



Dental Office Toolkit (DOT) Quick Guides

Your Account:

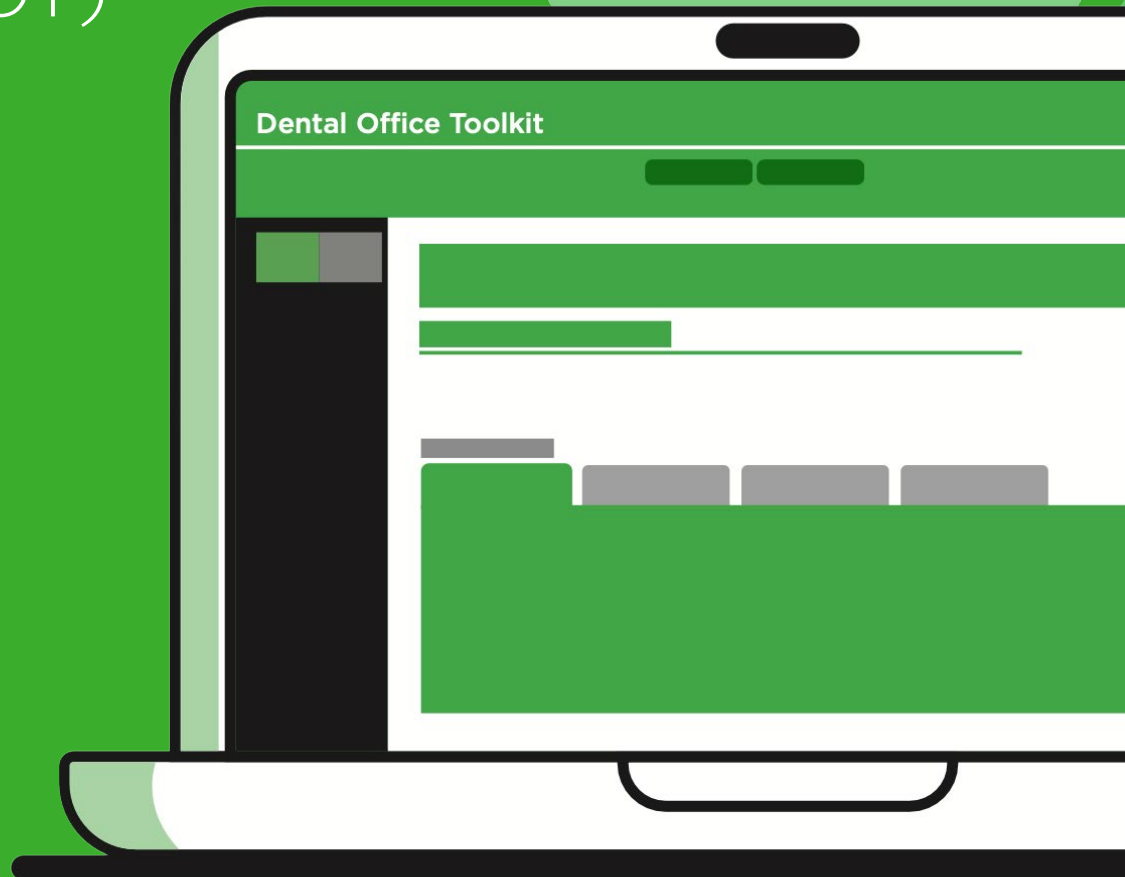
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Jump to topic

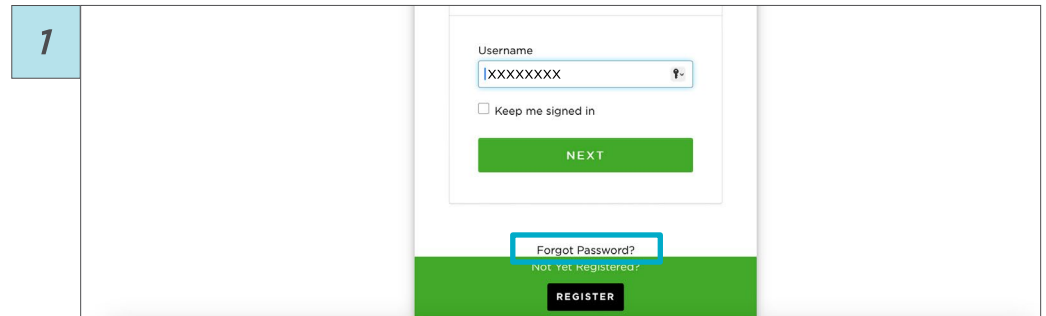


Dental Office Toolkit (DOT) Quick Guide

How to reset your password

1. On the DOT login screen, click **Forgot Password**.

Image 1



1

Username
XXXXXXXXXX

Keep me signed in

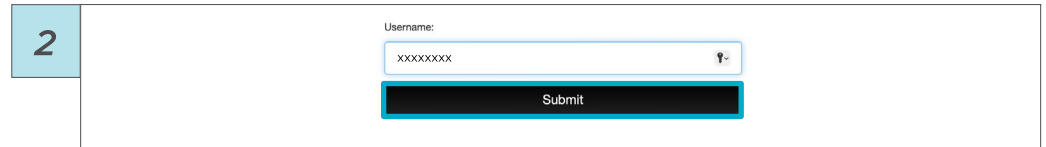
NEXT

Forgot Password?
Not yet registered?

REGISTER

2. Enter the username for your account. Click **Submit**.

Image 2



2

Username:
XXXXXXXXXX

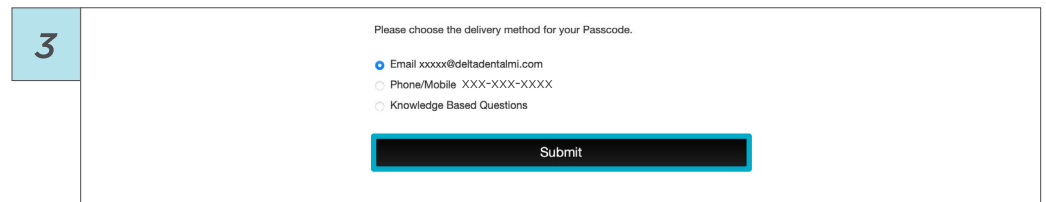
Submit

3. Choose the delivery method for a one-time passcode:

- Email
- Phone/Mobile
- Answer Knowledge Based Questions

Click **Submit**.

Image 3



3

Please choose the delivery method for your Passcode.

Email xxxxx@deltadentalmi.com

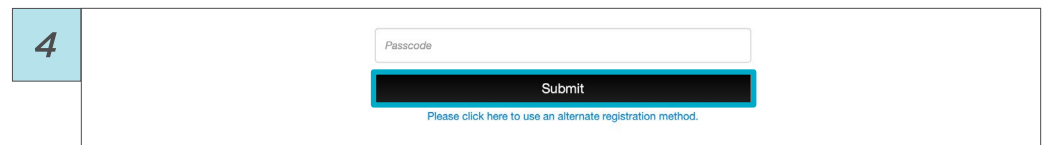
Phone/Mobile XXX-XXX-XXXX

Knowledge Based Questions

Submit

Find your one-time passcode at the delivery method you selected. Enter the passcode on DOT. Click **Submit**.

Image 4



4

Passcode

Submit

Please click here to use an alternate registration method.

Create and enter a new password that meets the requirements listed on the screen. Click **Submit**.

Image 4

4. Back at the login screen, enter your username and password to continue using your account.

If you need additional assistance with resetting your password, please call the Dental Office Toolkit Helpline: 866-356-0301.

Image 6

5

Please enter a new password below

User ID:

New Password:

Confirm Password:

Password:

Submit

Password must differ from previous password by 1 password(s).
Password length greater than 10 characters.
Contains 4 of the following:

- 1 digit (0-9)
- 1 symbol (!, @, #, \$, %, ^, etc.)
- 1 uppercase English letter (A-Z)
- 1 lowercase English letter (a-z)

[Not Yet Registered?](#)

REGISTER

[How to Register Your Account?](#)

6

DELTA DENTAL Dental Office Toolkit

Username:

Password:

Login

[Forgot Password](#)

[Not Yet Registered?](#)

Dental Office Toolkit (DOT) Quick Guide

How to search, set and view your provider office details

1. On the DOT home screen, click **Change Office**.

Image 1

2. Search for any office by:

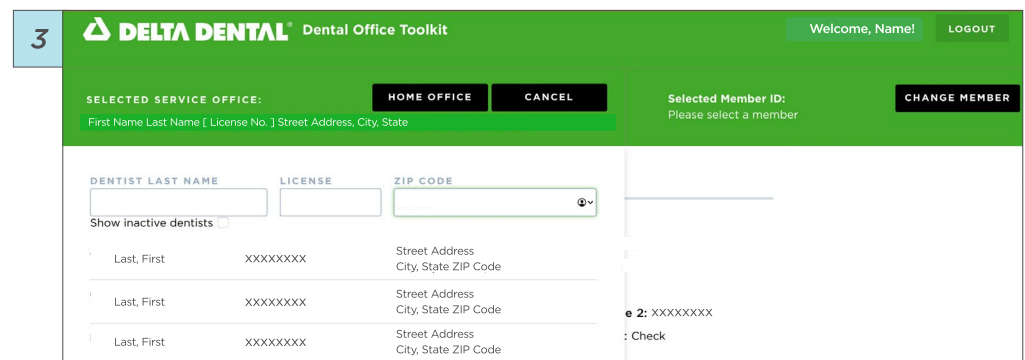
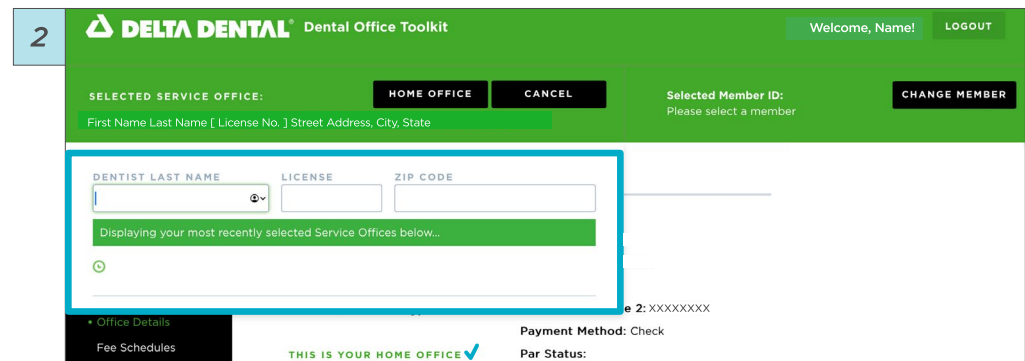
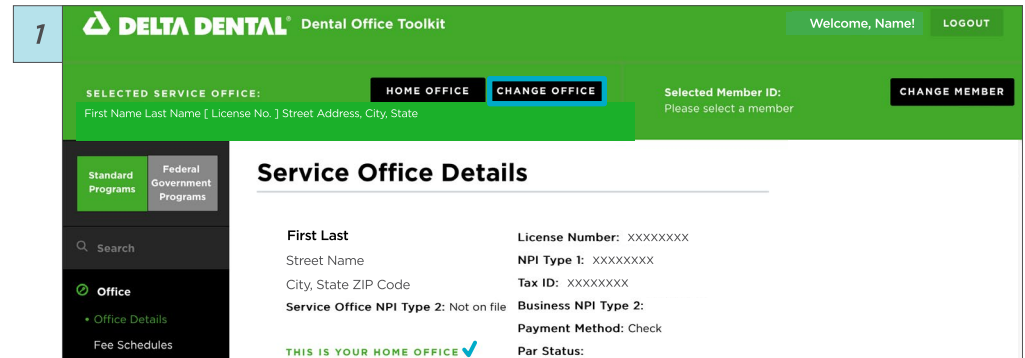
- Dentist Last Name
- License
- ZIP Code
- Search results will appear as fields are filled in real time.

Image 2

3. From the results, select your home office or:

- Return to your current home office
- Cancel out of search
- Check the box to see inactive dentists in search

Image 3

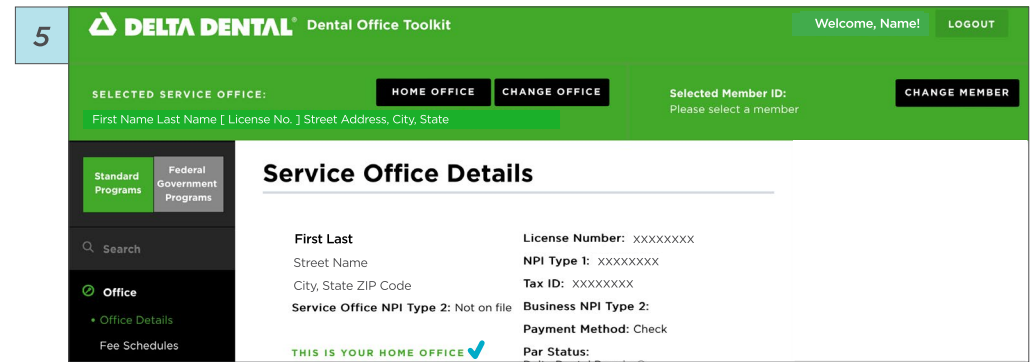
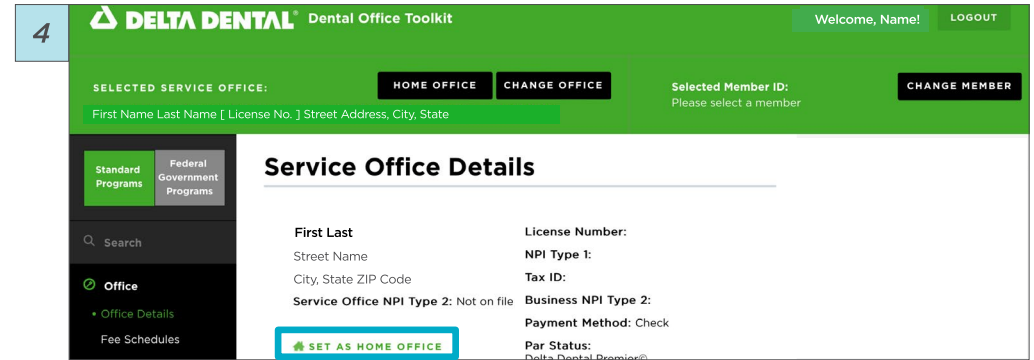


4. Click **Set as Home Office**.

Image 4

5. A check mark will appear to indicate you have selected your home office.

Image 5



Dental Office Toolkit (DOT) Quick Guide

How to manage users

1. On the DOT home screen, click the **Admin** tab on the left navigation bar.

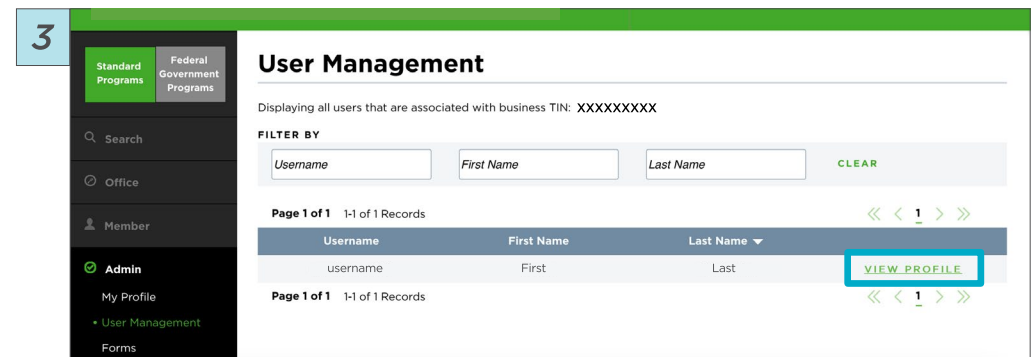
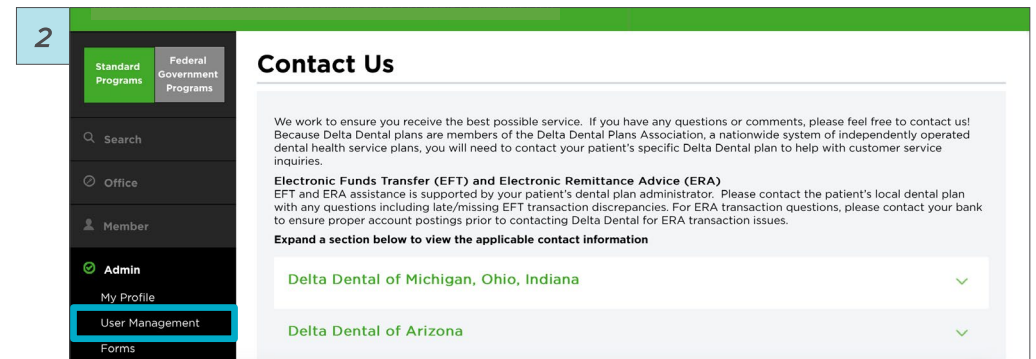
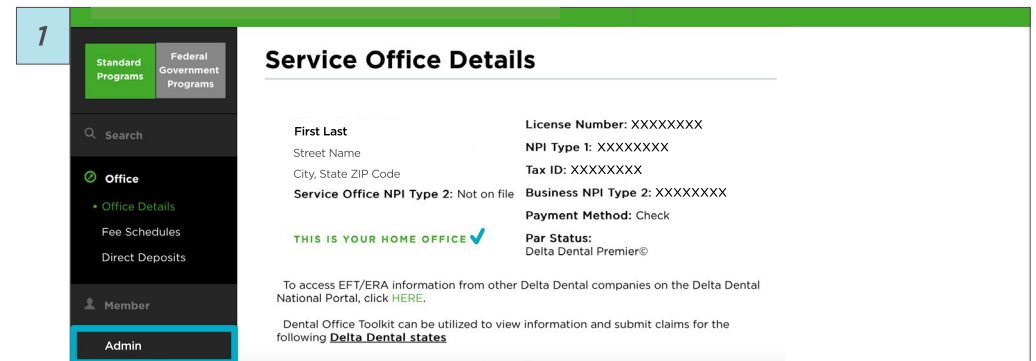
Image 1

2. Once the Admin tab is open, click **User Management**.

Image 2

3. View the users associated with your office.
Click **View Profile** to select a user to manage.

Image 3



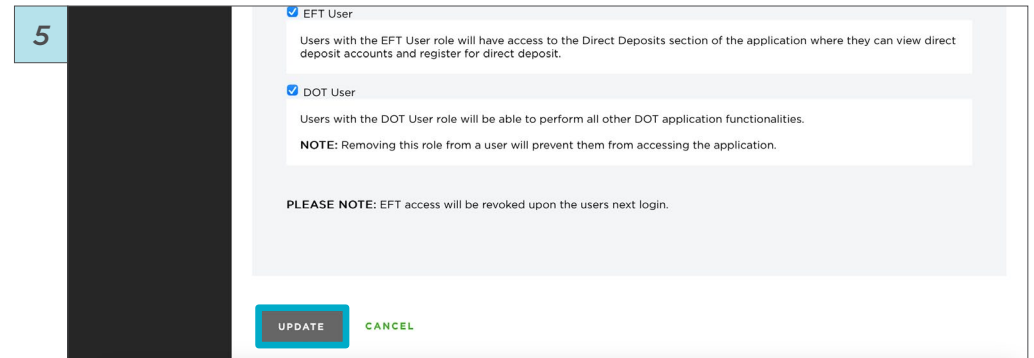
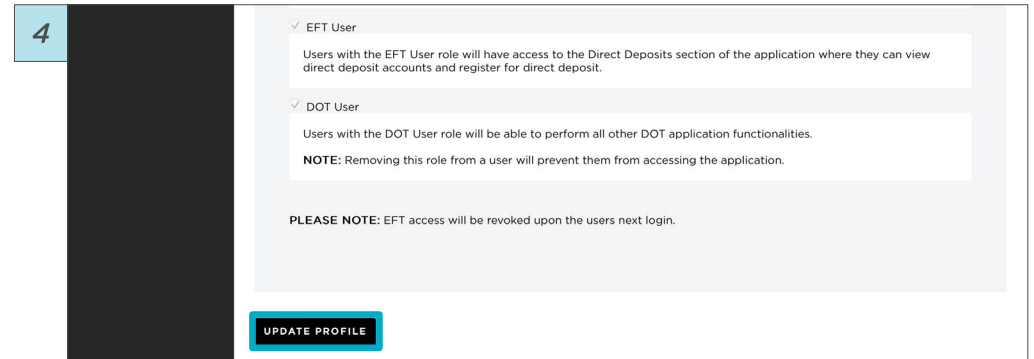
4. On the User Profile screen, click **Update Profile**.

Image 4

5. Make changes to the user profile.

Click **Update**.

Image 5



Dental Office Toolkit (DOT) Quick Guide

How to view and print member benefits

1. On the DOT home screen, click **Change Member**.

Image 1

2. Enter the following subscriber information:

- Delta Dental Member ID or SSN
- Date of Birth
- First Name
- Last Name

All fields are required. Click **Search**.

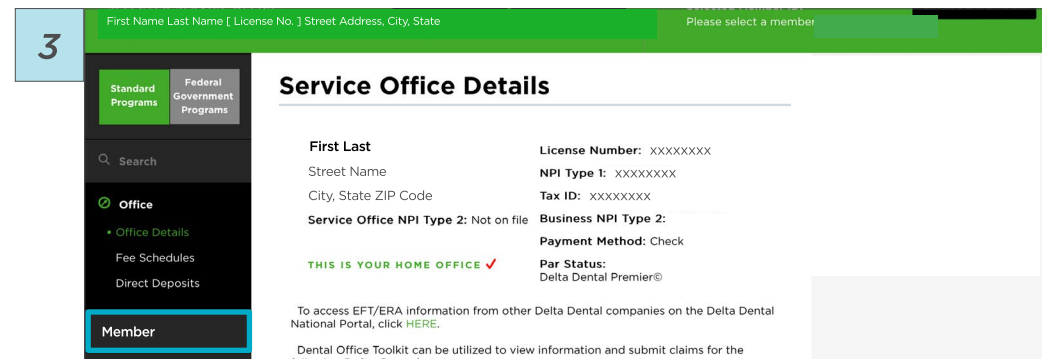
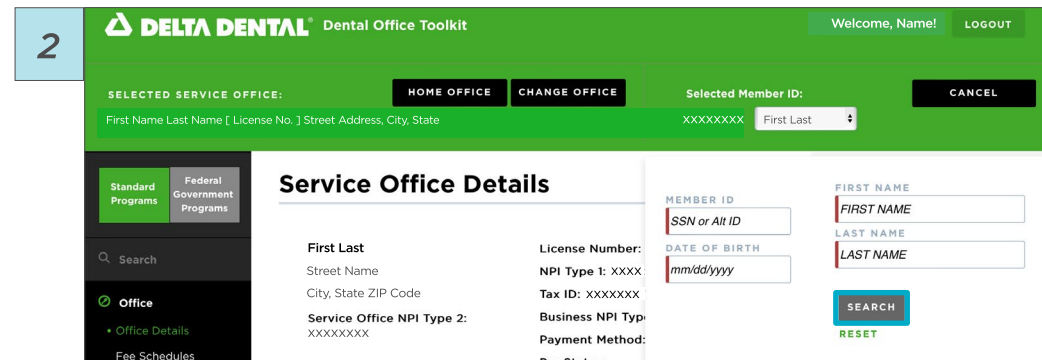
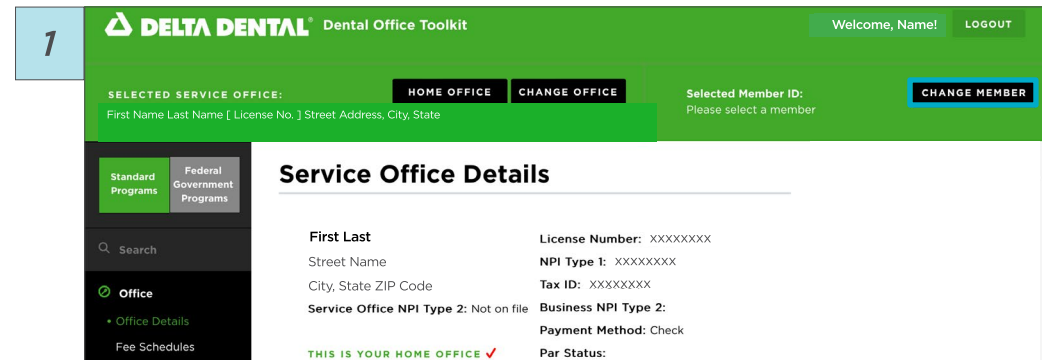
Image 2

3. On the left navigation bar, click the **Member** tab.

Image 3

4. Using the Selected Member ID drop down menu, select the member or family member to view their Member Details & Benefits. On this screen, your selection will be highlighted in green.

Image 4

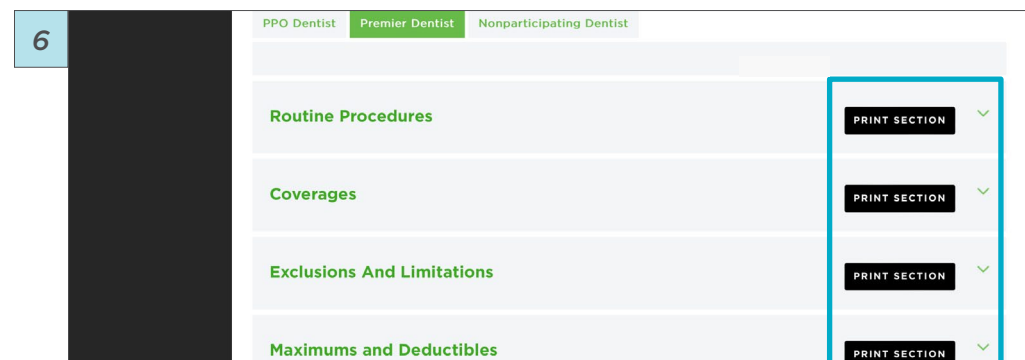
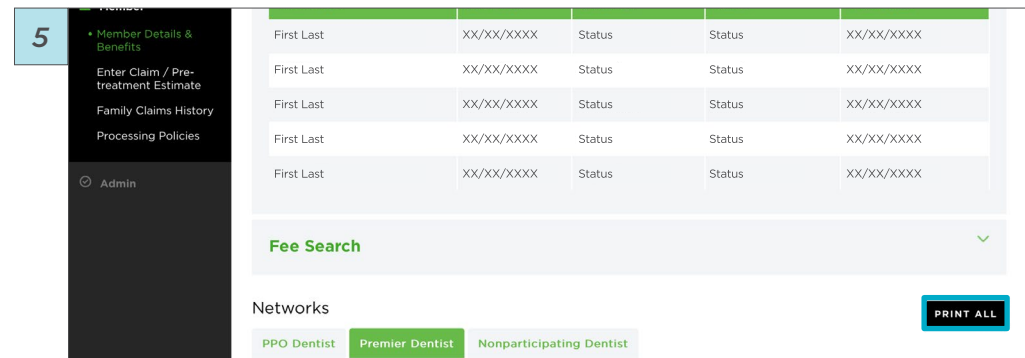
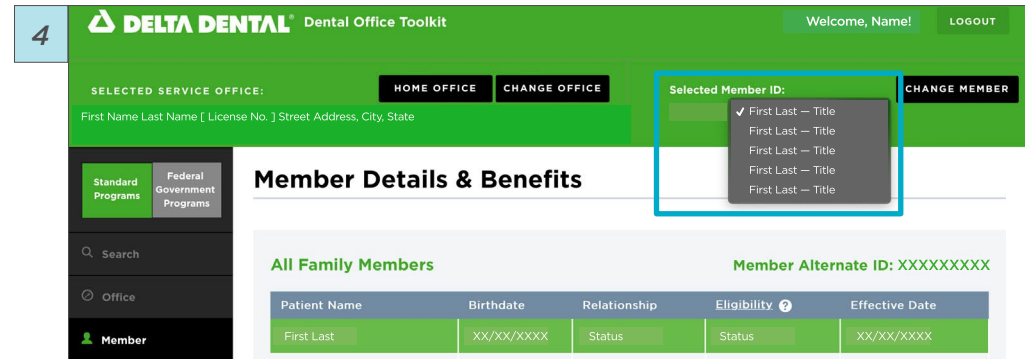


- If you have selected the subscriber, scroll down past the All Family Members table. Click **Print All** on the right of the screen.

Image 4

- If you selected another family member (dependent) from the Selected Member ID drop down menu, scroll down to the Client Benefit Information and click **Print Section** to the right.

Image 5

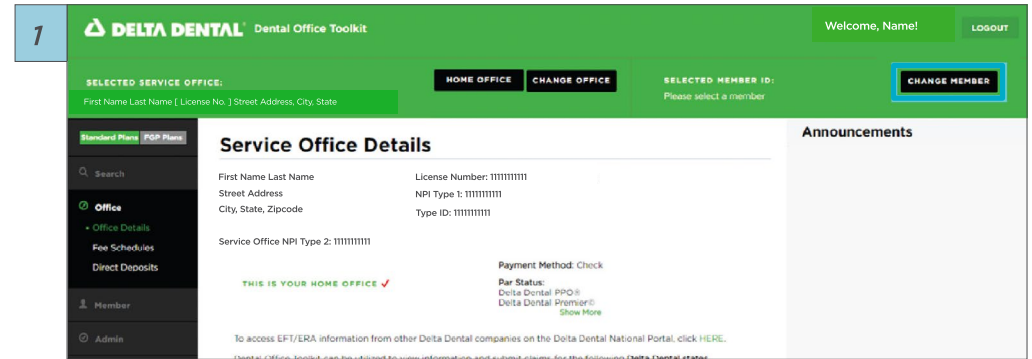


Dental Office Toolkit (DOT) Quick Guide

How to search for member and family claims history

1. On the DOT home screen, click **Change Member**.

Image 1



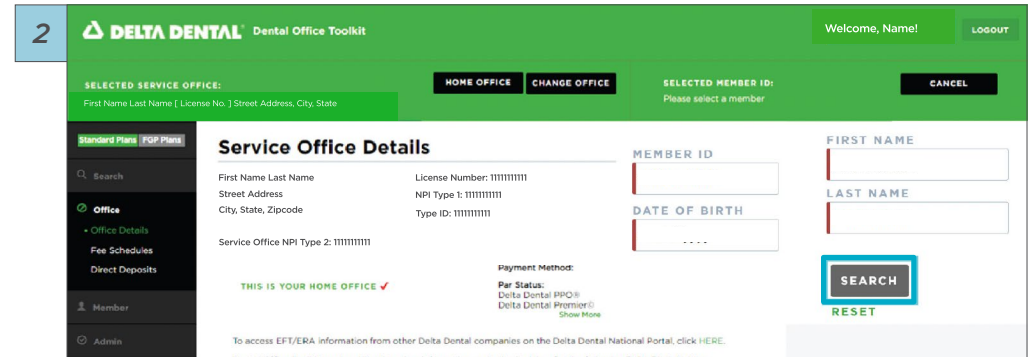
2. Enter policy holder's:

- Delta Dental member ID number (or SSN)
- Date of birth
- First name
- Last name

Click **Search**.

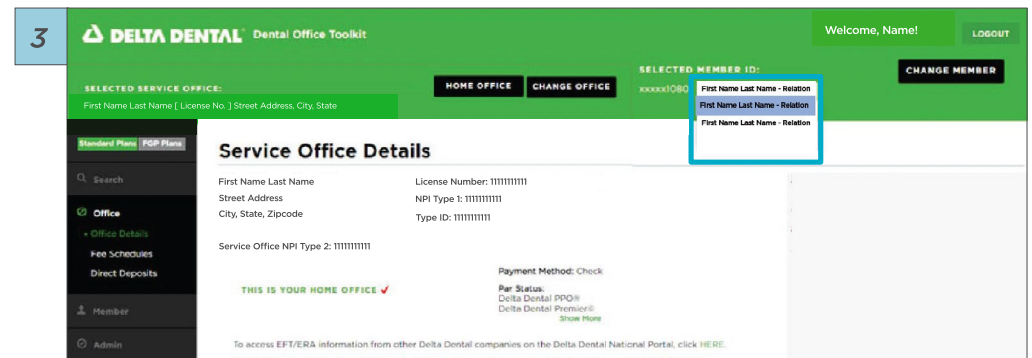
All information is required.

Image 2



3. If your Search is for a family member of the subscriber, then from the Selected Member ID drop-down menu, choose the name of the family member the claims search is being performed for.

Image 3



4. Click **Search** on the left navigation bar. Enter the required data fields:

- Start Date
- End Date
- Claim Search Options

Click **Search** in the lower right corner of the page.

Image 4

5. View search results of dental claims history.

Click on any claim number to view details.

Image 5

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
02/25/2019	02/25/2019	First Last	XXXXXXXXXX	XXXXX1234	Routed
02/19/2019	02/19/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied
02/19/2019	02/19/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied
02/19/2019	02/19/2019	First Last	XXXXXXXXXX	XXXXX1234	Estimated
02/19/2019	02/19/2019	First Last	XXXXXXXXXX	XXXXX1234	Estimated
02/19/2019	02/19/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied
02/15/2019	02/15/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied
02/12/2019	02/12/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied
02/12/2019	02/12/2019	First Last	XXXXXXXXXX	XXXXX1234	Denied

7. To return to full search results, click **Back to Search Results**.

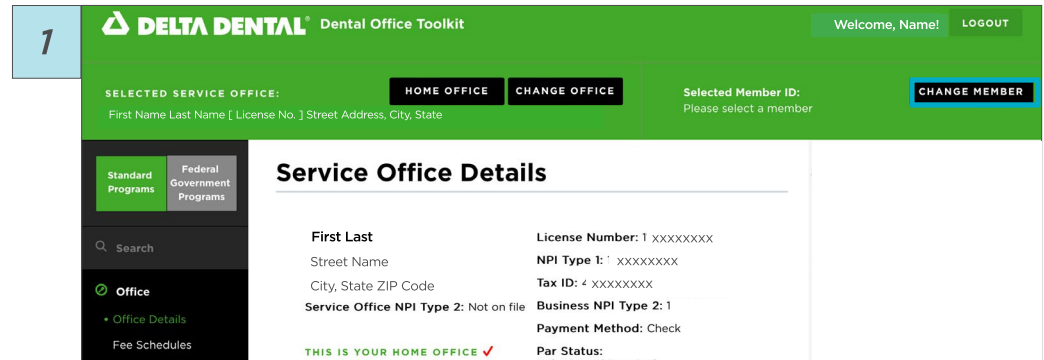
Image 6

Dental Office Toolkit (DOT) Quick Guide

How to search for sealant history

1. On the DOT home screen, click **Change Member**

Image 1

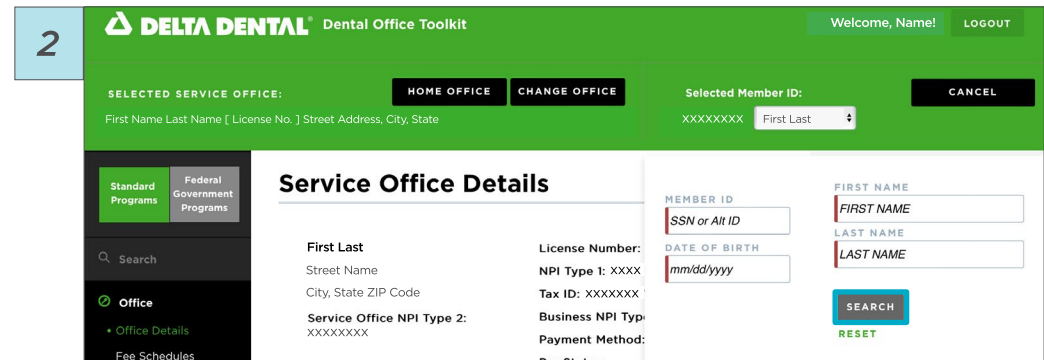


2. Enter the following subscriber information:

- Delta Dental Member ID or SSN
- Date of Birth
- First Name
- Last Name

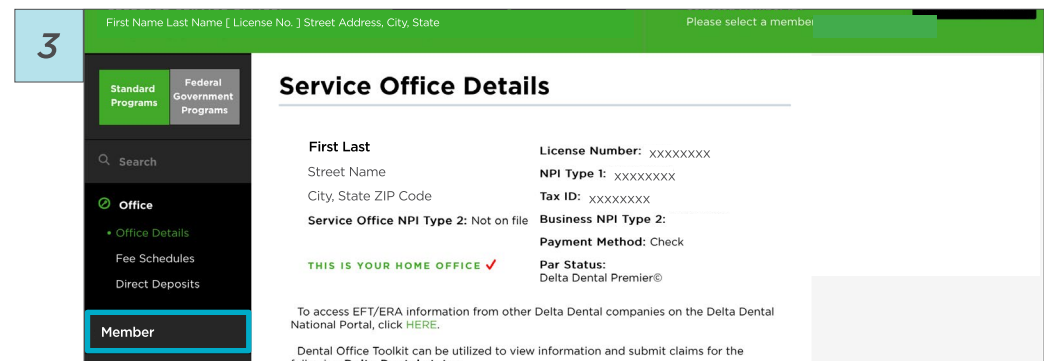
All fields are required. Click **Search**.

Image 2



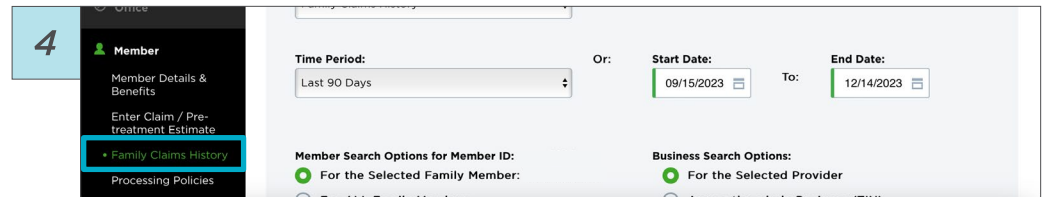
3. On the left navigation bar, click the **Member** tab.

Image 3



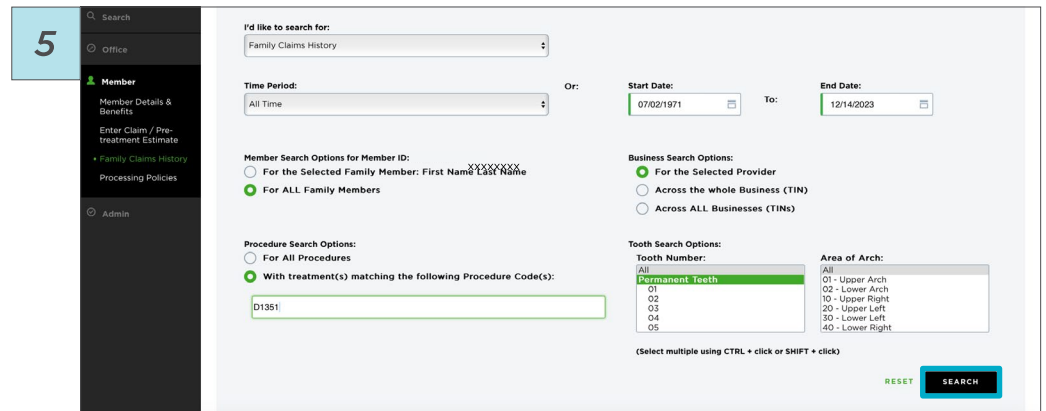
- Once the Member tab is open, click **Family Claims History**.

Image 4



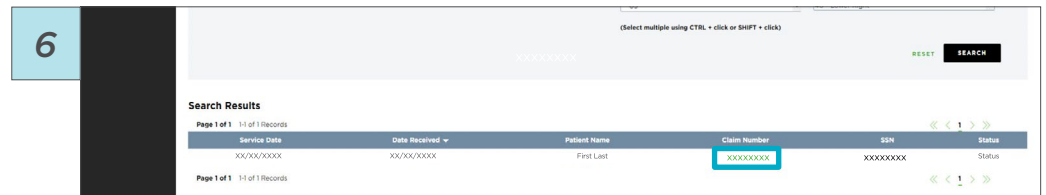
- Fill out the fields for:

- I'd like to search for
- Time period or Start Date to End Date
- Member Search Options — choose to search for the selected family member or all family members
- Business Search Options — search by selected provider, entire business (TIN), or all businesses within the system
- Procedure Search Options
Enter the procedure code **D1351** for sealants



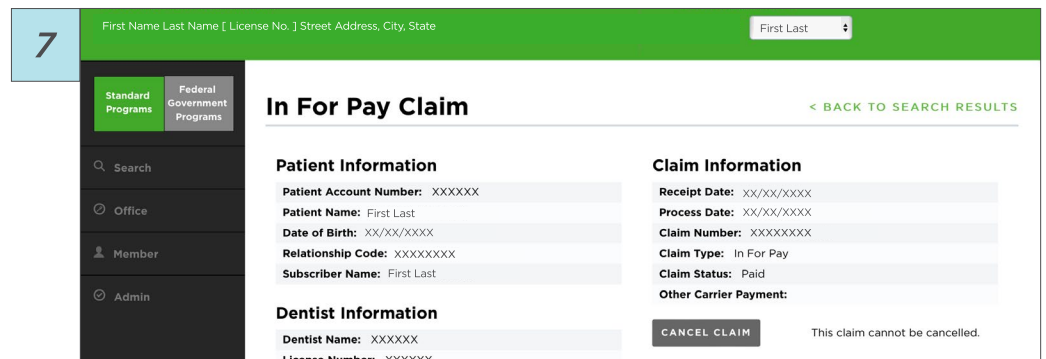
Click **Search**.

Image 5



- From the search results, click the **Claim Number** to view details.

Image 6



- Review the date of service and claim line status to understand sealant eligibility.

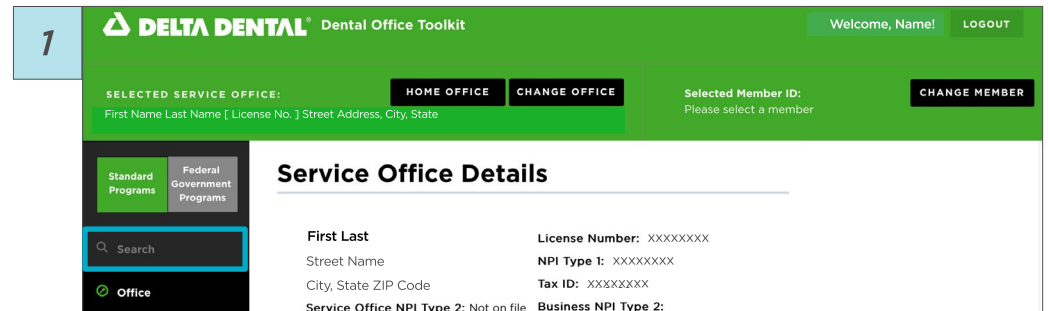
Image 7

Dental Office Toolkit (DOT) Quick Guide

How to search for a claim

1. On the left navigation bar, click **Search**.

Image 1

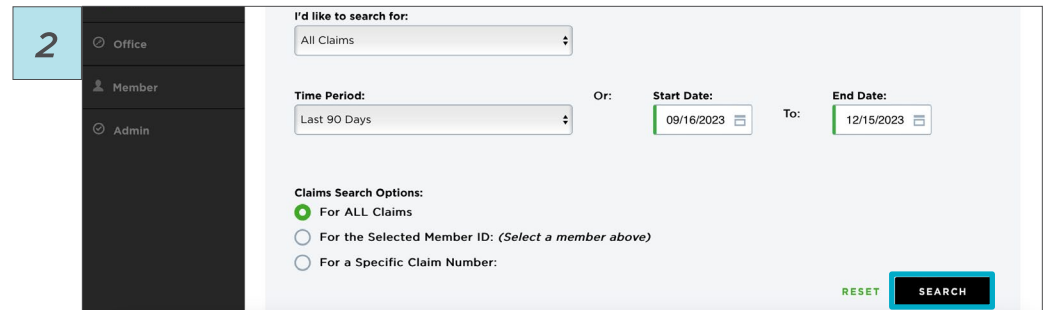


2. Fill out fields for:

- From the *I'd like to search for* drop-down menu, select one of the following:
 - All claims
 - Pre-treatment estimates
 - In-process claims
 - Processed claims
 - Information requests
 - Family claims history
 - Claim payments
 - EFT interests
- Time period or Start Date to End Date
- Claim search options
 - For ALL Claims
 - For the Selected Member ID
 - For a Specific Claim Number

Click **Search**.

Image 2



- From search results, click a **Claim Number** to see full details.

Image 3

- View claim.

Image 4

3

Page 1 of 4 1-25 of 81 Records

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
XX/XX/XXXX	XX/XX/XXXX	First Last	XXXXXXXX	XXXXXXXX	

4

- Search
- Office
- Member
- Admin

Patient Information

Patient Account Number: XXXXXXXX
Patient Name: First Last
Date of Birth: XX/XX/XXXX
Relationship Code: Subscriber
Subscriber Name: First Last

Dentist Information

Dentist Name: First Last
License Number: XXXXXXXX
Dentist TIN: XXXXXXXX
Specialty: General Practitioner
Place Of Service: Office
Other Carrier:

Claim Information

Receipt Date: XX/XX/XXXX
Process Date: XX/XX/XXXX
Claim Number: XXXXXXXX
Claim Type: In For Pay
Claim Status: Paid
Other Carrier Payment:

PRINT CLAIM DETAIL

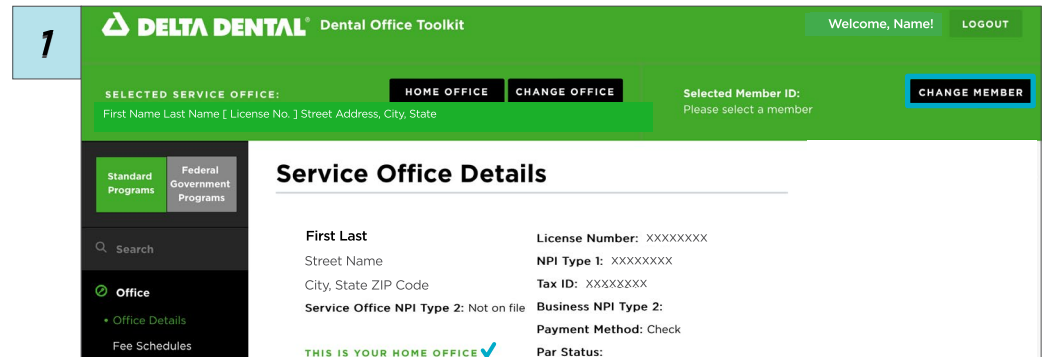
CANCEL CLAIM This claim cannot be cancelled.

Dental Office Toolkit (DOT) Quick Guide

How to submit a pre-treatment estimate

1. On the DOT home screen, click **Change Member**.

Image 1

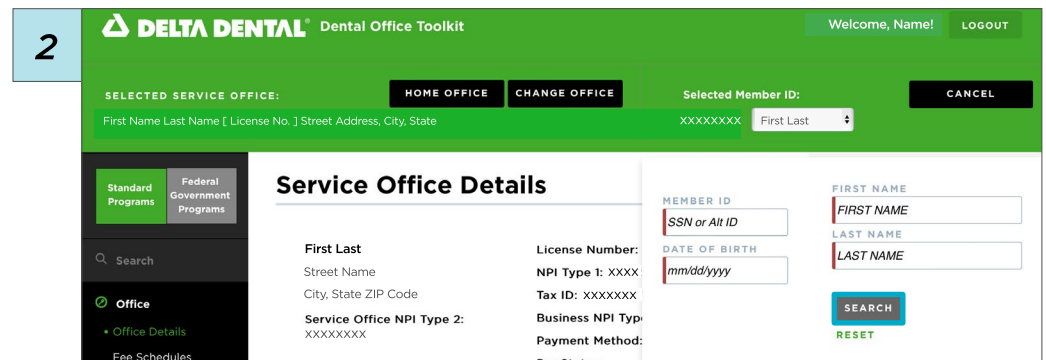


2. Enter the following subscriber information:

- Delta Dental Member ID or SSN
- Date of Birth
- First Name
- Last Name

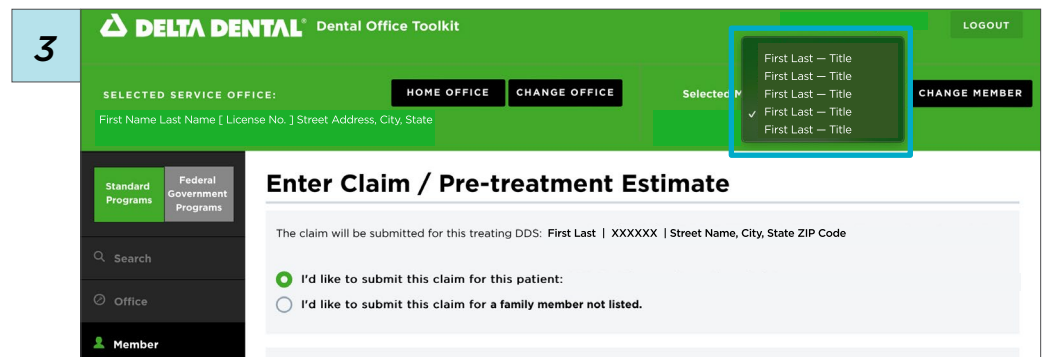
All fields are required. Click **Search**.

Image 2



3. Using the Selected Member ID drop down menu, select the patient for this estimate.

Image 3



- Click the **Member** tab on the left navigation bar.

Image 4

- Once the Member tab is open, click **Enter Claim / Pre-treatment Estimate**.

Image 5

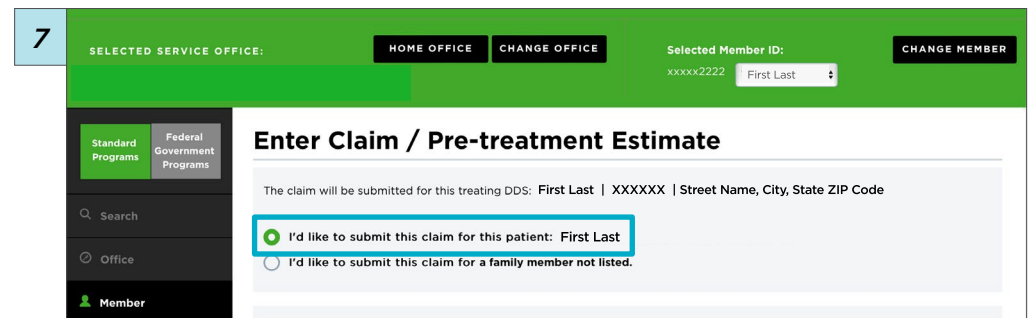
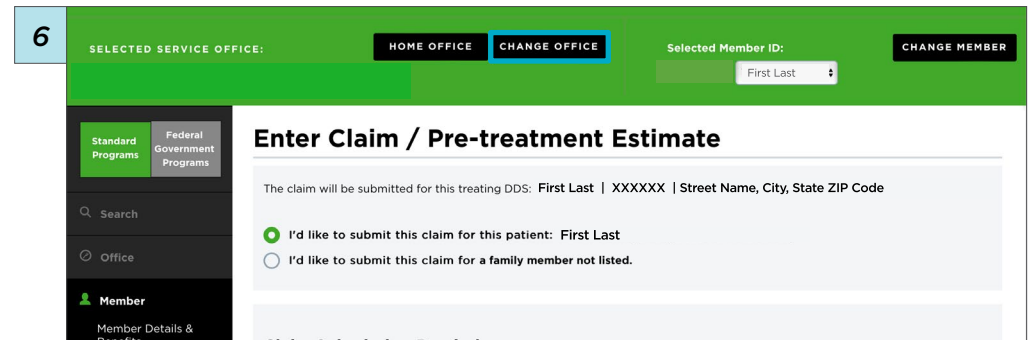
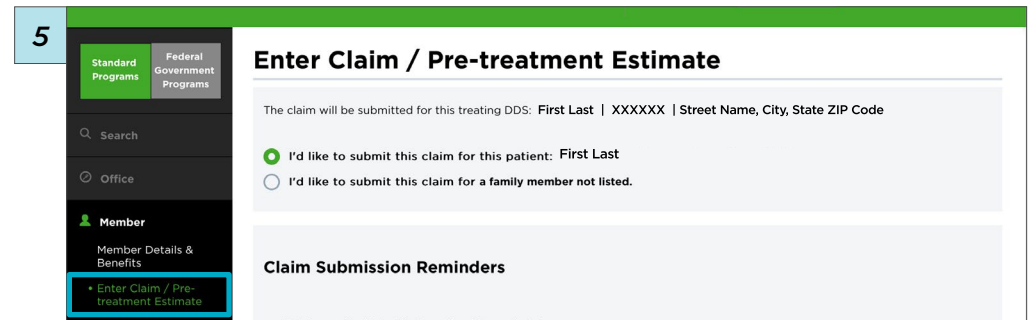
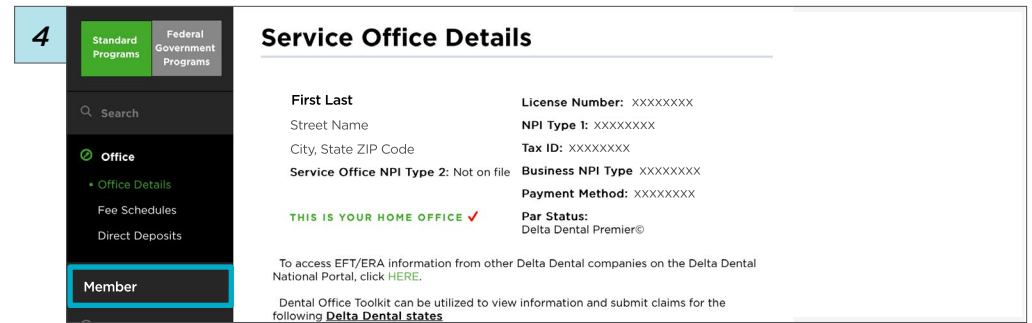
- Verify that the Selected Service Office at the top of the screen matches the provider and location associated with the treatment.

If this information is not correct for the pre-treatment estimate you will be submitting, click **Change Office**.

Image 6

- Choose to submit a claim for the patient or for a family member of the patient.

Image 7



8. Scroll down to enter Treatment Details. Enter the following:

- Tooth Number
- Area of Arch
- Surface(s)
- Procedure Code
- Submit Amount

Check the **Pre-Treatment Estimate** box. Fill in other claim details as needed for the pre-treatment estimate.

Image 8

8 SELECTED SERVICE OFFICE: HOME OFFICE CHANGE OFFICE Selected Member ID: XXXXXXXX Third Person - SL CHANGE MEMBER

First Name Last Name [License No.] Street Address, City, State

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Tooth Number	Area of Arch	Surface(s)	Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yy"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yy"/>	<input type="text"/>	\$ <input type="text"/>

9. If the service(s) require additional documentation, click **Claims Attachments**. Select or drag and drop to attach your file to the claim.

Image 9

9

Tooth Number	Area of Arch	Surface(s)	Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	\$ <input type="text"/>

Total Amount: \$0.00

Claim Attachments

Upload Documents

CHOOSE OR DRAG FILES

10. Check the box if Coordination of Benefits (COB) does not apply to this claim. Click **Submit Claim** to generate a pre-treatment estimate.

Image 10

10

I do NOT have any COB Details to add to this Claim.

By selecting Submit Claim, I am certifying that I have performed the procedures as indicated by date and/or wish to obtain a pre-treatment estimate for the procedures which are not dated and the procedures were/necessary in my professional judgment.

SUBMIT CLAIM RESET

11. View your pre-treatment estimate.

Some CDT codes require additional review and will not process immediately. The claim status will appear as *Routed* and/or *In Process*.

Image 11

11

Pre-treatment Estimate Claim

< CREATE ANOTHER CLAIM

Office

Member

Admin

Patient Information

Patient Account Number: XXXXXXXX

Patient Name: First Last

Date of Birth: xx/xx/xxxx

Relationship Code: XXXXXXXX

Subscriber Name:

Dentist Information

Dentist Name: First Last

License Number: XXXXXXXX

Dentist TIN: XXXXXXXX

Specialty:

Other Carrier:

Claim Information

Receipt Date: xx/xx/xxxx

Process Date: xx/xx/xxxx

Claim Number: XXXXXXXX

Claim Type: Pre-treatment Estimate

Claim Status: In Process

Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

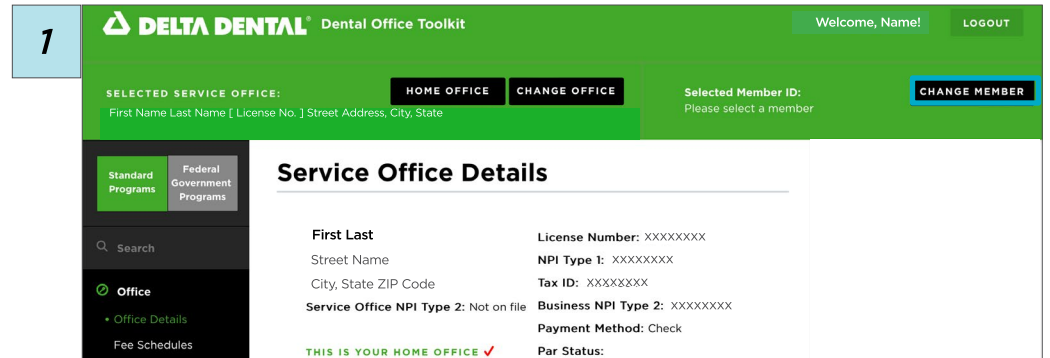
This claim cannot be cancelled.

Dental Office Toolkit (DOT) Quick Guide

How to submit a claim

1. On the DOT home screen, click **Change Member**.

Image 1

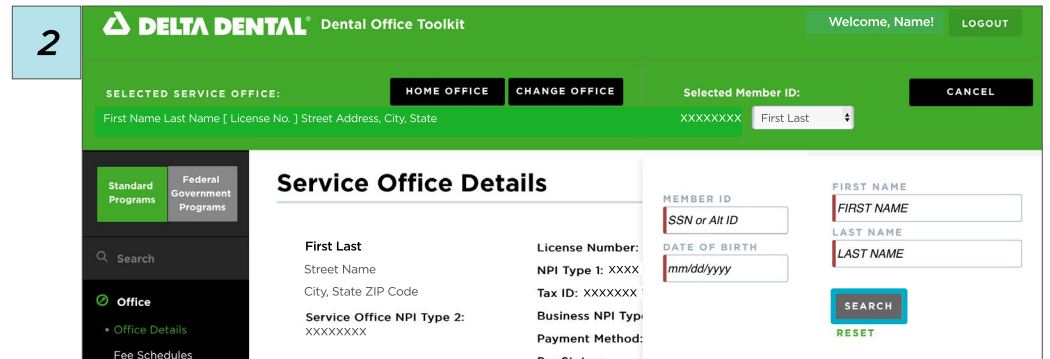


2. Enter the following subscriber information:

- Delta Dental Member ID or SSN
- Date of Birth
- First Name
- Last Name

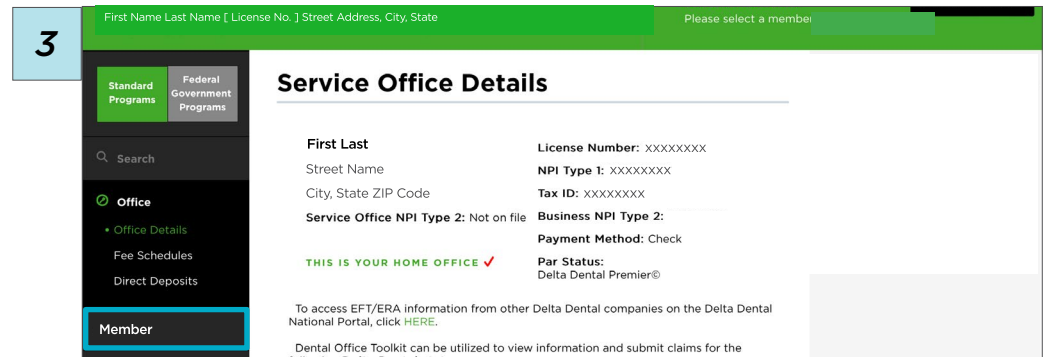
All fields are required. Click **Search**.

Image 2



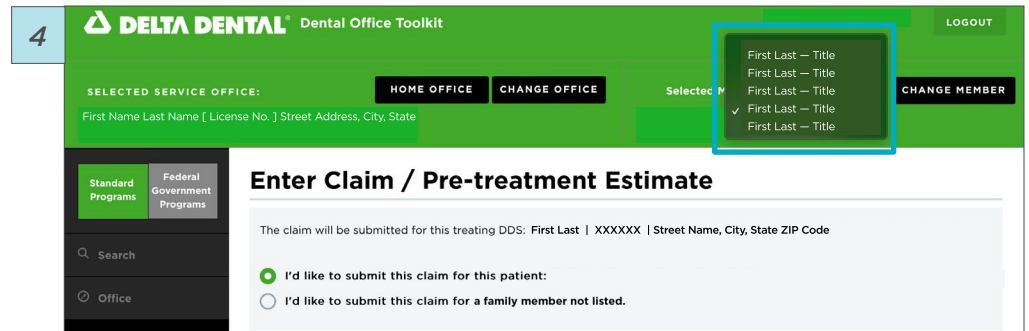
3. On the left navigation bar, click the **Member** tab.

Image 3



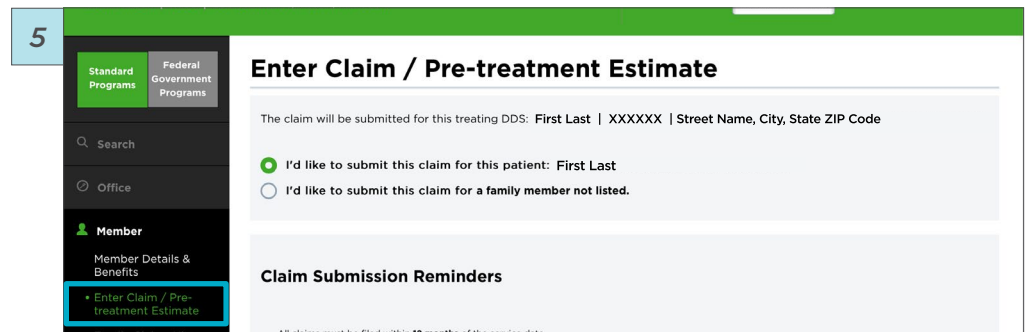
- Select the member you wish you enter the claim for using the drop-down menu.

Image 4



- Once the Member tab is open, click **Enter Claim / Pre-treatment Estimate**.

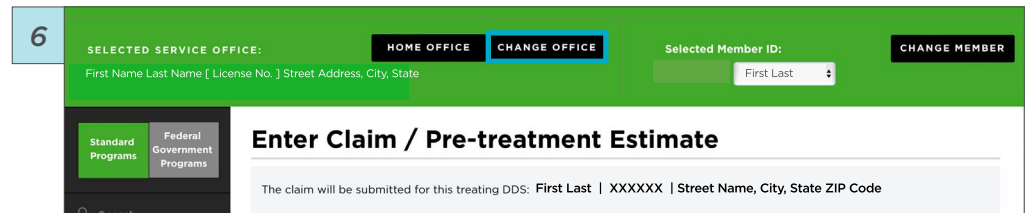
Image 5



- Verify that the Selected Service Office at the top of the screen matches the provider and location associated with the treatment.

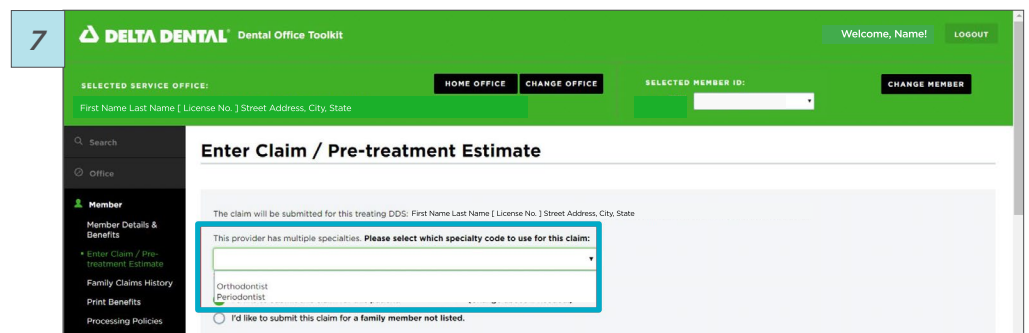
If this information is not correct for the pre-treatment estimate you will be submitting, click **Change Office**.

Image 6



- If the dentist has multiple specialties, you'll be prompted to select the specialty code to use for the claim.

Image 7



8. Choose to submit a claim for the patient or for a family member of the patient.

Image 8

9. Scroll down to enter Treatment Details. Fill out fields for:

- Tooth Number
- Area of Arch
- Surface(s)
- Service Date
- Procedure Code
- Submit Amount

Repeat this step if there are multiple treatment lines.

Image 9

10. If the service(s) require additional documentation, click **Claims Attachments**. Select or drag and drop to attach your file to the claim.

Image 10

11. Check the box if Coordination of Benefits does not apply to this claim.

Click **Submit Claim**.

Image 11

12. Review claim.

Some CDT codes require additional review and will not process immediately. The claim status will appear as *Routed* and/or *In Process*.

Image 12