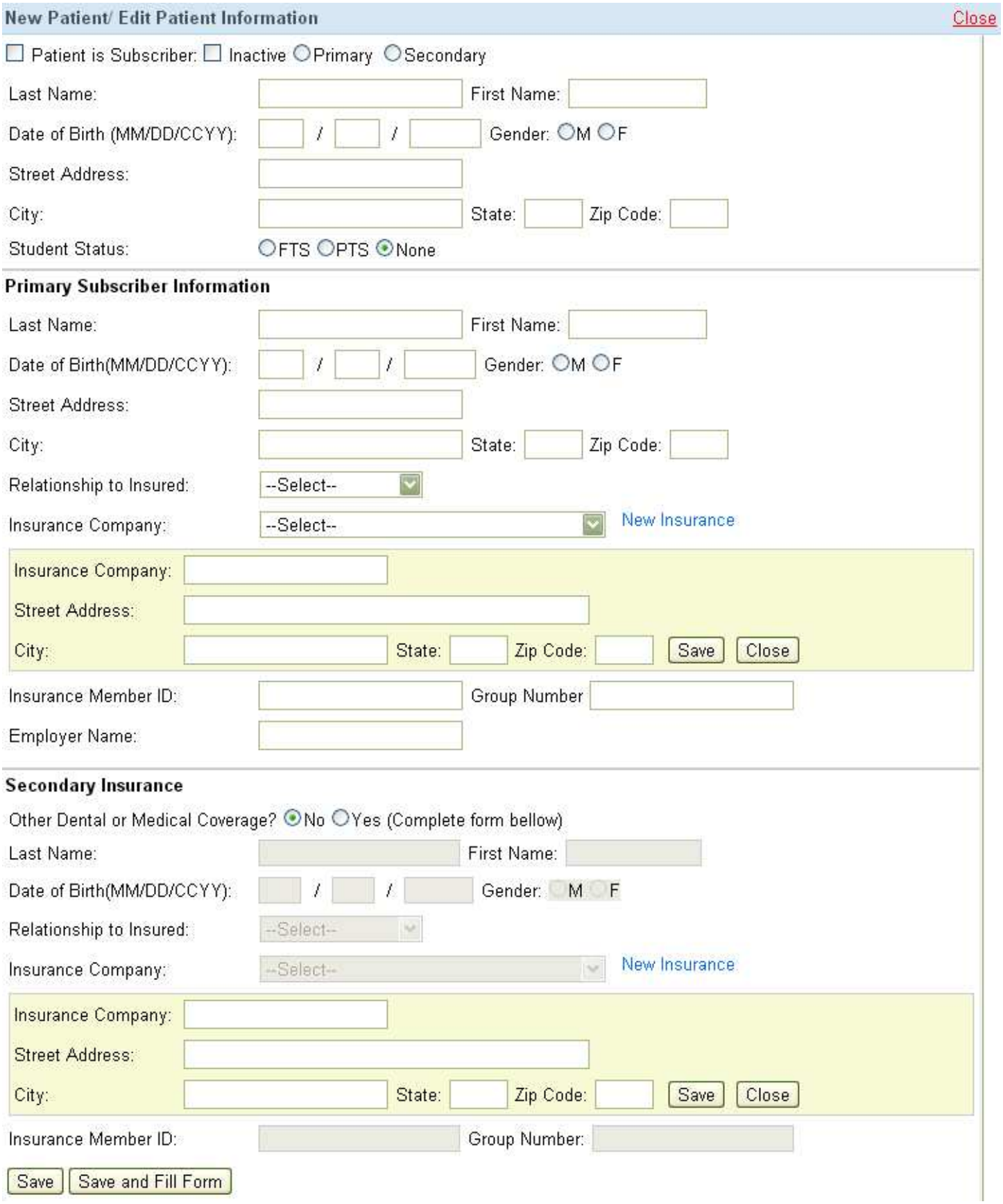
Manual Claim Entry: Allows user to enter and submit claims manually.

Clicking on the New Patient button allows the user to enter or edit patient and subscriber information to be stored for future use.

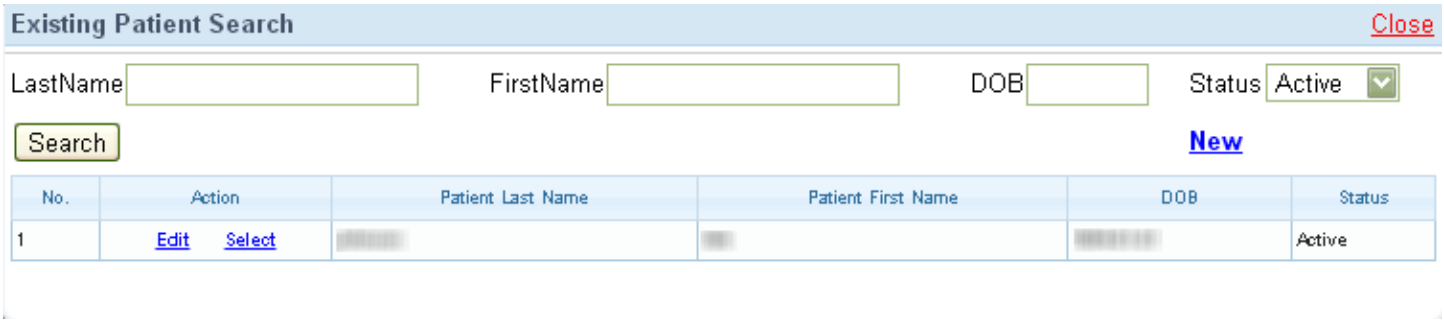


Clicking on New Insurance will expand the insurance section to allow the user to enter Insurance information. Once all information has been added, click the Save or Save and Fill Form. (Clicking on **Save and Fill Form** will auto-populate the information into the claim for the user.)

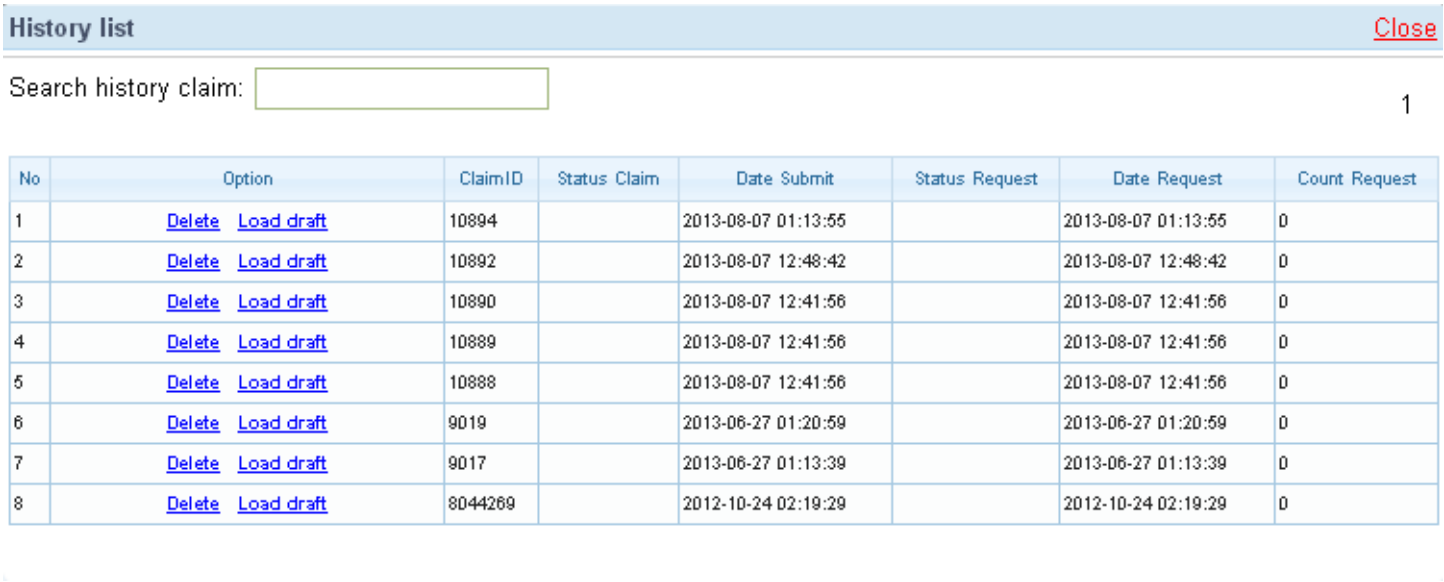
Existing Patient Clicking on the Existing Patient button allows the user to search for a previously saved Patient. The Patient's Last Name, First Name, and DOB can be entered.

Active or Inactive patient's may be searched. Once the patient list has been loaded into the window, it can be selected or edited.

If the patient is selected from the list, the patient information will auto-populate into the claim form.

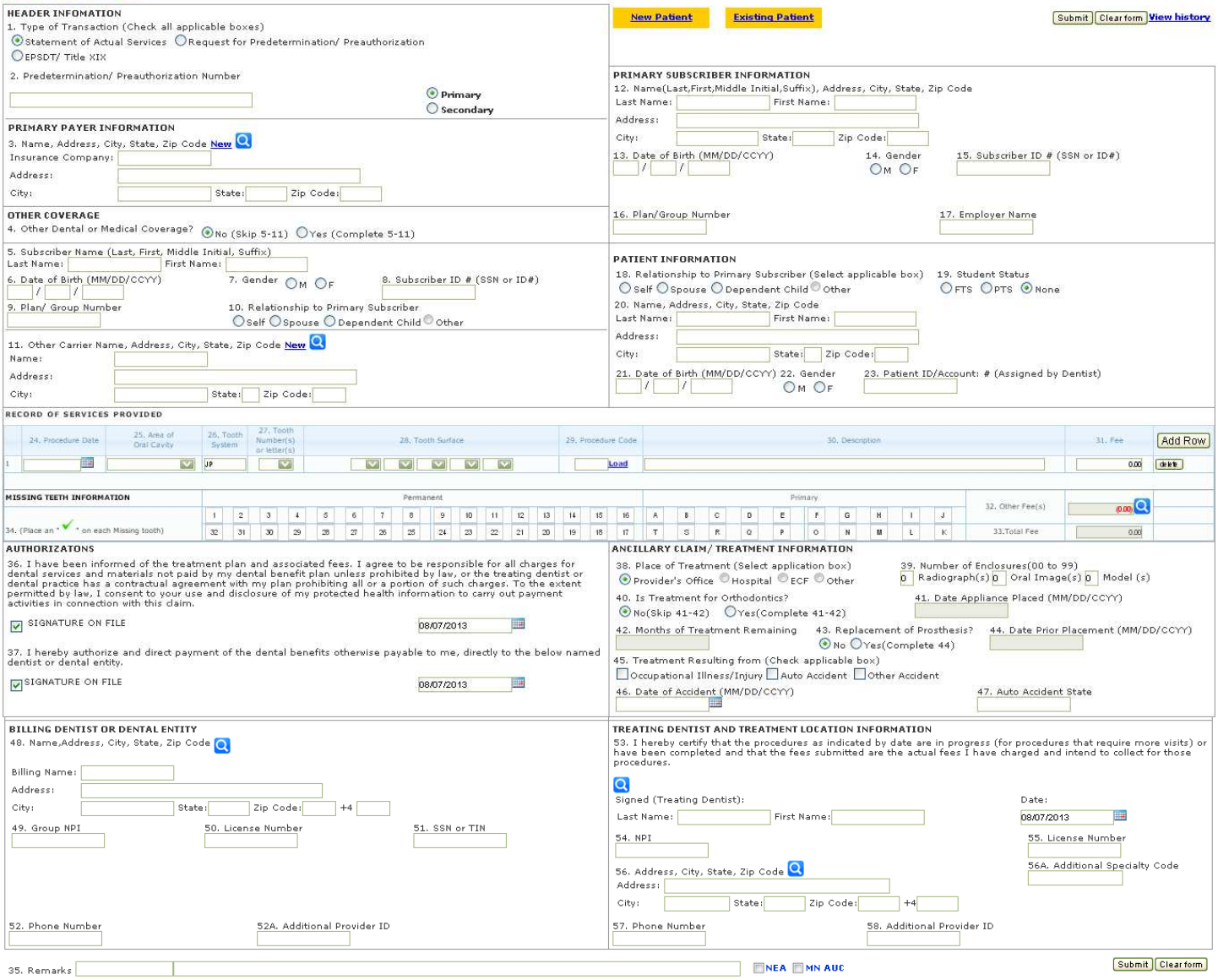


View history Users can choose to view previously submitted manual claim entry files:



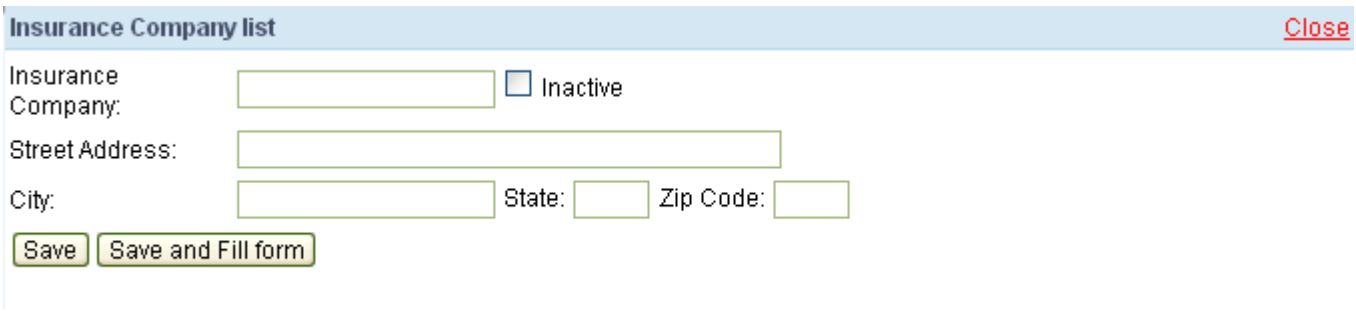
No	Option	ClaimID	Status Claim	Date Submit	Status Request	Date Request	Count Request
1	Delete Load draft	10894		2013-08-07 01:13:55		2013-08-07 01:13:55	0
2	Delete Load draft	10892		2013-08-07 12:48:42		2013-08-07 12:48:42	0
3	Delete Load draft	10890		2013-08-07 12:41:56		2013-08-07 12:41:56	0
4	Delete Load draft	10889		2013-08-07 12:41:56		2013-08-07 12:41:56	0
5	Delete Load draft	10888		2013-08-07 12:41:56		2013-08-07 12:41:56	0
6	Delete Load draft	9019		2013-06-27 01:20:59		2013-06-27 01:20:59	0
7	Delete Load draft	9017		2013-06-27 01:13:39		2013-06-27 01:13:39	0
8	Delete Load draft	8044269		2012-10-24 02:19:29		2012-10-24 02:19:29	0

Dental Claim Form



Section Descriptions:

1. Select Type of Transaction
2. Add Predetermination/Preauthorization Number if necessary
   Select Primary or Secondary coverage
3. Add Primary Payer Information.
   Select **New** to add Primary Payer information to database. Once completed, click Save and Fill Form.

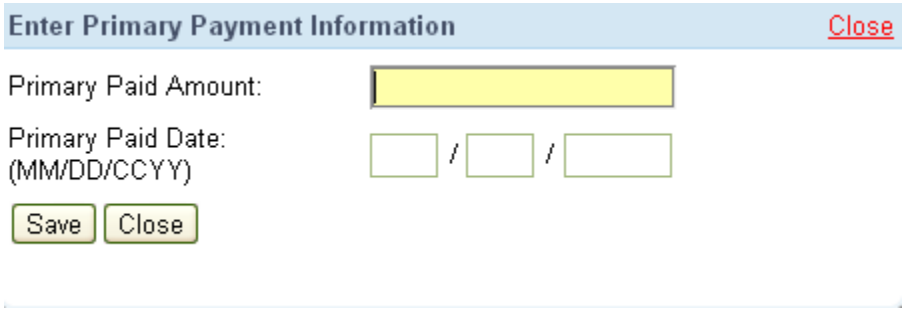


   Click on the magnifying glass icon to Search for previously stored Insurance Payer/Carrier information.
4. Indicate Other Dental or Medical Coverage.
5. Secondary Coverage information, subscriber Last and First name

6. Date of Birth of Secondary Subscriber.
7. Gender of Secondary Subscriber.
8. Subscriber ID# for Secondary Subscriber.
9. Plan / Group number for Secondary Subscriber.
10. Relationship to Primary Subscriber.
11. Other Carrier Information. Click on **New** to add new Insurance Payer/Carrier information. Click on to Search for previously stored Insurance Payer/Carrier information.
12. Primary Subscriber Information: Last Name, First Name, Address, City, State and Zip.
13. Primary Subscriber Date of Birth
14. Primary Subscriber Gender.
15. Primary Subscriber ID#.
16. Primary Subscriber Plan/Group Number.
17. Primary Subscriber Employer Name.
18. Patient Information: Indicate Relationship to the Primary Subscriber.
19. Patient's Student Status
20. Patient information: Last Name, First Name, Address, City, State and Zip.
21. Patient's Date of Birth.
22. Patient's Gender.
23. Patient ID/Account Number assigned by Dentist.
24. Procedure Date: Key in Procedure Date or click on to choose date.
25. Area of Oral Cavity: Click on to view list of Areas of Oral Cavity. Choose if needed.
26. Tooth System: Defaults to JP.
27. Tooth Number(s) or Letter(s): Click on to view a list of tooth numbers/letters to choose from.
28. Tooth Surface: Click on for each Surface needed per the procedure code used.
29. Procedure Code: Click on Load to view a list of procedure codes to choose from. Click on Select in the Procedure Code list to choose the procedure code.
30. Description: The Description will auto-populate when the procedure code is selected.
31. Fee: Enter the proper Fee associated with the code selected.

Note: Rows may be added or deleted as needed by choosing Add Row *or* delete.

32. Other Fee(s): Select the icon to enter Primary Paid amount and Date. Select Save when information has been entered.



33. Total Fee: This will auto-populate and calculate the fee to be sent on the claim.
34. Missing teeth Information: Click on the tooth number(s) to indicate any missing teeth.
35. Remarks: Located at the bottom of the form. Additional remarks or narrative may be added.
36. Authorizations: Click into the box to indicate that the patient agrees to the treatment plan and fees. Enter date or click on to select date.
37. Click into the box to indicate payment is to pay to the provider. Enter date or click on to select date.

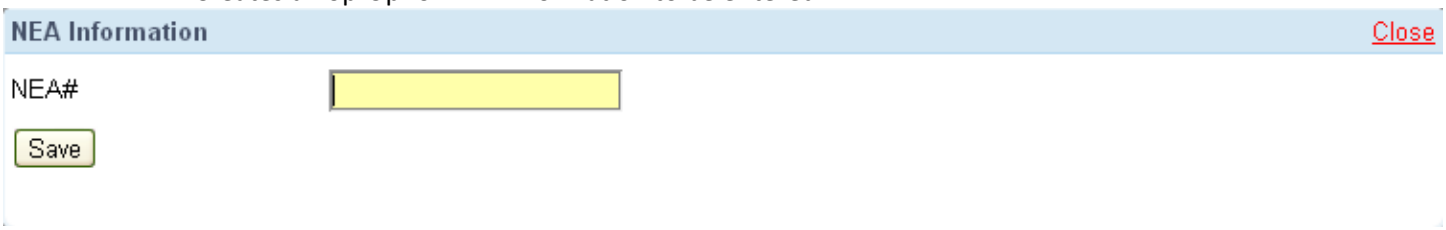
*Note: No checkmark indicates that the payment will pay to the **patient**.*

389. Place of Treatment: Select place of Treatment
39. Number of Enclosures: Indicate Number of Enclosures.
40. Is Treatment for Orthodontics? Indicate if Treatment is for Orthodontics.
41. Date of Appliance Placed: If treatment is for Orthodontics, then there MUST be a placement date entered.

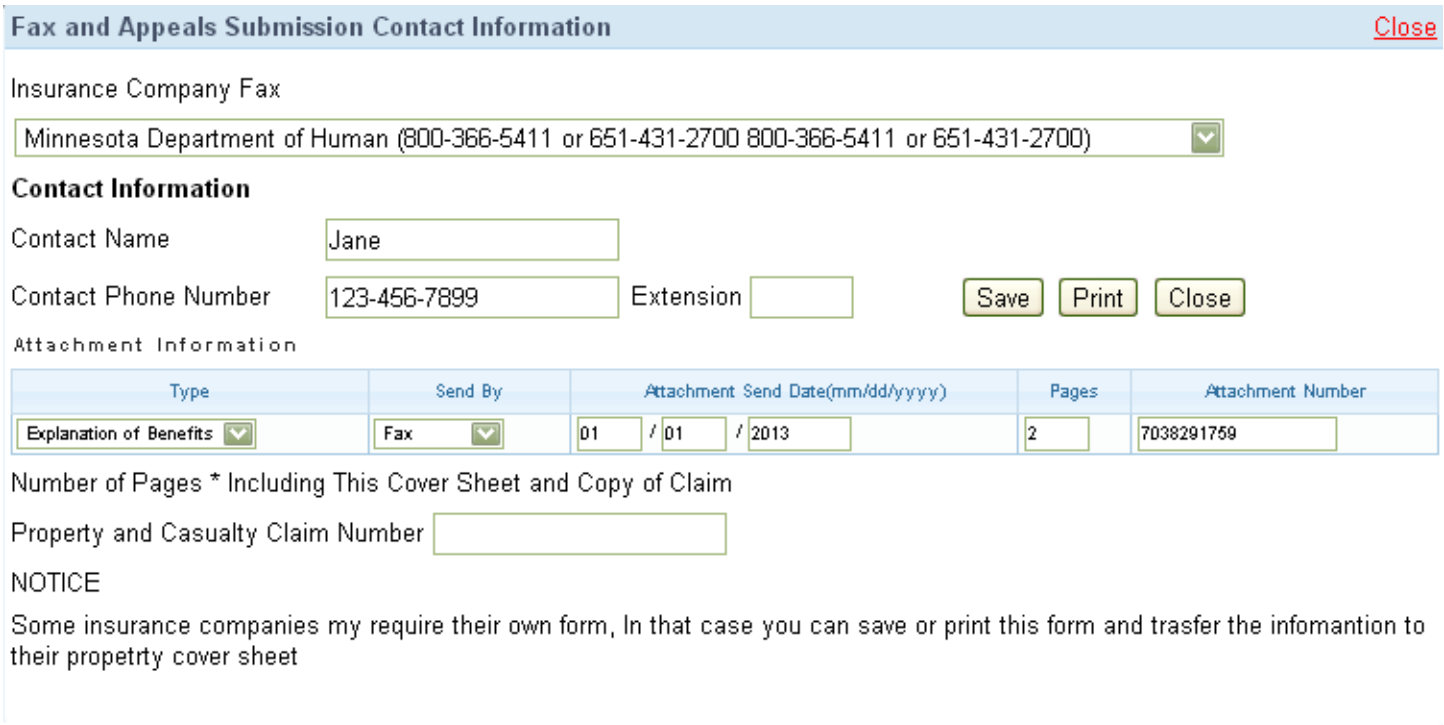
42. Months of Treatment Remaining: If treatment is for Orthodontics, then Months of Treatment Remaining must be entered.
43. Replacement of Prosthesis: Indicate if Prosthesis is New or Replacement.
44. Date Prior Placement: If the Prosthesis a Replacement, then the Prior Placement Date must be keyed in or click on to select date.
45. Treatment Resulting From: Indicate if an Occupational Illness, Auto Accident or Other Accident.
46. Date of Accident: If treatment was due to an Accident then the Date must be keyed in or click on to select date.
47. Auto Accident State: If the Auto Accident box was selected in box 45, the State of the Accident must be entered.
48. Billing Dentist or Dental Entity: Enter Name, Address, City and Zip Code of Billing Dentist or Dental Entity. Click on to Search for previously stored Billing Dentist information.
49. Group NPI: Key in Group NPI.
50. License Number: Not Used
51. SSN or TIN: Enter SSN# or TID (Tax ID)
52. Phone Number: Enter Phone Number for the Office.
52A. Additional Provider ID: Enter required Insurance Company issued Group ID number.
53. Treating Dentist and Treatment Location Information: Enter Last Name, First Name and Date. Click on to Search for previously stored Treating Dentist information. Enter date or click on to select date.
54. NPI: Enter Treating Dentist's Individual NPI number.
55. License Number: Enter Treating Dentist's License Number.
56. Address, City, State, Zip Code: Enter Treating Dentists Physical Address, City, State and Zip Code. Click on to search for previously stored Physical Location information. *Note: This CANNOT contain a P.O. Box in the address.*
57. Phone Number: Enter Phone Number of the Office.
58. Additional Provider ID: Enter required Insurance Company issued Provider ID number.

At the bottom of the form are 2 options:

NEA Creates a Pop-Up for NEA information to be entered:



MN AUC Allows the user to add information required by Minnesota offices submitting via fax to Minnesota Payers. This will Pop-Up a window for the user to add additional information:



Once this Pop-Up is completed the user must click on Save. This will close the window and add the Attachment Number to the Remarks section of the Claim. The user must now complete the MN AUC Form Claims Attachment Cover Sheet located at: http://www.health.state.mn.us/auc/forms.htm

Once the Cover sheet is completed, it must be faxed with the EOB to 651-491-7786.