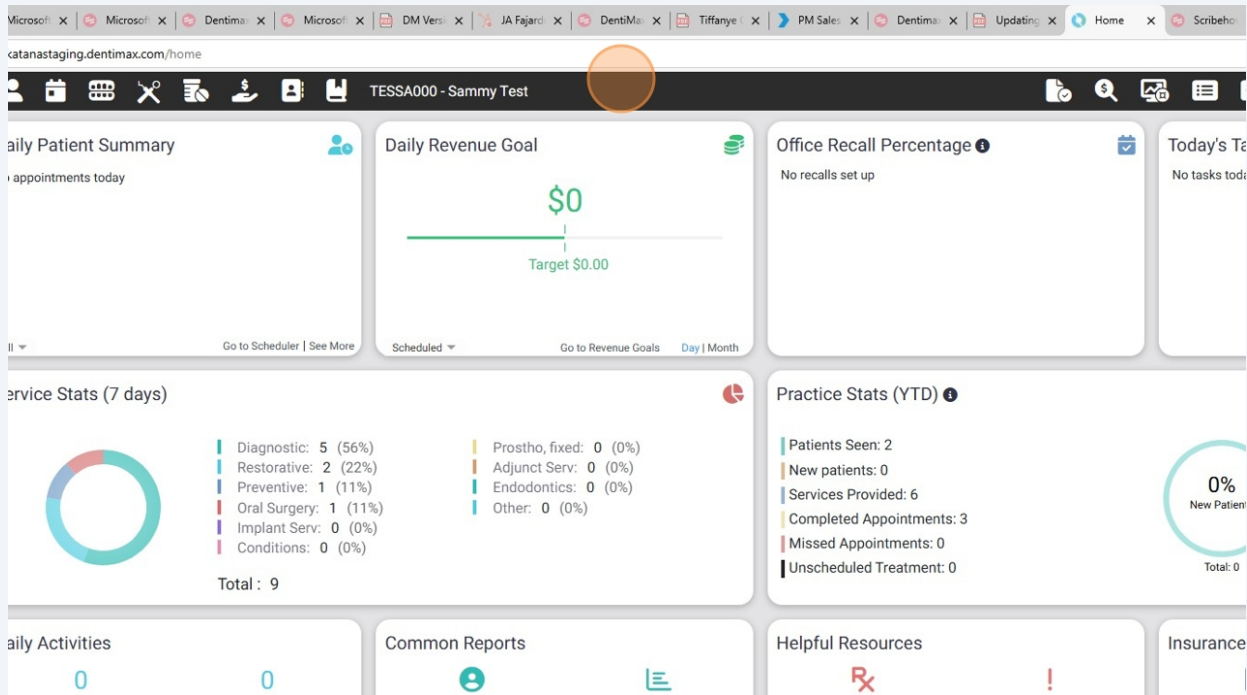


Updating Treatment Location on claims

1

In order to have a different location on the Treatment Location on the claims form; box 56, you will need to create another provider profile. This profile will have all the same information as the main treating provider profile with the exception of the address.



2 Click on the "gear"

The screenshot shows a web browser window with multiple tabs. The active tab is titled "TESSA000 - Sammy Test". The dashboard features several widgets: "Daily Revenue Goal" showing \$0 against a target of \$0.00; "Office Recall Percentage" with "No recalls set up"; "Today's Tasks" with "No tasks today"; "Practice Stats (YTD)" showing 2 patients seen, 0 new patients (0%), and 100% existing patients; and "Common Reports", "Helpful Resources", and "Insurance Management" sections. A gear icon in the top right corner of the dashboard is highlighted with an orange circle.

3 Open Practice Setup

This screenshot is identical to the previous one, but the gear icon in the top right corner is now open, displaying a dropdown menu. The menu items are: "Practice Setup" (highlighted with an orange circle), "User: Tiffany Nichols", "User Profile Settings", "Account Settings", and "Logout".

4 Click "Providers"

Practice Information

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:

Providers

Set up providers for each doctor and hygienist

5 Click "+" to add new provider

Name	Credentials	Office Number	Fax
	DDS	(800) 704-8494	
	DDS		
	DDS	(800) 704-8494	

+ New

6

Enter all provider information using the TREATMENT LOCATION ADDRESS; be sure to include provider ID's

The screenshot shows a web browser window with the URL <https://katanastaging.dentimax.com/providers/create>. The page title is "TESSA000 - Sammy Test". The main content area is titled "Provider Information" and has three sub-tabs: "Provider Information", "IDs", and "Extra Info". The "Provider Information" tab is active. It contains several form fields:

- Provider Contact Name:** Includes a "Code" field, an "Inactive" checkbox, and fields for "First Name", "Middle Initial", and "Last Name". The "First Name" field is highlighted with an orange circle and contains the text "Treatment".
- Additional Information:** Includes a "Billing Dentist (Box 48-52)" dropdown menu, a "Type to search" input, and a "Type" button. It also has fields for "Credentials", "Specialty", "Default Resource", and "Facility".
- Provider Address Information:** Includes fields for "Street", "Street (Cont)", "City", "State", and "Postal Code".
- Work Schedule:** A table with columns for days and "Start Time". The days listed are Sunday, Monday, and Tuesday, each with a "--:--" start time.

7

Click "Save Changes"

The screenshot shows the same web browser window as above, but now the "IDs" tab is active. The "Save Changes" button in the left sidebar is highlighted with an orange circle. The "IDs" tab contains several form fields for various identification numbers:

- Office Number:** A text input field.
- Social Security Number:** A text input field.
- State Id Number:** A text input field.
- Medicaid Number:** A text input field.
- Drug ID Number:** A text input field.
- NPI:** A text input field.
- BCBS ID Number:** A text input field.
- Provider Number:** A text input field.
- Medicare Number:** A text input field.
- Extra ID 1:** A text input field.
- Extra ID 2:** A text input field.
- Extra ID 3:** A text input field.

8 Click the provider you just created to edit it

Providers

Code	First 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	

9 Use the drop down menu for Billing Dentist and select the "new provider"

Updated Treatment Location

Additional Information

Billing Dentist (Box 48-52)

Location, Updated Treatment - LOC02
Nichols, Tiffanye - NIC00
Dental, Smiles - NIC01

Specialty Appointment Color

Default Resource Facility Show in Online Scheduler (OLS)

Work Schedule

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

10

Use the drop down menu for Billing Claims using another Provider and select the "new provider"

The screenshot shows a web browser window with multiple tabs. The active page is titled 'Updated Treatment Location' and contains a form with several sections:

- Additional Information:** Includes a 'Billing Dentist (Box 48-52)' dropdown menu with 'Location, Updated Treatment - LOC...' selected. A dropdown menu is open below it, showing options: 'Type to search', 'Location, Updated Treatment - LOC02', 'Nichols, Tiffany - NIC00', and 'Dental, Smiles - NIC01'. A 'Bill Claims using another Provider (Box 53...)' dropdown is also present, with 'Print in Claim Signature Box' next to it. There is also an 'Appointment Color' dropdown set to 'Medium Gray'.
- Work Schedule:** A table with columns for 'Start Time' and 'End Time' for 'Sunday', 'Monday', and 'Tuesday'. Each cell contains a time selection interface.
- Form Fields:** Includes 'Last Name' (with 'Location' entered), 'Home Phone', 'Street (Cont)', and 'Postal Code' (with '85142' entered).

11

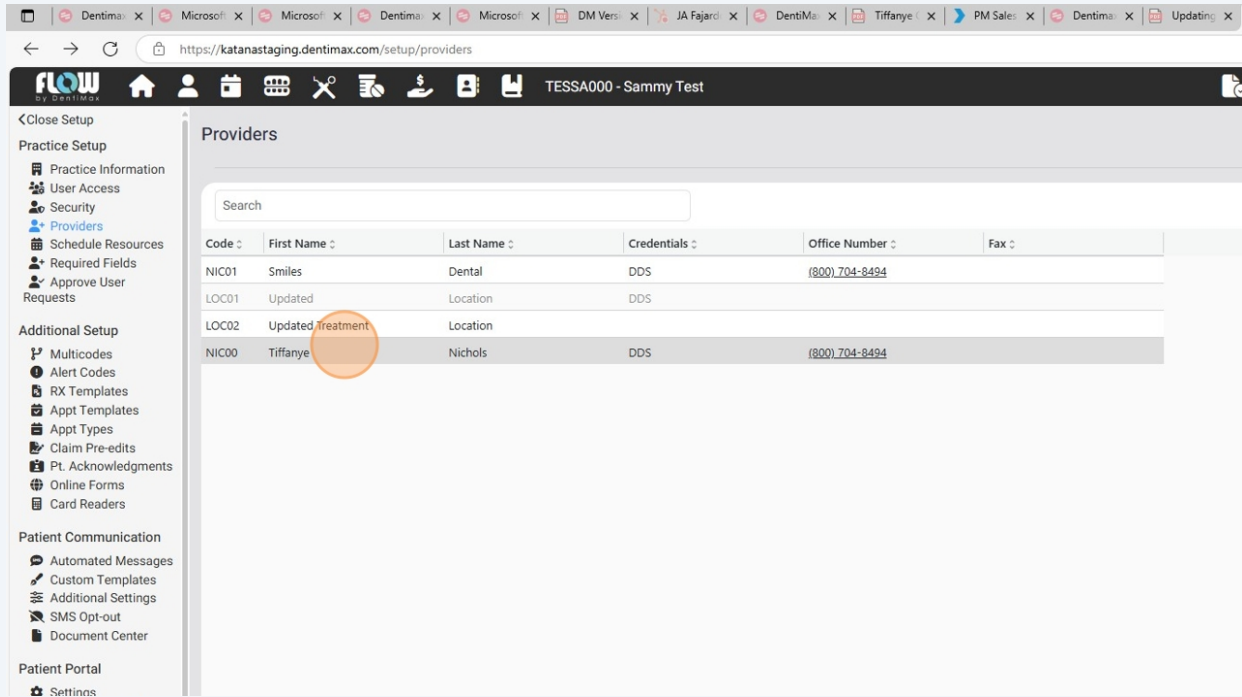
Click "Save Changes"

The screenshot shows a web browser window with multiple tabs. The active page is titled 'Provider Information' and contains a form with several sections:

- Provider Contact Name:** Includes a 'Code' dropdown menu with 'LOC02' selected. There is an 'Inactive' checkbox. Fields for 'First Name' (with 'Updated Treatment' entered), 'Middle Initial', and 'Last Name' (with 'Location' entered) are present. There are also fields for 'Email', 'Office Phone', 'Home Phone', 'Fax', and 'Mobile Phone'.
- Provider Address Information:** Includes 'Street' (with '123 Updated Treatment Location St' entered), 'Street (Cont)', 'City' (with 'Queen creek' entered), 'State' (with 'AZ' entered), and 'Postal Code' (with '85142' entered).
- Work Schedule:** A table with columns for 'Start Time' and 'End Time' for 'Sunday', 'Monday', and 'Tuesday'. Each cell contains a time selection interface.
- Navigation:** On the left side, there is a sidebar with a 'General' tab selected. Below it, the 'Save Changes' button is highlighted with an orange circle.

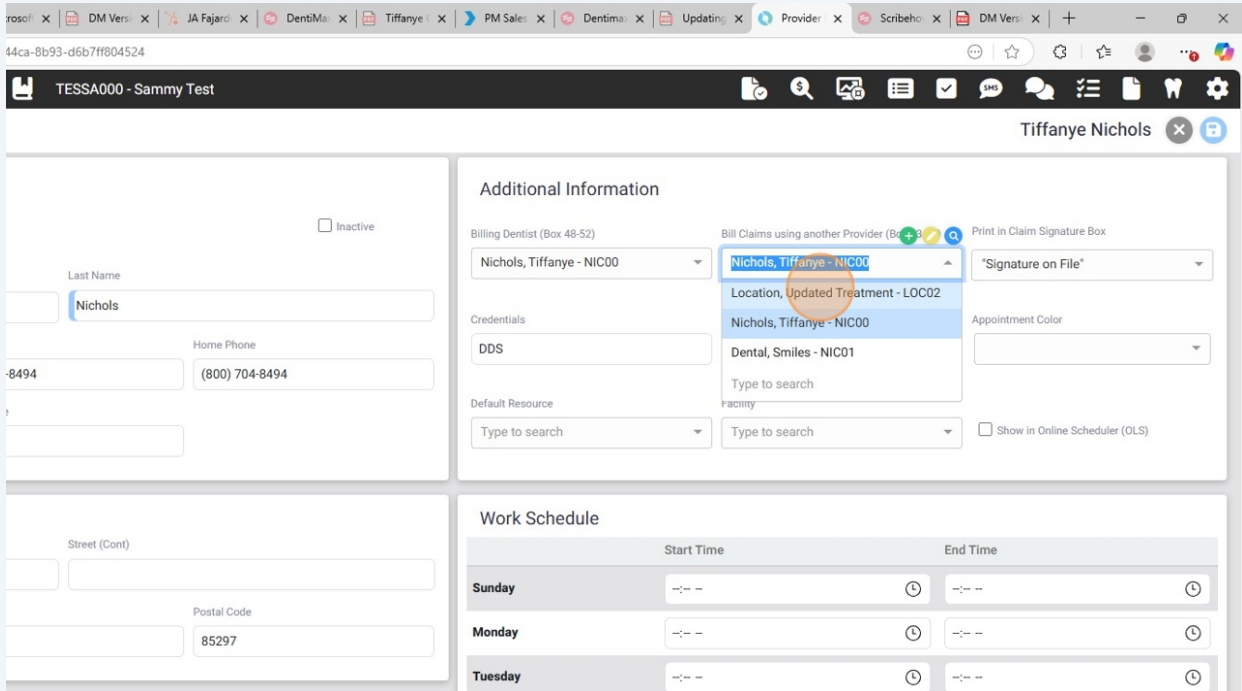
12

Now you will need to edit your main/original provider profile; select and open to edit



13

You will need to change the Bill Claims using another Provider; from the drop down menu select the "new provider" that you just created to use as the treatment location address.



14 Click "Save Changes"

The screenshot shows the 'Provider Information' form in the Dentimax system. The form is divided into several sections:

- Provider Contact Name:** Includes fields for Code (NIC00), Inactive checkbox, First Name (Tiffanye), Middle Initial, Last Name (Nichols), Email, Office Phone ((800) 704-8494), Home Phone ((800) 704-8494), Fax, and Mobile Phone.
- Additional Information:** Includes Billing Dentist (Nichols, Tiffanye - NIC00), Credentials (DDS), Default Resource (Type to search), and Facility (Type).
- Provider Address Information:** Includes Street (1234 Mailing address), Street (Cont), City (Gilbert), State (AZ), and Postal Code (85297).
- Work Schedule:** A table showing start times for Sunday, Monday, and Tuesday.

The 'Save Changes' button in the left sidebar is highlighted with an orange circle.

15 Click "Close Setup"

The screenshot shows the 'Providers' list in the 'Setup Providers' section of the Dentimax system. The 'Close Setup' button in the left sidebar is highlighted with an orange circle.

The 'Providers' table contains the following data:

Code	First 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	

16

If you have claims that have already been created that you need to update, follow the following steps; click on Claims List

The screenshot shows a dashboard for 'TESSA000 - Sammy Test'. The top navigation bar includes a 'Claims List' icon, which is circled in orange. The dashboard contains several widgets: 'Daily Revenue Goal' showing \$0 against a \$0.00 target; 'Office Recall Percentage' at 0%; 'Today's Tasks' with no tasks; 'Practice Stats (YTD)' showing 0 for various categories; and 'Common Reports', 'Helpful Resources', and 'Insurance Management' sections at the bottom.

17

Click the claim that needs to be updated to open it

The screenshot shows a 'Claims' table with the following data:

	Number	Chart Number	Primary Payer Name	Name	Subscriber Name	Date Created	Claim Status Primary	Claim Status Second	Next Ortho Bill Date	Claim Total	Note
<input type="checkbox"/>	4	TESSA000	Aethna	Test, Sammy	Test, Sammy	7/24/25	Billed			\$0.00	
<input type="checkbox"/>	3	TESSA000	Aethna	Test, Sammy	Test, Sammy	7/22/25	Failed Claim Validation			\$100.00	
<input type="checkbox"/>	2	TESSA000	Aethna	Test, Sammy	Test, Sammy	7/18/25	Failed Claim Validation			\$150.00	
<input type="checkbox"/>	1	TESSA000	Aethna	Test, Sammy	Test, Sammy	7/15/25	Ready To Bill			\$4,254.00	

The row for claim number 1 is highlighted in grey, and a circled orange icon is positioned over the 'Subscriber Name' column for that row.

18 Click "Update Claim"

ADA 2024 Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

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

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code
 Aetna
 P.O. Box 14094
 Street 2
 Lexington, KY 40512

3a. Payer ID 60054

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/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) mm/dd/yyyy
 7. Gender M F U
 8. Policyholder/Subscriber ID (Assigned by Plan) W126458645

9. Plan/Group Number 3213216
 10. Patient's Relationship to Person named in #5
 Self Spouse Dependent Child 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/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 Test, Sammy
 1234 W State St
 Gilbert, AZ 85297

13. Date of Birth (MM/DD/CCYY) 01/01/2001
 14. Gender M F U
 15. Policyholder/Subscriber ID (Assigned by Plan) W126458645

16. Plan/Group Number 3213216
 17. Employer Name

PATIENT INFORMATION

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

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 Test, Sammy
 1234 W State St
 Gilbert, AZ 85297

19 You will see the Treatment Location address in box 56 will update to the correct address you entered under the "new provider"

Click Close

• Tax ID should be a 9 digit number and cannot start with the numbers 000, 666. (Dentist)
 • Treating Provider's NPI number should be a 10-digit number.
 • A TIN or SS# is required. (Dentist)
 • Required Field "Phone" - cannot be blank. (Dentist)

34. Diagnosis Code List Qualifier AB (ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "A")

31a. Other Fee(s)

32. Total Fee \$150.00

ANCILLARY CLAIM/TREATMENT INFORMATION (all dates in MM/DD/CCYY format)

38. Place of Treatment 11 (e.g. 11=office; 22=O/P Hospital)
 (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N) N

39a. Date Last SRP

40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY) mm/dd/yyyy

42. Months of Treatment

43. Replacement of Prosthesis
 No Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY) mm/dd/yyyy

45. Treatment Resulting from
 Occupational illness/injury Auto accident Other accident

46. Date of Accident (MM/DD/CCYY) mm/dd/yyyy

47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
 Signature on file. 07/28/2025
 Signed (Treating Dentist) Date

53a. Locum Tenens Treating Dentist?

54. NPI

55. License Number

56. Address, City, State, Zip Code
 123 Updated Treatment Location St
 Queen creek, AZ 85142

56a. Provider Specialty Code

51. SSN or TIN
 111111111

52a. Additional Provider ID AZ123546

57. Phone Number

58. Additional Provider ID tinNumber

20 Click "Close"

Any claims going forward will have the updated address in place

Browser tabs: Dentimax, Microsoft, Microsoft, Dentimax, Microsoft, DM Vers, JA Fajard, Dentimax, Tiffanye, PM Sales, Dentimax, Updating

URL: https://katanastaging.dentimax.com/claims/70151688-5af8-4acf-973e-d6f7b1f1ed9c

Page Title: TESSA000 - Sammy Test

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. F.
1	07/18/2025					D1110		1	prophylaxis - adult	\$150.0
2										
3										
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: AB (ICD-10 = AB)
 34a. Diagnosis Code(s): A: [], B: [], C: [], D: []
 31a. Other Fee(s): []
 32. Total Fee: \$1

35. Remarks: []

AUTHORIZATIONS
 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.
 Signature on file Patient/Guardian Signature Date: 07/28/2025
 37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
 Signature on file Subscriber Signature Date: 07/28/2025

ANCILLARY CLAIM/TREATMENT INFORMATION (all dates in MM/DD/CCYY format)
 38. Place of Treatment: 11 (e.g. 11=office; 22=O/P Hospital)
 39. Enclosures (Y or N): N
 39a. Date Last SRP: []
 40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes (Complete 41-42)
 41. Date Appliance Placed (MM/DD/CCYY): []
 42. Months of Treatment: []
 43. Replacement of Prosthesis
 No Yes (Complete 44)
 44. Date of Prior Placement (MM/DD/CCYY): []
 45. Treatment Resulting from
 Occupational illness/injury Auto accident Other accident
 46. Date of Accident (MM/DD/CCYY): mm/dd/yyyy
 47. Auto Accident State: []

BILLING DENTIST OR DENTAL ENTITY (If none blank if dentist or dental entity is not) []
TREATING DENTIST AND TREATMENT LOCATION INFORMATION