

FLOW: Adding new insurance plans

1 Click on the "gear" and select Setup

The screenshot shows the DentiMax software dashboard. At the top right, a gear icon is highlighted with a red circle, and a dropdown menu is open, showing the following options: Practice Setup, User, Tiffanye Nichols, User Profile Settings, Account Settings, and Logout. The dashboard includes several widgets: 'Daily Revenue Goal' showing \$0 with a target of \$0.00; 'Office Recall Percentage' showing 'No recalls set up'; 'Today's Tasks' showing 'No tasks today'; 'Practice Stats (YTD)' showing 'Patients Seen: 4', 'New patients: 4', 'Services Provided: 20', 'Completed Appointments: 8', 'Missed Appointments: 0', and 'Unscheduled Treatment: 0'. It also features 'Common Reports' (Patient Aging, Production Summary), 'Helpful Resources' (Create Prescription, ASAP List), and 'Insurance Management' (Outstanding Primary Insurance Claims, Outstanding Secondary Insurance Claims, Work Claims).

2 On the lower left menu select Insurance Plans

Providers

- Schedule Resources
- Required Fields
- Approve User Requests

Additional Setup

- Multicodes
- Alert Codes
- RX Templates
- Appt Templates
- Appt Types
- Claim Pre-edits
- Pt. Acknowledgments
- Online Forms
- Card Readers

Patient Communication

- Automated Messages
- Custom Templates
- Additional Settings
- SMS Opt-out
- Document Center

Patient Portal

- Settings
- Registration Fields
- Custom Page

Accounting Setup

- Fee Schedule
- Insurance Plans**
- Default Coverage
- Service Categories
- Service Codes
- Accounting Codes

Form Fields:

Tiffanye

Street: 123546 NE

Street 2:

City: Gilbert State: AZ Postal Code: 85297

Country: United States - US Phone 1: (800) 704-8494

Phone 2: Fax:

Bank Account:

Default Area Code: Tooth System: JP

3 Click "+" to add a new plan

reet	City	State	Zip	Group Number	Phone
. Box 14094	Lexington	KY	40512		
. Box 909786-60690	Chicago	IL	60690		
. Box 82520	Lincoln	NE	68501-2520		
. Box 7186		ID	83707		
. Box 659444	San Antonio	TX	78265		
. Box 2940	Clinton	IA	52733-2940		
55 N. MESA	El Paso	TX	79912		
. Box 188037	Chattanooga	TN	37422		
. Box 188037	Chattanooga	TN	37422	3454646	
. Box 15610	Sacramento	CA	95852		
. Box 2336	Independence	MO	64051		
. Box 2336	Independence	MO	64051		
. Box 14611	Lexington	KY	40512		
. Box 981282	El Paso	TX	79998-1282		(877) 638-3379
BOX	Gilbert	AZ	85297	11	(877) 638-3379
. Box 39710	Colorado Spring	CO	80949		

4 Enter Name of new insurance plan

The screenshot shows the FLOW by Optima software interface. The top navigation bar includes icons for home, user, calendar, grid, scissors, list, dollar sign, and document, along with the text 'Select Patient'. The left sidebar has a 'General' section with 'Close', 'Insurance Defaults', 'Set Default Data', and 'Clear Default Data'. The main content area has tabs for 'General', 'Coverage', 'Payment Information', and 'Frequency/Limits'. The 'Insurance Plan Information' form is active, with the 'Name' field highlighted by an orange circle. The form includes fields for Name, Code, Group Name, Group Number, Employer, Street, Street (Cont), City, State, Postal Code, Phone, Fax, Contact, Email, Website, and checkboxes for 'Medical Insurance Plan', 'Do Not Bill Insurance', and 'Do Not Bill Patient'. There are also dropdown menus for 'Default Payment Code' and 'Default Adjustment Code'. To the right is the 'Claim Information' section with fields for 'Fee Schedule on Ledger', 'Insurance Type', 'Info For Claim (Box 48)', 'Provider Information', 'Billing SSN or TIN (Box 51)', and 'TIN', along with checkboxes for 'Send Electronic Claims', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. A 'Notes' section is at the bottom.

5 Be sure to enter the Group Number

Group Numbers are how you are going to confirm you are selecting the correct plan per patient for the correct coverage

The screenshot shows the FLOW by Optima software interface. The top navigation bar includes icons for home, user, calendar, grid, scissors, list, dollar sign, and document, along with the text 'Select Patient'. The left sidebar has a 'General' section with 'Save Changes', 'Cancel Changes', 'Insurance Defaults', 'Set Default Data', and 'Clear Default Data'. The main content area has tabs for 'General', 'Coverage', 'Payment Information', and 'Frequency/Limits'. The 'Insurance Plan Information' form is active, with the 'Group Number' field highlighted by an orange circle. The form includes fields for Name, Code, Group Name, Group Number, Employer, Street, Street (Cont), City, State, Postal Code, Phone, Fax, Contact, Email, Website, and checkboxes for 'Medical Insurance Plan', 'Do Not Bill Insurance', and 'Do Not Bill Patient'. There are also dropdown menus for 'Default Payment Code' and 'Default Adjustment Code'. To the right is the 'Claim Information' section with fields for 'Fee Schedule on Ledger', 'Insurance Type', 'Info For Claim (Box 48)', 'Provider Information', 'Billing SSN or TIN (Box 51)', and 'TIN', along with checkboxes for 'Send Electronic Claims', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. A 'Notes' section is at the bottom.

6

Continue entering all necessary contact information for the insurance policy

The screenshot shows a software interface for entering insurance plan information. At the top, there is a navigation bar with the 'FLOW by Dentimax' logo, a home icon, a user icon, a calendar icon, a grid icon, a search icon, a printer icon, a refresh icon, and a 'Select Patient' button. Below the navigation bar is a sidebar with a 'General' section containing 'Save Changes', 'Cancel Changes', 'Insurance Defaults', 'Set Default Data', and 'Clear Default Data'. The main content area has tabs for 'General', 'Coverage', 'Payment Information', and 'Frequency/Limits'. The 'General' tab is active, showing the 'Insurance Plan Information' form. The form includes fields for Name (with 'Metlife' entered), Code, Group Name, Group Number (with '111111' entered), Employer, Street, Street (Cont), City, State, Postal Code, Phone, Fax, Contact, Email, and Website. There are also checkboxes for 'Medical Insurance Plan', 'Do Not Bill Insurance', and 'Do Not Bill Patient', and dropdown menus for 'Default Payment Code' and 'Default Adjustment Code'. To the right of the 'Insurance Plan Information' form is the 'Claim Information' section, which includes fields for 'Fee Schedule on Ledger', 'Fee Sch.', 'Insurance Type', and 'Category'. Below this is the 'Info For Claim (Box 48)' section, which includes 'Provider Information' and 'Billing SSN or TIN (Box 51)'. At the bottom of the 'Claim Information' section are checkboxes for 'Send Electronic Claims', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. At the bottom of the main content area is a 'Notes' section with a 'Notes' label.

7

Fee Schedule on Ledger: this is the fee schedule that will be used for the Treatment Estimates and will display on the ledger. IF you are a contacted provider (in network) with this plan, you will use the contracted fee schedule from the drop-down menu.

IF you are NOT a contracted provider (out of network) with this plan, you will want to use your UCR fee schedule from the drop-down menu.

The screenshot shows the 'Claim Information' section of a Metlife web application. The 'Fee Schedule on Ledger' dropdown menu is highlighted with an orange circle. The form includes various input fields for patient and provider information, as well as checkboxes for electronic claims and attachment requirements.

8

Fee Schedule on Claim

The screenshot shows the 'Claim Information' section of a Metlife web application. The 'Fee Schedule on Claim' dropdown menu is highlighted with an orange circle. The '4 - Metlife' option is selected in the 'Fee Schedule on Ledger' dropdown. The form includes various input fields for patient and provider information, as well as checkboxes for electronic claims and attachment requirements.

9

Fee Schedule on Claim: You will always want to select UCR from the drop-down menu.

You always want to bill your UCR fees to insurance companies regardless of your network status.

The screenshot shows a web application interface for entering claim information. The top navigation bar includes a 'Select Patient' button and a 'Metlife' logo. The main content area is divided into two columns. The left column contains various input fields for patient and provider information, including checkboxes for 'Inactive', 'Send Electronic Claims', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. The right column is titled 'Claim Information' and contains several dropdown menus and checkboxes. A dropdown menu for 'Fee Schedule on Claim' is open, showing a list of options: '1 - UCR', '2 - Cash', '3 - UCCI', '4 - Metlife', '5 - UCCI', '6 -', and '7 -'. The '1 - UCR' option is highlighted with a blue background and a magnifying glass icon. Other dropdown menus include 'Fee Schedule on Ledger' (set to '4 - Metlife'), 'Insurance Type', 'Billing SSN or TIN (Box 51)' (set to 'TIN'), and 'Billing Provider ID (Box 52A)' (set to 'TIN Number'). There are also checkboxes for 'Send Electronic Claims', 'Check Attachment Requirements', and 'Use Electronic Eligibility'. The 'Diagnosis Code Type' is set to 'ICD 10' and the 'Billing Procedure Code Set' is set to 'ADA Codes'.

10

Be sure to enter the correct Payer ID if you plan to send electronic claims

The screenshot shows a software interface with a top navigation bar containing icons for various functions. Below the navigation bar, there is a header area with the text "Select Patient" and a "Metlife" logo. The main content area is divided into two panels. The left panel contains a form with fields for "Code", "Inactive" checkbox, "Employer", "Street (Cont)", "Postal Code" (with value "40512"), "Contact", "Website", "ent Code", and "Default Adjustment Code". The right panel is titled "Claim Information" and contains several dropdown menus and checkboxes. The "Fee Schedule on Ledger" is set to "4 - Metlife" and "Fee Schedule on Claim" is set to "1 - UCR". The "Payer ID" field is highlighted with a red circle. Other fields include "Insurance Type", "Category", "Eligibility ID", "Info For Claim (Box 48)" set to "Provider Information", "Provider Pin on Claim (Box 58)" set to "State ID Number", "Billing SSN or TIN (Box 51)" set to "TIN", and "Billing Provider ID (Box 52A)" set to "TIN Number". At the bottom, there are checkboxes for "Send Electronic Claims", "Check Attachment Requirements", and "Use Electronic Eligibility", along with "Diagnosis Code Type" set to "ICD 10" and "Billing Procedure Code Set" set to "ADA Codes".

11

Confirm that all 3 of these boxes are checked for electronic Claims, Attachments, and Eligibility

This screenshot shows the same software interface as the previous one, but with the three checkboxes for electronic claims checked. The "Send Electronic Claims", "Check Attachment Requirements", and "Use Electronic Eligibility" checkboxes are all checked and highlighted with a red circle. The other fields in the "Claim Information" panel remain the same as in the previous screenshot.

12 Select the Coverage tab

The screenshot shows the 'FLOW by DentMax' software interface. The 'Coverage' tab is selected, and the 'Insurance Plan Information' section is active. The 'Name' field contains 'Metlife' and the 'Group Number' field contains '111111'. The 'City' is 'Lexington', 'State' is 'KY', and 'Postal Code' is '40512'. The 'Phone' is '(877) 638-3379'. The 'Insurance Type' is set to '4 - Metlife' and the 'Fee Schedule on Ledger' is '1 - UC'. The 'Send Electronic Claims' checkbox is checked.

13 Here you will enter the coverage information for this particular GROUP NUMBER

The screenshot shows the 'FLOW by DentMax' software interface. The 'Coverage' tab is selected, and the 'Deductible Amounts' section is active. The 'Individual' radio button is selected. The 'Coverage Table' section is also visible, showing a table of coverage information.

Begin Range	End Range	Category	Coverage Percent	Copay Amount
D0120	D1550	Diag/Prev	100%	\$0.00
D2110	D2664	Basic Restoration	80%	\$0.00
D2710	D2799	Crown	50%	\$0.00
D2910	D2999	Other Restoration	50%	\$0.00
D3110	D3999	Endo	80%	\$0.00
D4210	D4999	Perio	80%	\$0.00
D5110	D5899	Prosth	50%	\$0.00
D5911	D5999	Maxillo Prosth	50%	\$0.00
D6010	D6199	Implants	0%	\$0.00

14 Individual and Family Deductibles

Deductible Amounts

	Individual	Family
Standard	50	
Preventive		
Other		
Ortho		

Details

Deductible Reset Month:

Max Individual Benefit:

Max Family Benefit:

Max Individual Ortho:

Coverage Table - The Default Coverage Table 100/80/50

Begin Range	End Range	Category	Coverage Percent	Copay Amount
D0120	D1550	Diag/Prev	100%	\$0.00
D2110	D2664	Basic Restoration	80%	\$0.00
D2710	D2799	Crown	50%	\$0.00
D2910	D2999	Other Restoration	50%	\$0.00
D3110	D3999	Endo	80%	\$0.00
D4210	D4999	Perio	80%	\$0.00
D5110	D5899	Prosth	50%	\$0.00
D5911	D5999	Maxillo Prosth	50%	\$0.00
D6010	D6199	Implants	0%	\$0.00

15 Plan Reset Month: enter if the plan is an Calendar Year plan, resets in January or a Benefit Year plan, select the start month from the drop-down menu.

Deductible Amounts

	Individual	Family
Standard	\$50.00	150
Preventive		
Other		
Ortho		

Details

Deductible Reset Month:

Max Individual Benefit:

Max Family Benefit:

Max Individual Ortho:

Insurance Estimate

(Total Fee - Co-Pay) X Cov

(Total Fee x Coverage %)

Use Alternate Fee Schedule

Coverage Table - The Default Coverage Table 100/80/50

Begin Range	End Range	Category	Coverage Percent	Copay Amount	Deductible Type
D0120	D1550	Diag/Prev	100%	\$0.00	Preventive
D2110	D2664	Basic Restoration	80%	\$0.00	Standard
D2710	D2799	Crown	50%	\$0.00	Standard
D2910	D2999	Other Restoration	50%	\$0.00	Standard
D3110	D3999	Endo	80%	\$0.00	Standard
D4210	D4999	Perio	80%	\$0.00	Standard
D5110	D5899	Prosth	50%	\$0.00	Standard
D5911	D5999	Maxillo Prosth	50%	\$0.00	Standard
D6010	D6199	Implants	0%	\$0.00	Standard

16 Enter Individual Benefit Max

Select Patient

Information Frequency/Limits MetLife

Individual: \$50.00

Family: \$150.00

Details

Deductible Reset Month: January

Max Individual Benefit: 1500

Max Family Benefit:

Max Individual Ortho:

Insurance Estimate Calculation

(Total Fee - Co-Pay) X Coverage %

(Total Fee x Coverage %) - Co-Pay

Use Alternate Fee Schedule

Ult Coverage Table 100/80/50

End Range	Category	Coverage Percent	Copay Amount	Deductible Type	Note	Exclude From Max
D1550	Diag/Prev	100%	\$0.00	Preventive	<input type="checkbox"/>	<input type="checkbox"/>
D2664	Basic Restoration	80%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D2799	Crown	50%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D2999	Other Restoration	50%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D3999	Endo	80%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D4999	Perio	80%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D5899	Prosth	50%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D5999	Maxillo Prosth	50%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>
D6199	Implants	0%	\$0.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>

17 Max Family Benefit if applicable

Select Patient

General Coverage Payment Information Frequency/Limits

Deductible Amounts

Individual: \$50.00

Family: \$150.00

Standard:

Preventive:

Other:

Ortho:

Details

Deductible Reset Month: January

Max Individual Benefit: 1500

Max Family Benefit:

Max Individual Ortho:

Insurance Estimate Calculation

(Total Fee - Co-Pay) X Coverage %

(Total Fee x Coverage %) - Co-Pay

Use Alternate Fee Schedule

Coverage Table - The Default Coverage Table 100/80/50

Begin Range	End Range	Category	Coverage Percent	Copay Amount	Deductible Type
D0120	D1550	Diag/Prev	100%	\$0.00	Preventive
D2110	D2664	Basic Restoration	80%	\$0.00	Standard
D2710	D2799	Crown	50%	\$0.00	Standard
D2910	D2999	Other Restoration	50%	\$0.00	Standard
D3110	D3999	Endo	80%	\$0.00	Standard
D4210	D4999	Perio	80%	\$0.00	Standard
D5110	D5899	Prosth	50%	\$0.00	Standard
D5911	D5999	Maxillo Prosth	50%	\$0.00	Standard
D6010	D6199	Implants	0%	\$0.00	Standard

18 You can adjust the Cover Percent as necessary per plan guidelines

General Information | Frequency/Limits

Individual: \$50.00

Family: \$150.00

Details

Deductible Reset Month: January

Max Individual Benefit: 1500

Max Family Benefit: 3000

Max Individual Ortho:

Insurance Estimate Calculation

(Total Fee - Co-Pay) X Coverage %

(Total Fee x Coverage %) - Co-Pay

Use Alternate Fee Schedule

The Default Coverage Table 100/80/50

End Range	Category	Coverage Percent	Copay Amount	Deductible Type	Note	Exclude
D1550	Diag/Prev	100%	\$0.00	Preventive		<input type="checkbox"/>
D2664	Basic Restoration	80%	\$0.00	Standard		<input type="checkbox"/>
D2799	Crown	50%	\$0.00	Standard		<input type="checkbox"/>
D2999	Other Restoration	50%	\$0.00	Standard		<input type="checkbox"/>
D3999	Endo	80%	\$0.00	Standard		<input type="checkbox"/>
D4999	Perio	80%	\$0.00	Standard		<input type="checkbox"/>
D5899	Prosth	50%	\$0.00	Standard		<input type="checkbox"/>
D5999	Maxillo Prosth	50%	\$0.00	Standard		<input type="checkbox"/>
D6199	Implants	0%	\$0.00	Standard		<input type="checkbox"/>
D6999	Prosth Fixed	50%	\$0.00	Standard		<input type="checkbox"/>
D7999	Oral Surgery	80%	\$0.00	Standard		<input type="checkbox"/>

19 Click Payment Information tab

FLOW by DENTIMAX | Home | Patient | Select Patient

General | Coverage | **Payment Information** | Frequency/Limits

Deductible Amounts

Standard: Individual \$50.00, Family \$150.00

Preventive: Individual, Family

Other: Individual, Family

Ortho: Individual, Family

Details

Deductible Reset Month: January

Max Individual Benefit: 1500

Max Family Benefit: 3000

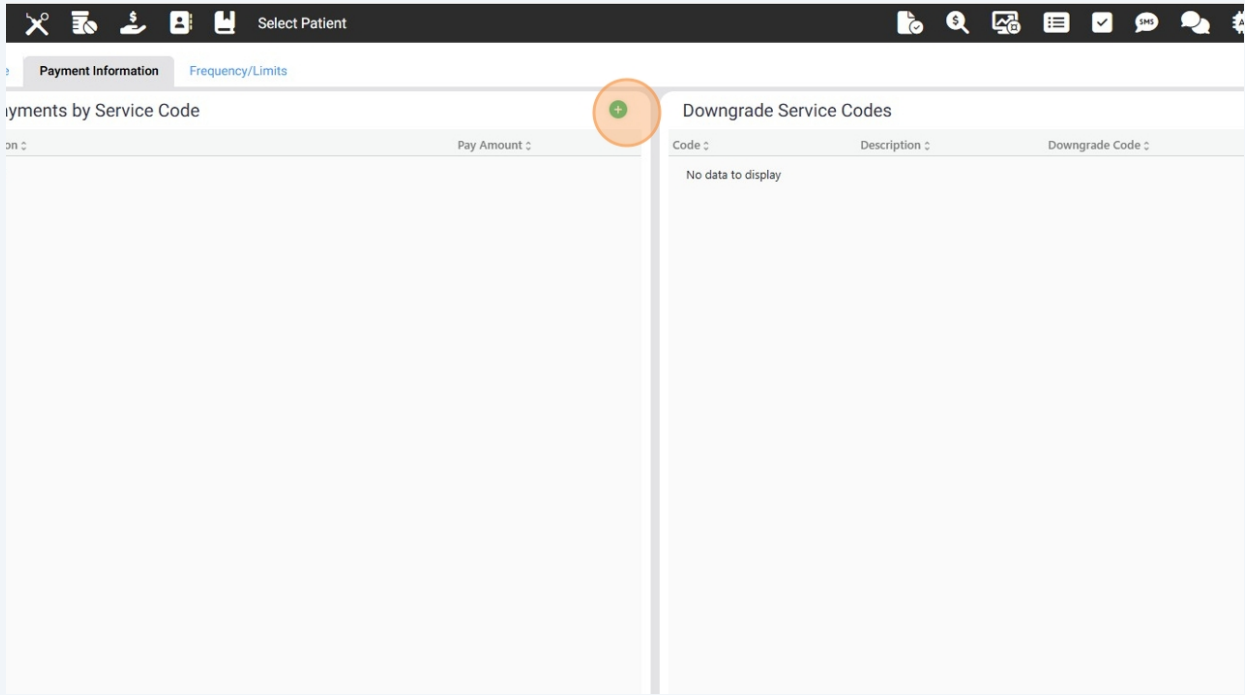
Max Individual Ortho:

Coverage Table - The Default Coverage Table 100/80/50

Begin Range	End Range	Category	Coverage Percent	Copay Amount
D0120	D1550	Diag/Prev	100%	\$0.00
D2110	D2664	Basic Restoration	80%	\$0.00
D2710	D2799	Crown	50%	\$0.00
D2910	D2999	Other Restoration	50%	\$0.00
D3110	D3999	Endo	80%	\$0.00
D4210	D4999	Perio	80%	\$0.00
D5110	D5899	Prosth	50%	\$0.00
D5911	D5999	Maxillo Prosth	50%	\$0.00
D6010	D6199	Implants	0%	\$0.00

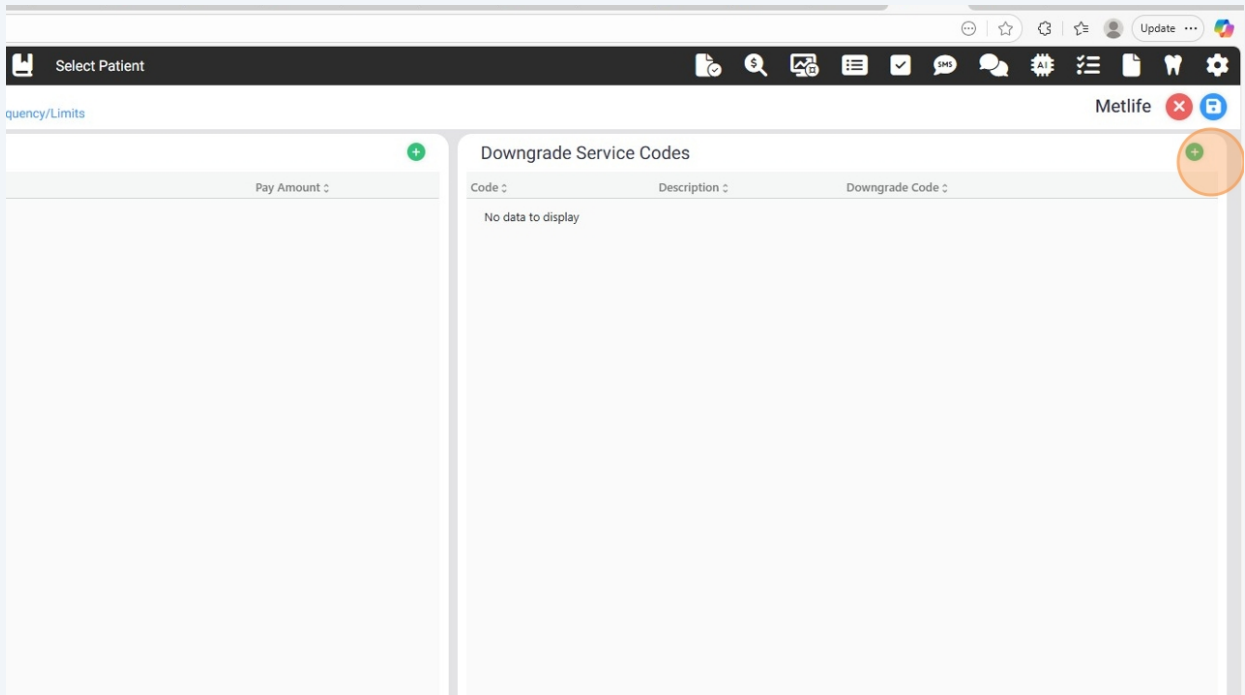
20

You can enter any specific payments by Service Code as dictated by the plan by clicking on the +

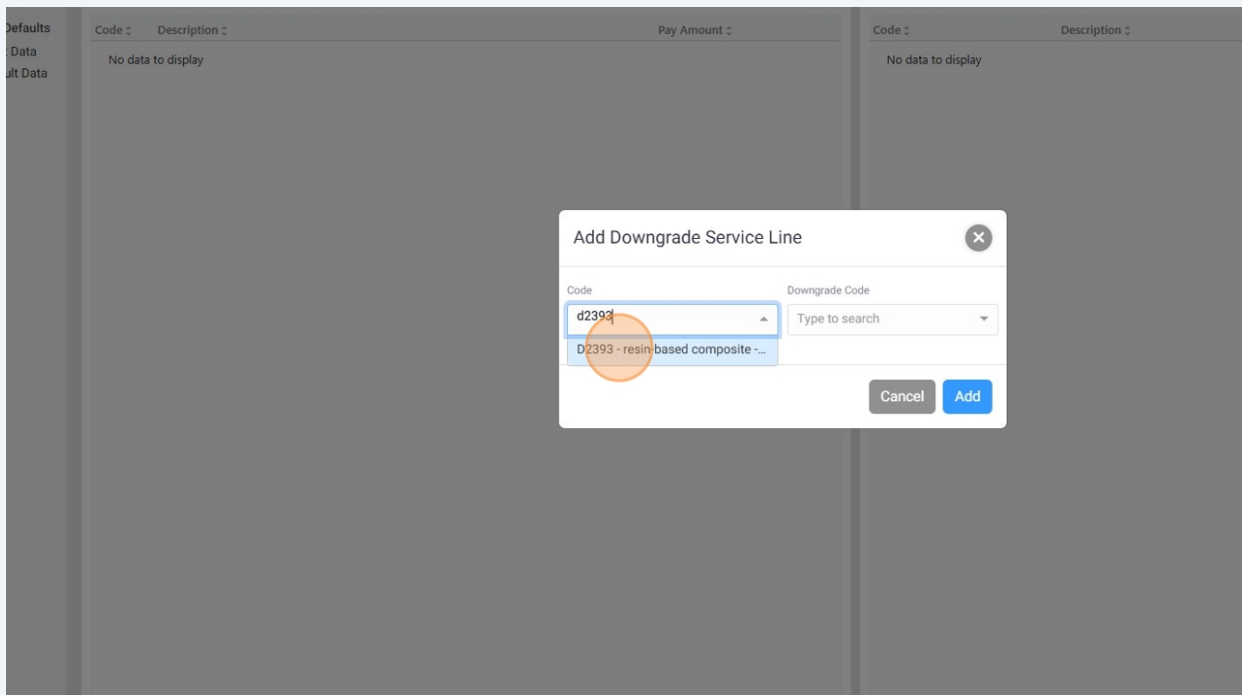


21

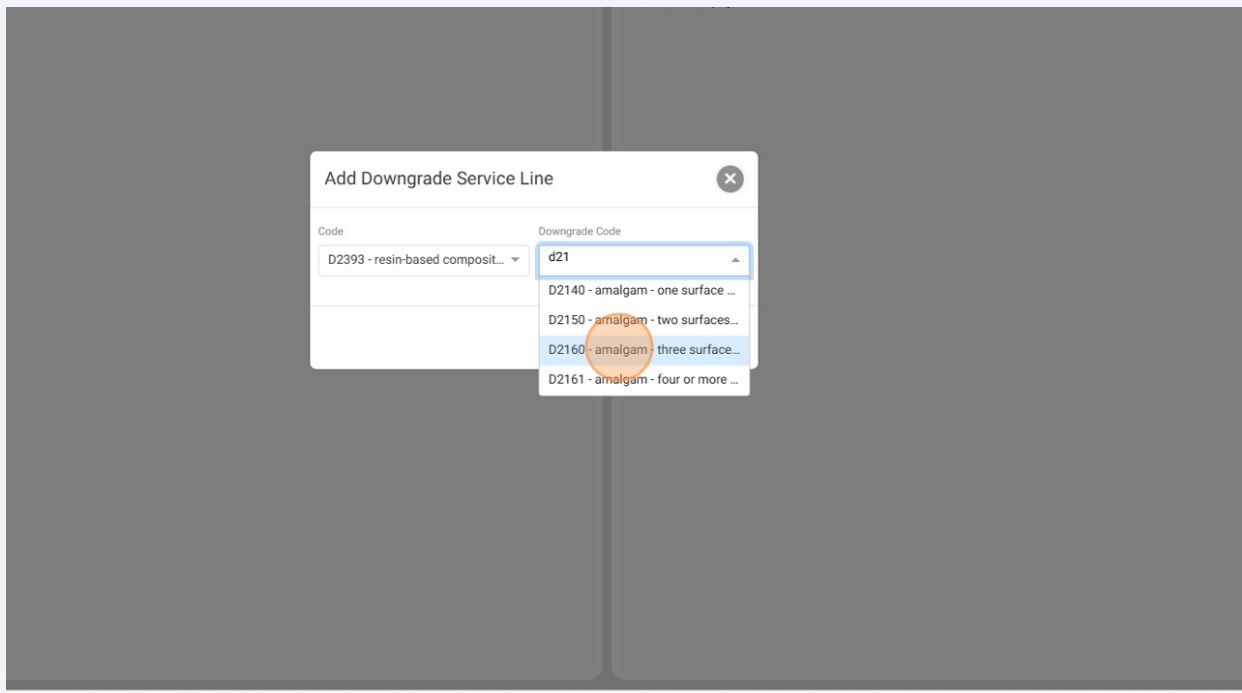
Enter any necessary Downgrades by clicking on the +



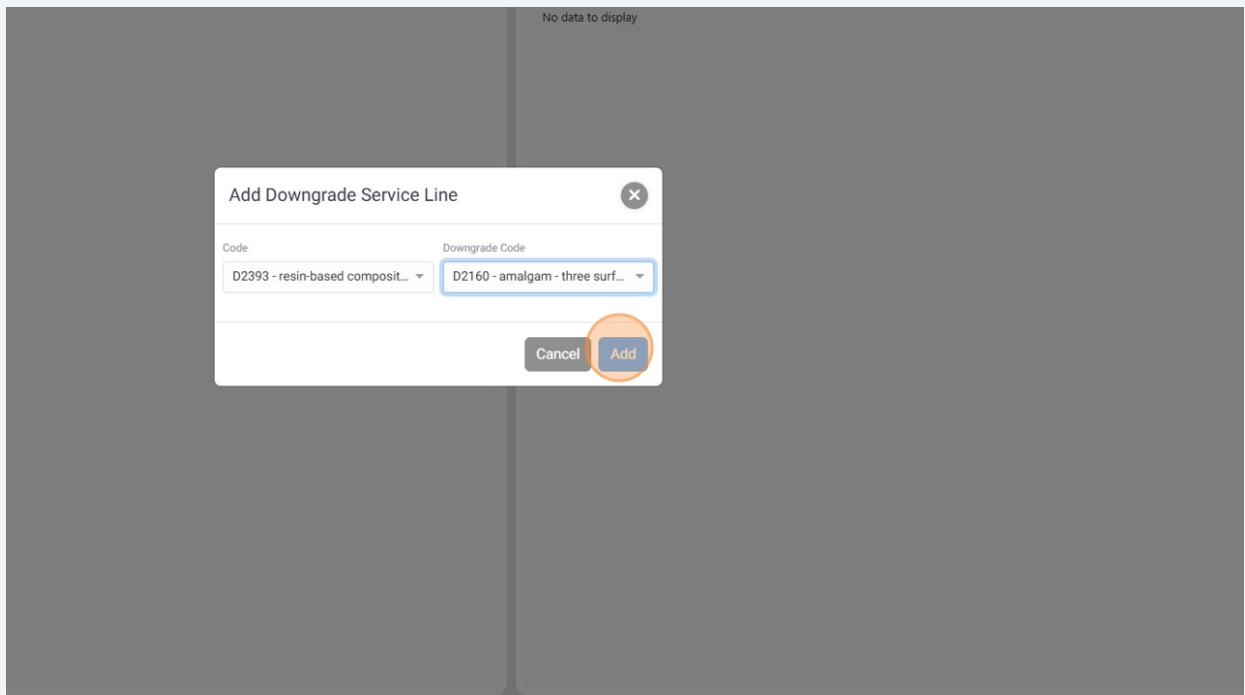
22 Enter the procedure code that is to be downgraded



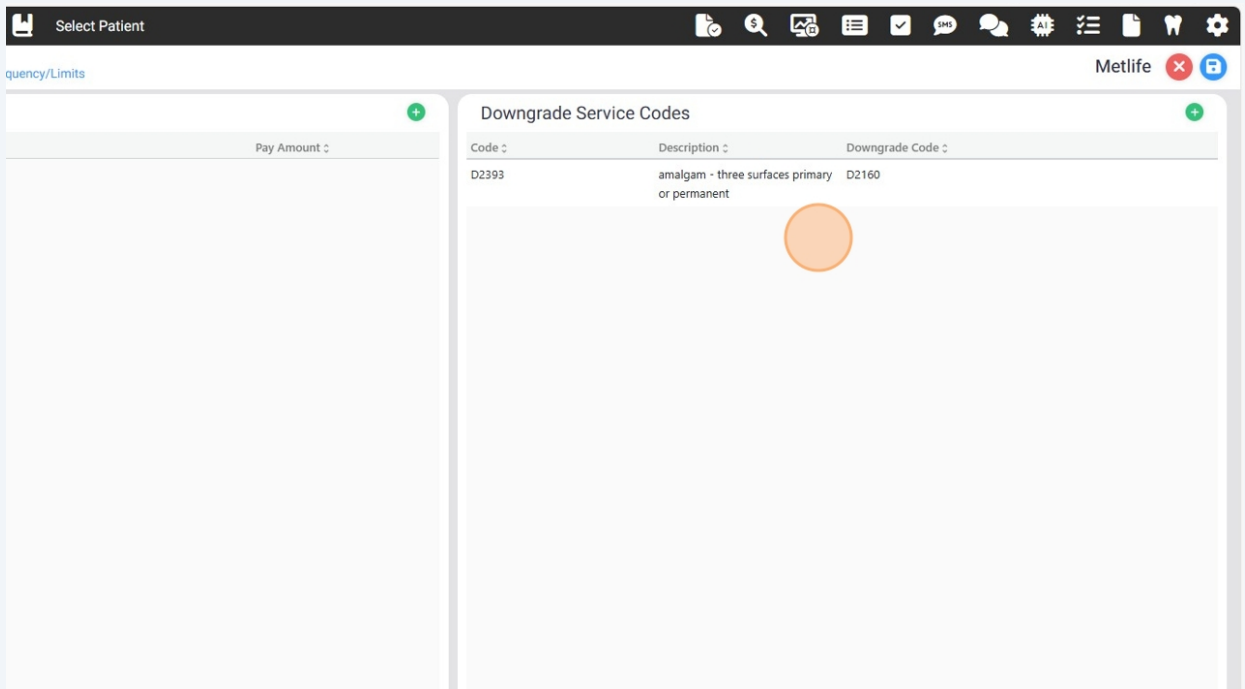
23 Then enter the code that it is downgraded to: What it will pay as



24 Click "Add"



25 You can enter as many Downgrades as necessary per plan guidelines



26 Click Frequency/Limits tab

The screenshot shows the FLOW by DentIMax software interface. At the top, there is a navigation bar with icons for home, patient selection, and search. The main area is divided into several tabs: General, Coverage, Payment Information, and Frequency/Limits. The Frequency/Limits tab is highlighted with an orange circle. Below the tabs, there are two main panels. The left panel is titled 'Insurance Payments by Service Code' and contains a table with columns for Code, Description, and Pay Amount. The right panel is titled 'Downgrade Service Codes' and contains a table with columns for Code and Description. A green plus sign icon is visible in the top right corner of the left panel.

27 You can add any Frequency/Limits by clicking +

The screenshot shows the FLOW by DentIMax software interface. At the top, there is a navigation bar with icons for patient selection, search, and settings. The main area is divided into several tabs: General, Coverage, Payment Information, and Frequency/Limits. The Frequency/Limits tab is highlighted with an orange circle. Below the tabs, there is a large empty area with a plus sign icon in the top right corner. The interface also shows a 'Metlife' logo in the top right corner.

28 Select the code and then select the Frequency from the drop-down menu

Click Add

Notes for this insurance plan and specific procedure codes.

Note : Frequency : Age Limit :

to display

Add Frequency Information Line

Code Note Frequency Age Limit

D0330 - panoramic radiographic image 1x per 5 Years to Date

Cancel Add

29 After you have entered all the Insurance Plan information, be sure to Save Changes

You can click Save Changes on the left menu or use the Save button on the upper right

flow by Dentimax

Select Patient

General Coverage Payment Information Frequency/Limits

Save Changes

Cancel Changes

Insurance Defaults

Set Default Data

Clear Default Data

Frequency Information

Ortho Claim Billing Frequency

Frequency notes for this insurance plan and specific procedure codes.

Code	Note	Frequency
D0330		1x per 5 years to dat

30

Now you will see this new insurance plan in your list and it is ready to use

Medicare						
Metlife	PO BOX	Gilbert	AZ	85297	11	(877) 638-3379
Metlife	PO BOX	Lexington	KY	40512	111111	(877) 638-3379
Principal Life Insurance Co.	P.O. Box 39710	Colorado Spring	CO	80949		