

Dentimax: Update a Billing to new insurance

1 View from patient ledger

Default Data
Activities Help

ax Ledger (Dover, Ben)
Patient: DOVB000 Dover, Ben

Billing Information
 Est Due: 360.00
 Charges: 360.00
 Adjustments: 0.00
 Ins Pmts: 0.00
 Patient Pmts: 0.00
 Total: 360.00
 HOH: Dover, Ben

Primary Balance: 360.00
 Std Ded: 0/150
 Pvy Ded: 0/150
 Other Ded: +360
 Ins 1 Used: 1000
 Ins 1 Max: 2500

Current: 360.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00	0.00	
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00	10.00	
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00	100.00	
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00	50.00	
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00	200.00	

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You will see the current procedures are posted and billed to the current insurance attached to patient account

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben

Billing Information
 Est Due: 360.00
 Charges: 360.00
 Adjustments: 0.00
 Ins 1: Aetna
 Ins 2: None
 HOH: Dover, Ben
 Patient Pmts: 0.00
 Total: 360.00

Primary Individual Family
 Balance: 360.00 365.00
 Std Ded: 0/50 0/150
 Prv Ded: 0
 Other Ded: 0
 Ins 1 Used: +360
 Ins 1 Max: 1000 2500

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

Current: 360.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

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
 View Claim
 Print Claim
 Print
 Print Walk-Out
 Print Family Walk-Out
 Print Statement
 Print Family Statem...
 Print Ledger
 Print Family Ledger

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New transactions get posted to the patients ledger

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben

Billing Information
 Est Due: 360.00
 Charges: 360.00
 Adjustments: 0.00
 Ins 1: Aetna
 Ins 2: None
 HOH: Dover, Ben
 Patient Pmts: 0.00
 Total: 360.00

Primary Individual Family
 Balance: 360.00 365.00
 Std Ded: 0/50 0/150
 Prv Ded: 0
 Other Ded: 0
 Ins 1 Used: +360
 Ins 1 Max: 1000 2500

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

Current: 360.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

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
 View Claim
 Print Claim
 Print
 Print Walk-Out
 Print Family Walk-Out
 Print Statement
 Print Family Statem...
 Print Ledger
 Print Family Ledger

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You will notice that all transactions are under the same billing number under Aetna as the current insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben

Billing Information
 Est Due: 660.00
 Charges: 660.00
 Adjustments: 0.00
 Ins 1: Aetna
 Ins 2: None
 HOH: Dover, Ben
 Patient Pmts: 0.00
 Total: 660.00

Primary Balance: 660.00
 Individual: 660.00
 Family: 665.00
 Std Ded: 0/50
 Prv Ded: 0/150
 Other Ded: +560
 Ins 1 Used: 1000
 Ins 1 Max: 2500

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

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Go back to the patient information screen to update to new insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben

Billing Information
 Est Due: 660.00
 Charges: 660.00
 Adjustments: 0.00
 Ins 1: Aetna
 Ins 2: None
 HOH: Dover, Ben
 Patient Pmts: 0.00
 Total: 660.00

Primary Balance: 660.00
 Individual: 660.00
 Family: 665.00
 Std Ded: 0/50
 Prv Ded: 0/150
 Other Ded: +560
 Ins 1 Used: 1000
 Ins 1 Max: 2500

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

6 Update to new policy information and save changes

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Patient Information - Dover, Ben

General | Patient Information | Insurance Information | Medical Alerts | Extra Info | Custom | Missing Teeth

General

- Save Changes **ESG**
- Cancel Changes **ESG**
- Add a new family m...
- Load Patient Picture
- Acquire Patient Pict...

More Information

- View Appointments
- View Ledger
- View Claims
- Prescriptions
- View Old Prescriptions
- Payment Plan
- Manage Allergies

Exam Information

- View Chart
- View Perio Exams
- New Perio Exam
- View PSR Exams

Quick Prints

- Print Patient Report
- Print Mailing Label

Insurance Info

- Check Eligibility

Default Options

- Use this data for ne...

Primary Insurance

Release of Information

Patient Relation to Subscriber: Self

Subscriber: DOVB000

Primary Insurance: MET00

Subscriber ID: 88832138

Group Number: 110

Assignment of Benefits [Remove](#)

Secondary Insurance

Relation to Primary Subscriber: _____

Subscriber: _____

Secondary Insurance: _____

Subscriber ID: _____

Group Number: _____

Assignment of Benefits

COB: _____

7 Back to patient ledger: click on Show All Recent and Open Billings

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000

General

- Close Screen

Transactions

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

Billing Information

Est Due:	560.00	Charges:	660.00	Primary Balance:	660.00	Family Balance:	665.00
Ins 1:	Aetna	Adjustments:	0.00	Std Ded:	0/50	0/150	
Ins 2:	None	Ins Pmts:	0.00	Priv Ded:			
HOH:	Dover, Ben	Patient Pmts:	0.00	Other Ded:			
		Total:	660.00	Ins 1 Used:			
				Ins 1 Max:			

Current	30 days	60 days	90+ days
660.00	0.00	0.00	0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

Other Information

- View Details
- View Billing Options
- View Chart
- View Prescriptions

Claim Information

- Create Claim
- View Claim
- Print Claim

Print

- Print Walk-Out
- Print Family Walk-Out
- Print Statement
- Print Family Statem...
- Print Ledger
- Print Family Ledger

8 Create New Billing

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

General: Patient: DOVB000, Dover, Ben
Billing: 34, 8/15/2025

Transactions: **New Billing** (highlighted)

Other Information: View Details, View Billing Options, View Chart, View Prescriptions

Claim Information: Create Claim, View Claim, Print Claim

Print: Print Walk-Out, Print Family Walk-Out, Print Statement, Print Family Statement..., Print Ledger, Print Family Ledger

Billing Information:

Charges:	660.00	Primary Balance:	660.00	Family:	660.00
Adjustments:	0.00	Std Ded:	0/50	Other Ded:	0/150
Ins Pmts:	0.00	Ins 1 Used:		Ins 1 Max:	
Ins 2:	0.00	Ins 2:			
HOH:	Dover, Ben	Ins 2:			
Total:	660.00	Current:	660.00	30 days:	0.00
		60 days:	0.00	90+ days:	0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

9 Click "Show All Recent and Open Billings" to select again

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

General: Patient: DOVB000, Dover, Ben
Billing: 35, 8/15/2025

Transactions: **Show All Recent and Open Billings** (highlighted)

Other Information: View Billing Options, View Chart, View Prescriptions

Billing Information:

Charges:	0.00	Primary Balance:	660.00	Family:	660.00
Adjustments:	0.00	Std Ded:	0/50	Other Ded:	0/150
Ins Pmts:	0.00	Ins 1 Used:		Ins 1 Max:	
Ins 2:	0.00	Ins 2:			
HOH:	Dover, Ben	Ins 2:			
Total:	0.00	Current:	0.00	30 days:	0.00
		60 days:	0.00	90+ days:	0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
									0.00		0.00	0.00	0.00	0.00

10 Open procedure that needs to be on the new billing and update

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVBE000 Dover, Ben

Billing Information

Charges:	660.00	Primary Balance:	660.00	Family:	660.00
Adjustments:	0.00	Std Ded:	0.00	Other Ded:	0.00
Ins 1: MET00, AET00	560.00	Ins 1 Used:	0/150	Ins 1 Max:	0/150
Ins 2: None	0.00	Ins Pmts:	0.00		
Patient Pmts:	0.00				
HOH: Dover, Ben	100.00	Total:	660.00		

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
68	34	8/15/2025	Ben	D7114	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	34	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

Summary: Current 660.00, 30 days 0.00, 60 days 0.00, 90+ days 0.00

11 Use the drop-down menu under Billing and select the new billing number

DO this for each procedure that needs to be on the new billing

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Charge Detail

Patient: DOVBE000 Dover, Ben

Date: 8/15/2025 Billing: 34 8/15/2025

Account Code: D7210 Description: Number Date Description

Number	Date	Description
34	8/15/2025	
35	8/15/2025	

Tooth: 2 Fee: 100.00 Provider: TES00 Test, Terry

Note: [] Status: Completed [] Follow Up

Claim Info

Place of Service: 11 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: []

12

Now you will see two different billing numbers on the ledger

You will also see in the billing information box that both the new and old insurance policies are listed

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)
Patient: DOVB000 Dover, Ben

General
Close Screen

Transactions
 Show All Recent and Open Billings
 Show Family
 Show All History
 Use a Multicode
 Hide Zero Balances
 Only Ins Pending
 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: 660.00
 Charges: 660.00
 Adjustments: 0.00
 Ins Pmts: 0.00
 Patient Pmts: 0.00
 Total: 660.00
 Primary: Individual 660.00, Family 660.00
 Balance: 660.00
 Std Ded: 0.00
 Prv Ded: 0.00
 Other Ded: 0.00
 Ins 1 Used: +240
 Ins 1 Max: 0.00
 Current: 660.00
 30 days: 0.00
 60 days: 0.00
 90+ days: 0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.0
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.0
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.0
68	34	8/15/2025	Ben	CLAIM1	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.0
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.0
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.0
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.0
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.0

13 Go back to the newly created billing:

Click "Show All Recent and Open Billings" to select again and select the billing number

DentiMax - Default Data
File Edit Lists Activities Help

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben
Billing: 35 8/15/2025

Transactions

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

Table:

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00

14 Click View Billing Options

DentiMax - Default Data
File Edit Lists Activities Help

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben
Billing: 35 8/15/2025

Other Information

- View Details
- View Billing Options
- View Chart
- View Prescriptions

Table:

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		100.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		100.00	Completed	0.00	0.00	0.00	0.00

15 Click Fill Current Insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Billing - Dover, Ben on 8/15/2025

General
Close Screen
Update Information
Fill Current Insurance

Number: 35
Patient: DOVBE000 - Dover, Ben

Date: 8/15/2025
Description: _____

Primary Ins: MET00 Metlife Dental Claims
Subscriber: DOVBE000 Dover, Ben
Subscriber ID: 88832138
Group No.: 110
Patient Relation to Subscriber: Self
 Assignment of Benefits

Place of Service: Office
Facility: _____
Group: _____
Preauthorization Number: _____
Preauthorization Date: _____
Referring Provider: _____
Fee Schedule: 3 Cash Plan (10% off)

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

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

Completed

16 Click "Yes"

e: 8/15/2025
n: _____

s: MET00 Metlife Dental Claims
r: DOVBE000 Dover, Ben
): 88832138
.: 110
atient Relation to Subscriber: Self
] Assignment of Benefits

Place of Service: Office
Facility: _____
Group: _____
Preauthorization Number: _____
Preauthorization Date: _____
Referring Provider: _____
Fee Schedule: 3 Cash Plan (10% off)

s: _____
r: _____
D: _____
.: _____
atient Relation to Subscriber: _____
] Assignment of Benefits
): _____

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

Confirm

The insurance for this billing has changed.
Update the transaction amounts with the new insurance fee schedule?

Yes No

17 Click "Yes"

ite: 8/15/2025
on:

ns: MET00 Metlife Dental Claims
er: DOVBE000 Dover, Ben
ID: 88832138
o.: 110
Patient Relation to Subscriber: Self
 Assignment of Benefits

ns:
er:
ID:
lo.:
Patient Relation to Subscriber:
 Assignment of Benefits
IB:

Place of Service: Office
Facility:
Group:
Preauthorization Number:
Preauthorization Date:
Referring Provider:
Fee Schedule: 3 Cash Plan (10% off)

Diagnosis
1:
2:
3:
4:

Confirm

Do the transactions need to be billed to the new insurance?

18 Close Screen

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Billing - Dover, Ben on 8/15/2025

General
Close Screen
Update Information
Fill Current Insurance

Number: 35
Patient: DOVBE000 - Dover, Ben

Date: 8/15/2025
Description:

Primary Ins: MET00 Metlife Dental Claims
Subscriber: DOVBE000 Dover, Ben
Subscriber ID: 88832138
Group No.: 110
Patient Relation to Subscriber: Self
 Assignment of Benefits

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

Place of Service: Office
Facility:
Group:
Preauthorization Number:
Preauthorization Date:
Referring Provider:
Fee Schedule: 3 Cash Plan (10% off)

Diagnosis
1:
2:
3:
4:

Completed

19 Now you will need to create a claim for new billing under the new insurance

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVB000 Dover, Ben
Billing: 35 8/15/2025

Billing Information

Charges:	0.00	Primary:	Individual	Family
Adjustments:	0.00	Balance:	360.00	360.00
Ins 1: Mellie's Dental Claims	0.00	Std Ded:		
Ins Pmts:	0.00	Prv Ded:		
Ins 2:	0.00	Other Ded:		
Patient Pmts:	0.00	Ins 1 Used:		
HOH: Dover, Ben	0.00	Ins 1 Max:		
Total:	0.00	Current:	0.00	30 days: 0.00
		60 days:	0.00	90+ days: 0.00

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

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		0.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		0.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		0.00	Completed	0.00	0.00	0.00	0.00

General
Close Screen

Transactions
New Billing
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

20 Click here

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
View Claim
Print Claim

Print
Print Walk-Out
Print Family Walk-Out
Print Statement
Print Family Statem...
Print Ledger
Print Family Ledger

Billing Information

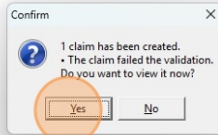
Charges:	0.00	Primary:	Individual	Family
Adjustments:	0.00	Balance:	0/50	0/150
Ins 2: None	0.00	Std Ded:		
Ins Pmts:	0.00	Prv Ded:		
HOH: Dover, Ben	0.00	Other Ded:		
Total:	360.00	Ins 1 Used:		
		Ins 1 Max:		
	360.00	Current:	0.00	30 days: 0.00
		60 days:	0.00	90+ days: 0.00

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

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		0.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		0.00	Completed	0.00	0.00	0.00	0.00
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

21 Click "Yes"

History		Detail View		Ins 1 Max				Ins 2 Max		Ins 3 Max		Ins 4 Max		Ins 5 Max		Ins 6 Max		Ins 7 Max		Ins 8 Max		Ins 9 Max		Ins 10 Max	
er	Billing Number	Date	Name	Code	Description	Provider	Tooth Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2	Insurance 3	Insurance 4	Insurance 5	Insurance 6	Insurance 7	Insurance 8	Insurance 9	Insurance 10	
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2	0.00	Completed	0.00	0.00	0.00	0.00	0.00											
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3	0.00	Completed	0.00	0.00	0.00	0.00	0.00											
0	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4	0.00	Completed	0.00	0.00	0.00	0.00	0.00											
18	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed			0.00	Completed	0.00	0.00	0.00	0.00	0.00											
18	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00		10.00	Completed	0.00	0.00	0.00	0.00	10.00											
18	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00		100.00	Completed	0.00	0.00	0.00	0.00	100.00											
18	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00		50.00	Completed	0.00	0.00	0.00	0.00	50.00											
18	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00		200.00	Completed	0.00	0.00	0.00	0.00	200.00											



22 You will now have the new claim generated and ready to process as usual

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim Information

ADA Form Billing Claim Information Electronic Attachments

Change Form: ADA 2024 Claim Form

Dental Claim Form

1. Type of Transaction (Mark all applicable boxes) Statement of Actual Services Request for Predetermination/Preauthorization EPSDT / Title XIX

2. Predetermination/Preauthorization Number

3. Company/Plan Name, Address, City, State, Zip Code
Mesa Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

4. Dental? Medical? (If both, complete 5-11 for dental only)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)

7. Gender M F

8. Policyholder/Subscriber ID (Assigned by Plan)

9. Plan/Group Number

10. Patient's Relationship to Person named in #8 Self Spouse Dependent Other

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

11a. Other Payer ID

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

13. Date of Birth (MM/DD/CCYY) 1/1/2001

14. Gender M F U

15. Policyholder/Subscriber ID (Assigned by Plan) 88832138

16. Plan/Group Number 110

17. Employer Name

18. Relationship to Policyholder/Subscriber in #12 Above Self Spouse Dependent Child Other

19. Retained For Future Use

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

21. Date of Birth (MM/DD/CCYY) 1/1/2001

22. Gender M F U

23. Patient ID/Account # (Assigned by Dentist) D0VBEC00

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Code of Charge (CPT)	26. Tooth Code	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Diag. Pointer	31. Fee
1 8/15/2025	JP	2			D7210	1 extraction erupted tooth requiring remov	\$0.00
2 8/15/2025	JP	3			D7210	1 extraction erupted tooth requiring remov	\$0.00
3 8/15/2025	JP	4			D7210	1 extraction erupted tooth requiring remov	\$0.00

23 Click here

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Ledger (Dover, Ben)

Patient: DOVBE000 Dover, Ben

Billing Information
 Est Due: 360.00
 Charges: 360.00
 Adjustments: 0.00
 Ins 1: MET00, AET00 360.00
 Ins Pmts: 0.00
 Ins 2: None 0.00
 Patient Pmts: 0.00
 HOH: Dover, Ben 0.00
 Total: 360.00

Primary Balance: 360.00
 Individual: 360.00
 Family: 360.00
 Std Ded: 0/50
 Piv Ded: 0/150
 Other Ded: 0.00
 Ins 1 Used: 0.00
 Ins 1 Max: 0.00

Current: 360.00 | 30 days: 0.00 | 60 days: 0.00 | 90+ days: 0.00

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
69	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	2		0.00	Completed	0.00	0.00	0.00	0.00
69	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	3		0.00	Completed	0.00	0.00	0.00	0.00
69	35	8/15/2025	Ben	D7210	extraction erupted tooth requiring remov	TES00	4		0.00	Completed	0.00	0.00	0.00	0.00
69	35	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/15/2025	Ben	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1330	oral hygiene instructions	TES00			10.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0274	bitewings - four radiographic images	TES00			100.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D0120	periodic oral evaluation - established p	TES00			50.00	Completed	0.00	0.00	0.00	0.00
68	34	8/2/2025	Ben	D1110	prophylaxis - adult	TES00			200.00	Completed	0.00	0.00	0.00	0.00

24 From your claims list you will see that there are claims processed for the patient to both policies

DentiMax - Default Data
File Edit Lists Activities Help

DentiMax

Claim - Dover, Ben

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

Search: Search by: Number View: Claim List

Claims created from: 7/16/2025 To: 8/15/2025 Hide Paid/Completed Only Show Open Ortho Claims

Billing Number	Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Secondary	Next Ortho Bill
35	69	DOVBE000	Metlife Dental Claims	Dover, Ben	Dover, Ben	8/15/2025 9:50:20 AM	Billed		
34	68	DOVBE000	Aetna	Dover, Ben	Dover, Ben	8/15/2025 9:44:58 AM	Billed		
32	67	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C	8/14/2025 11:36:58 AM	Billed		
22	66	TESDU000	Aetna	Test, Dummy	Test, Dummy	8/14/2025 11:33:14 AM	Failed Claim Validatio		
19	65	TESDU000	Aetna	Test, Dummy	Test, Dummy	8/14/2025 11:33:13 AM	Failed Claim Validatio		
20	64	TESB0001	United Healthcare	Test, Timmy	Test, Bob Sr.	8/14/2025 11:33:13 AM	Ready to Bill	Attachment Required	
33	63	TESTE003	Principal Life Insurance Co.	Test, Testy C	Test, Testy C	8/14/2025 11:24:04 AM	Billed		
31	62	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C	8/14/2025 10:34:12 AM	Billed		
32	61	TESTE003	Metlife Dental Claims	Test, Testy C	Test, Testy C	8/14/2025 9:10:12 AM	Resubmission		
32	60	TESTE003	Aetna	Test, Testy C	Test, Testy C	8/14/2025 9:05:11 AM	Resubmission		
21	59	TESSH000	Aetna	Test, Sunny	Test, Sunny	8/4/2025 7:49:25 AM	Failed Claim Validatio		
30	58	TESTE002	CIGNA	Test, Testy B	Test, Testy B	7/21/2025 12:21:45 PM	Billed		
21	44	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/28/2025 9:33:13 AM	Failed Claim Validatio		
15	43	TESSH000	Aetna	Test, Sunny	Test, Sunny	7/28/2025 9:35:08 AM	Failed Claim Validatio		