance e-claim sent', and 'prophylaxis - adult'. A summary box at the top right shows 'Charges: 700.00', 'Adjustments: 45.00', 'Ins Pmts: -105.00', 'Patient Pmts: -490.00', 'Total: 150.00', and 'Primary Balance: 150.00'.

24 Your claim will be Ready to Bill.

Select the claim you want to send

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz

File Edit Lists Activities Help

DentiMax Claim - Chicken, Rubber

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-Cl...
 Validate Claim
 Get Claim Status

Claim Status Primary: _____ Claim Status Secondary: _____
 Type of Transaction: _____ Number: _____
 Name: _____ Subscriber Name: _____
 Patient ID: _____ Primary is Medical: Show All

Search: _____ Search by: Date Created View: Claim List

Claims created from: 3/12/2025 To: 3/3/2026 Hide Paid/Completed Only Show Open Ortho Claims

Notes	Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next
	113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Ready to Bill		
	110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required	
	86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed		
	109	MANPA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation		
	108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete	
	107	HOUC000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill		
	106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill		
	105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required	
	104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid		
	103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	2/4/2026 9:15 am	Ready to Bill		
	102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	2/4/2026 9:15 am	Ready to Bill		
	101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	2/4/2026 9:08 am	Billed		
	100	TESTE001	Aetna	Test, Test	Test, Test	1/22/2026 9:26 am	Failed Claim Validation		
	99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	1/22/2026 9:13 am	Paid		
	98	TESTE002	Aetna	test, test	test, test	1/7/2026 2:43 pm	Failed Claim Validation		
	97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2026 2:40 pm	Failed Claim Validation		
	96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed		
	95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required		
	94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	92	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	91	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	90	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		

25 Click Send Selected E-Claim

DentiMax Version 24 - Carla Mariana Rodriguez Yustiz

File Edit Lists Activities Help

DentiMax Claim - Chicken, Rubber

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-Cl...
 Validate Claim
 Get Claim Status

Claim Status Primary: _____ Claim Status Secondary: _____
 Type of Transaction: _____ Number: _____
 Name: _____ Subscriber Name: _____
 Patient ID: _____ Primary is Medical: Show All

Search: _____ Search by: Date Created View: Claim List

Claims created from: 3/12/2025 To: 3/3/2026 Hide Paid/Completed Only Show Open Ortho Claims

Notes	Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next
	113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Ready to Bill		
	110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required	
	86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed		
	109	MANPA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation		
	108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete	
	107	HOUC000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill		
	106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill		
	105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required	
	104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid		
	103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	2/4/2026 9:15 am	Ready to Bill		
	102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	2/4/2026 9:15 am	Ready to Bill		
	101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	2/4/2026 9:08 am	Billed		
	100	TESTE001	Aetna	Test, Test	Test, Test	1/22/2026 9:26 am	Failed Claim Validation		
	99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	1/22/2026 9:13 am	Paid		
	98	TESTE002	Aetna	test, test	test, test	1/7/2026 2:43 pm	Failed Claim Validation		
	97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2026 2:40 pm	Failed Claim Validation		
	96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed		
	95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required		
	94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	92	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	91	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		
	90	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed		

26 Click "Send"

Search by: Date Created View: Claim List

Created from: 3/12/2025 To: 3/3/2026 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 Rem
113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Ready to Bill			
110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required		
86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed			
109	MANFA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation			
108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete		
107	HOUC000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill			
106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill			
105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required		
104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid			
103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/13/2025 11:28 am	Ready to Bill			
102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	11/13/2025 11:28 am	Ready to Bill			
101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	11/13/2025 11:28 am	Billed			
100	TESTE001	Aetna	Test, Test	Test, Test	11/13/2025 11:28 am	Failed Claim Validation			
99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	11/13/2025 11:28 am	Paid			
98	TESTE002	Aetna	test, test	test, test	11/13/2025 11:28 am	Failed Claim Validation			
97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2025 2:40 pm	Failed Claim Validation			
96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed			
95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required			
94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
92	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
91	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
90	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
89	ABCE000	CIGNA	A B C 1 2 3, D E F 4 5 6	A B C 1 2 3, D E F 4 5	11/12/2025 1:45 pm	Failed Claim Validation			
88	DENMA000	Aetna	Denting, Max	Denting, Max	11/11/2025 1:02 pm	Billed	Ready to Bill		
87	VANCA000	Aetna	Vanisever, Camren	Vanisever, Camren	11/6/2025 10:56 am	Billed			
85	HOUC000	Aetna	House, Cheese	House, Cheese	11/6/2025 10:56 am	Billed			
84	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	11/6/2025 10:56 am	Billed			
83	FLADA000	ANTHEM	Flame, Dax	Flame, Dax	11/6/2025 10:56 am	Failed Claim Validation	Attachment Required		
82	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	11/6/2025 10:56 am	Paid			
81	FENJ000	AARP Dental Insurance Plan	Fei, Ning	Fei, Ning	10/24/2025 10:20 am	Complete	Complete		
80	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	10/24/2025 10:05 am	Complete	Complete		
79	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	10/24/2025 10:04 am	Complete	Complete		
78	FLADA000	ANTHEM	Flame, Dax	Flame, Dax	10/10/2025 3:30 pm	Complete	Complete		

27 Click "OK"

Patient ID: Primary is Medical: Show All

Search by: Date Created View: Claim List

Created from: 3/12/2025 To: 3/3/2026 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 Rem
113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Ready to Bill			
110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required		
86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed			
109	MANFA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation			
108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete		
107	HOUC000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill			
106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill			
105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required		
104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid			
103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/13/2025 11:28 am	Ready to Bill			
102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	11/13/2025 11:28 am	Ready to Bill			
101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	11/13/2025 11:28 am	Billed			
100	TESTE001	Aetna	Test, Test	Test, Test	11/13/2025 11:28 am	Failed Claim Validation			
99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	11/13/2025 11:28 am	Paid			
98	TESTE002	Aetna	test, test	test, test	11/13/2025 11:28 am	Failed Claim Validation			
97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2025 2:40 pm	Failed Claim Validation			
96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed			
95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required			
94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
92	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
91	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
90	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
89	ABCE000	CIGNA	A B C 1 2 3, D E F 4 5 6	A B C 1 2 3, D E F 4 5	11/12/2025 1:45 pm	Failed Claim Validation			
88	DENMA000	Aetna	Denting, Max	Denting, Max	11/11/2025 1:02 pm	Billed	Ready to Bill		
87	VANCA000	Aetna	Vanisever, Camren	Vanisever, Camren	11/6/2025 10:56 am	Billed			
85	HOUC000	Aetna	House, Cheese	House, Cheese	11/6/2025 10:56 am	Billed			
84	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	11/6/2025 10:56 am	Billed			
83	FLADA000	ANTHEM	Flame, Dax	Flame, Dax	11/6/2025 10:56 am	Failed Claim Validation	Attachment Required		
82	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	11/6/2025 10:56 am	Paid			
81	FENJ000	AARP Dental Insurance Plan	Fei, Ning	Fei, Ning	10/24/2025 10:20 am	Complete	Complete		
80	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	10/24/2025 10:05 am	Complete	Complete		

28 Click "Yes"

Patient ID: _____ Primary is Medical: Show All

rch: _____ Search by: Date Created View: Claim List

Claims created from: 3/12/2025 To: 3/3/2026 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
113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Ready to Bill			
110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required		
86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed			
109	MANPA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation			
108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete		
107	HOUCH000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill			
106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill			
105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required		
104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid			
103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	2/4/2026 9:15 am	Ready to Bill			
102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	2/4/2026 9:15 am	Ready to Bill			
101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	2/4/2026 9:08 am	Billed			
100	TESTE001	Aetna	Test, Test	Test, Test	1/22/2026 9:26 am	Failed Claim Validation			
99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	1/22/2026 9:13 am	Paid			
98	TESTE002	Aetna	test, test	test, test	1/7/2026 2:43 pm	Failed Claim Validation			
97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2026 2:40 pm	Failed Claim Validation			
96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed			
95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required			
94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
92	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
91	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
90	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
89	ABCE000	CIGNA	A B C 1 2 3, D E F 4 5 6	A B C 1 2 3, D E F 4 5	11/12/2025 1:45 pm	Failed Claim Validation			
88	DENMA000	Aetna	Denting, Max	Denting, Max	11/11/2025 1:02 pm	Billed	Ready to Bill		
87	VANCA000	Aetna	Vaniscever, Camren	Vaniscever, Camren	11/6/2025 10:56 am	Billed			
85	HOUCH000	Aetna	House, Cheese	House, Cheese	11/6/2025 10:56 am	Billed			
84	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	11/6/2025 10:56 am	Billed			
83	FLADA000	ANTHEM	Flame, Dax	Flame, Dax	11/6/2025 10:56 am	Failed Claim Validation	Attachment Required		
82	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	11/6/2025 10:56 am	Paid			
81	FEINJ000	AARP Dental Insurance Plan	Fei, Ning	Fei, Ning	10/24/2025 10:20 am	Complete	Complete		
80	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	10/24/2025 10:05 am	Complete	Complete		

29 Your claim will now be marked as Billed

Claim - Chicken, Rubber

Claim Status Primary: _____ Claim Status Secondary: _____

Type of Transaction: _____ Number: _____

Name: _____ Subscriber Name: _____

Patient ID: _____ Primary is Medical: Show All

Search: _____ Search by: Date Created View: Claim List

Claims created from: 3/12/2025 To: 3/3/2026 Hide Paid/Completed Only Show Open Ortho Claims

Notes	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
	113	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	3/3/2026 12:56 pm	Billed			
	110	DENMA000	Aetna	Denting, Max	Denting, Max	2/9/2026 10:38 am	Ready to Bill	Attachment Required		
	86	THRON000	Humana	Three, One Two	Three, One Two	2/5/2026 11:49 am	Billed			0
	109	MANPA000	Aetna	Man, Pac	Man, Pac	2/5/2026 11:40 am	Failed Claim Validation			
	108	TOLTO000	Delta Dental Of AZ	Tole, Tole	Tole, Tole	2/4/2026 9:19 am	Ready to Bill	Complete		0
	107	HOUCH000	Aetna	House, Cheese	House, Cheese	2/4/2026 9:15 am	Ready to Bill			
	106	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	2/4/2026 9:15 am	Ready to Bill			
	105	DENMA000	Aetna	Denting, Max	Denting, Max	2/4/2026 9:15 am	Ready to Bill	Attachment Required		
	104	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	2/4/2026 9:15 am	Paid			
	103	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	2/4/2026 9:15 am	Ready to Bill			
	102	ABRPO000	Aetna	Abramova, Polina	Abramova, Polina	2/4/2026 9:15 am	Ready to Bill			
	101	FORJO000	United Concordia	Fortnite, Jonesy	Fortnite, Jonesy	2/4/2026 9:08 am	Billed			0
	100	TESTE001	Aetna	Test, Test	Test, Test	1/22/2026 9:26 am	Failed Claim Validation			
	99	CHIRU000	ANTHEM	Chicken, Rubber	Chicken, Rubber	1/22/2026 9:13 am	Paid			
	98	TESTE002	Aetna	test, test	test, test	1/7/2026 2:43 pm	Failed Claim Validation			
	97	TESTE001	Aetna	Test, Test	Test, Test	1/7/2026 2:40 pm	Failed Claim Validation			
	96	HATMI000	Aetna	Hatsune, Miku	Hatsune, Miku	12/8/2025 10:13 am	Billed			0
	95	BAOUN000	Aetna	Bao, Uncle	Bao, Uncle	11/14/2025 9:57 am	Attachment Required			
	94	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
	93	MEORJ000	Aetna	Meow, Rigby	Meow, Rigby	11/13/2025 11:28 am	Billed			
	92	MEORJ000	Aetna	Meow, Rinhv	Meow, Rinhv	11/13/2025 11:28 am	Billed			