

FLOW: Update location info on claim form

1 From Practice Set up

Open "Providers"

The screenshot shows the FLOW software interface. The browser address bar displays <https://katanastaging.dentimax.com/setup/providers>. The interface includes a sidebar with navigation options and a main content area titled 'Providers'. A callout box highlights the 'Providers' menu item in the sidebar with the text 'Set up providers for each doctor and hygienist'.

		Last Name	Credentials	Office Number	Fax
NIC01	Smiles	Dental	DDS	(800) 704-8494	
LOC01	Updated	Location	DDS		
LOC02	Updated Treatment	Location			
NIC00	Tiffanye	Nichols	DDS	(800) 704-8494	

2 Select provider

Providers

ID	Name	Last Name	Credentials	Office Number	Fax
NIC01	Smiles	Dental	DDS	(800) 704-8494	
LOC01	Updated	Location	DDS		
LOC02	Updated Treatment	Location			
NIC00	Tiffanye	Nichols	DDS	(800) 704-8494	

3 Update provider address to the office address.

This will update the provider address on the claim form.

Provider Address Information

Street: 1234 Mailing address
City: Gilbert
State: AZ
Postal Code: 85297

Work Schedule

Day	Start Time
Sunday	--:--
Monday	--:--
Tuesday	--:--
Wednesday	--:--
Thursday	--:--
Friday	--:--
Saturday	--:--

4

If Billing Dentist (box 48-50) is marked as this provider, it will populate this provider info

Additional Information

Billing Dentist (Box 48-52): Nichols, Tiffanye - NIC00

Bill Claims using another Provider (Box 53-58): Location, Updated Treatment - LOC...

Print in Claim Signature Box: "Signature on File"

Credentials: DDS

Specialty: Dentist

Appointment Color: [Empty]

Default Resource: Type to search

Facility: Type to search

Show in Online Scheduler (OLS):

	Start Time	End Time
Sunday	--:--	--:--
Monday	--:--	--:--
Tuesday	--:--	--:--

5

If you want the claim forms to be billed under the practice you will need to create a new "provider" as the office

Then this "provider" will be selected as the Billing Dentist (box 48-52)

Provider Information

Provider Contact Name

Code: NIC00

First Name: Tiffanye

Middle Initial: [Empty]

Last Name: Nichols

Office Phone: (800) 704-8494

Home Phone: (800) 704-8494

Provider Address Information

Street: 1234 Mailing address

City: Gilbert

State: AZ

Postal Code: 85297

Additional Information

Billing Dentist (Box 48-52): Nichols, Tiffanye - NIC00

Credentials: DDS

Specialty: Dentist

Default Resource: Type to search

Facility: Type to search

	Start Time	End Time
Sunday	--:--	--:--
Monday	--:--	--:--
Tuesday	--:--	--:--