



RENAISSANCE DENTAL OFFICE TOOLKIT

How-to Guides

All names, dates of birth, claims and history included in this guide are fictitious and not representative of an actual person

Last Revised: October 2025

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This Renaissance Dental Office Toolkit® (RDOT) training guide assumes that the users are operating according to the below system requirements:

- Ensure you have the latest version of Google Chrome and Adobe Acrobat Reader downloaded.
- Download the latest version of Google Chrome [here](#)
- Download the latest version of Adobe Acrobat [here](#)
- Ensure that you have pop-ups enabled for <https://www.rendentalofficetoolkit.com/dot-ui/login>. Pop-ups will only be used to display a printable format of benefits, routine procedures, etc.
- To view a full list of system requirements the new Toolkit will require, please click [here](#)

COMMON QUESTIONS

- 
- **RDOT Registration**
 - **Reset Password**
 - **User Management**
 - **My Profile Details**
 - **Multi-Factor Authentication**
 - **Allow Pop-Ups and Cookies in Google Chrome**



RDOT Registration



Am I ready to register?

In order to register, you must know the following information for your Dental Provider:

- Do I know my Provider License Number?
- Do I know the State in which my Provider is Licensed?
- Do I know my business Tax Identification Number?
- Do I know my Service Office ZIP Code?
- Do I have access to the E-mail Address on file with our Provider Records Department?*

If you have all of the above information, then you can continue the registration process by selecting the **NEXT STEP** button below.

* NOTE FOR LARGE CORPORATIONS WITH A CENTRALIZED E-MAIL ADDRESS:

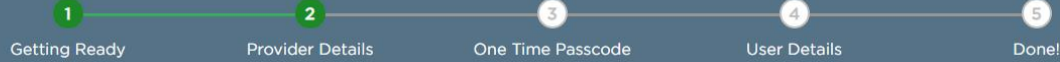
As part of the registration process, a one-time passcode is sent to the E-mail Address on file with our Provider Records Department. You must have access to the E-mail Address on file, directly or through another person, to complete registration.

[Cancel Registration](#)

NEXT STEP



1. Navigate to your local Delta Dental website and click Sign Up under the Dental Office Toolkit section
2. Make sure the provider has their license number, state in which provider is Licensed, TIN, service office ZIP code, and contact information before clicking on “Next Step”



Please enter your registration details below...

License Number

License State

Tax Identification Number

Service Office ZIP Code

Note: Your stored license number may not contain the state-specific prefix. If you are unable to register using your doctor's full license number, please remove the state-specific prefix and try again. If you continue to have "Provider not found" issues when registering, please contact Customer Service.

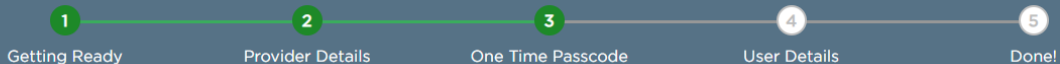
[Cancel Registration](#)

BACK

NEXT STEP



3. Ensure the provider accurately types in the license number, state in which provider is licensed, TIN, and service office ZIP code and then click "Next Step"



One Time Passcode

You must verify that you are authorized to register as a Dental Office Toolkit user.

Your One Time Passcode will be sent to the following e-mail address: **(user's email address on file)**

When you are ready, select the "SEND PASSCODE NOW" button to receive your passcode.

Requester Name:

[Cancel Registration](#)

SEND PASSCODE NOW



4. Enter your name in the "Requester Name" box and click "Send Passcode Now"

Dental Office Toolkit One-time Passcode



no-reply@RenaissanceFamily.com

To 

Dear Name,

Someone at Service Office ZIP code:  is trying to register for the Dental Office Toolkit.

The time-sensitive, one-time passcode for registration is:

525893

Thank you,

Dental Office Toolkit® Team

NOTE: You should receive the one time passcode in an email like this



Enter One Time Passcode

One time passcode sent to: **(user's email address on file)**

Once you receive your code, enter it below and click "SUBMIT".

Enter one time passcode:

Select "REQUEST NEW CODE" to receive another code or to change delivery method

[Cancel Registration](#)

[REQUEST NEW CODE](#) [SUBMIT](#)



5. Enter the one-time passcode you received to the phone number or email address selected
6. Click "Submit"

1

Getting Ready

2

Provider Details

3

One Time Passcode

4

User Details

5

Done!



Please enter your first and last name below:

First Name

Harrison

Last Name

Ford

Please create your username and password below:

Username

harryford

Please create a Username with the following rules:

1. May be a combination of letters and numbers. Is not case sensitive

2. Must start with a letter

3. Must only contain 8 to 14 letters and numbers

4. Must NOT contain spaces

5. Must NOT contain special characters (@, ?, %, etc.)

Password

Show

Confirm Password

Show

Please create a Password with the following rules:

1. Password length greater than 12 characters.

2. Contain 4 of the following:

- 1 digits (0-9).

- 1 symbols (!, @, #, \$, %, *, etc.).

- 1 uppercase English letters (A-Z).

- 1 lowercase English letters (a-z).

[Cancel Registration](#)

REGISTER

7. Ensure the provider completes all fields and meets necessary username and password requirements
8. Click “Register”



1

Getting Ready

2

Provider Details

3

One Time Passcode

4

User Details

5

Done!



Congratulations!

You have completed the DOT Registration and can login now for the first time.

Here are the details:

First Name: Harrison

Last Name: Ford

Username: harryford

Tax Identification Number: 012345678

License Number: 55555

License State: TN

Zip Code: 37901

PROCEED TO LOGIN



9. Confirm all details above are correct and click “Proceed to Login”



Reset Password



Renaissance

Username

harryford

☐ Keep me signed in

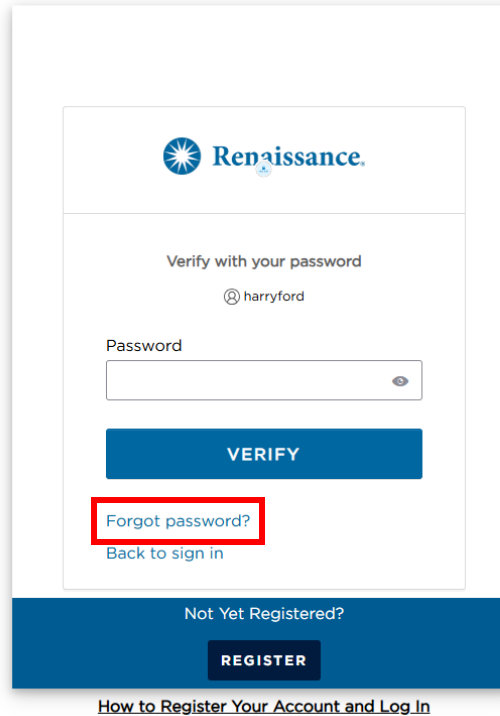
NEXT

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

2. On the RDOT login screen, enter your Username, and click "Next"



The image shows a mobile app interface for Renaissance. At the top is the Renaissance logo. Below it, the text "Verify with your password" is displayed. Underneath, the email address "harryford" is shown with a small icon to its left. A "Password" label is followed by a text input field with a toggle icon on the right. Below the input field is a blue button labeled "VERIFY". Under the button, the text "Forgot password?" is highlighted with a red rectangular box. Below that is a link that says "Back to sign in". At the bottom of the screen, there is a dark blue footer bar containing the text "Not Yet Registered?" and a dark blue button labeled "REGISTER". Below the footer bar, the text "How to Register Your Account and Log In" is displayed.

Renaissance

Verify with your password

harryford

Password

VERIFY

Forgot password?

Back to sign in

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

3. Click "Forgot Password?"



Renaissance

Get a verification email

@harryford

Send a verification email to [redacted] by clicking on "Send me an email".

SEND ME AN EMAIL

[Back to sign in](#)

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

4. Click "Send Me An Email" and the authentication code will be sent to the email listed

rooseveltsolutions-uat - Okta Password Reset Requested

Hi Harrison,

A password reset request was made for your Okta account. If you did not make this request, please contact your system administrator immediately.

Click this link to reset the password for your username, harryford:

[Reset Password](#)

This link expires in 5 minutes.

Can't use the link? Enter a code instead: **315381**

If you experience difficulties accessing your account, send a help request to your administrator:

5. An email will be sent to the email address listed in Step 4. You can click “Reset Password” or use the code listed.



 Renaissance



Verify with your email

@harryford

We sent an email to 
 Click the verification link in
your email to continue or enter the
code below.

Enter Code

VERIFY

[Back to sign in](#)

6. Enter the code from the email and click “Verify”



Reset your password

@ harryford

Password requirements:

- At least 12 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username
- Does not include your first name
- Does not include your last name
- Password can't be the same as your last 20 passwords

New password

Re-enter password

☐ Sign me out of all other devices.

RESET PASSWORD

[Back to sign in](#)



User Management



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

1. After logging into RDOT, navigate to the Admin tab on the left-hand navigation bar



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

My Profile

* User Management

Forms

Help

Contact Us

User Management

Displaying all users that are associated with business TIN: 012345678

FILTER BY

Username

First Name

Last Name

CLEAR

Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

Username	First Name	Last Name ▼	Action
johnnydepp	Johnny	Depp	VIEW PROFILE
harryford	Harrison	Ford	VIEW PROFILE
alpacio	AI	Pacino	VIEW PROFILE

Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

2. Click on "User Management"

3. View the users associated with your office, and click on "View Profile" for any user you'd like to manage permissions for

Last Name: Depp

Email Address:

User Role(s):

☒ User Manager

Users with the User Manager role have access to the User Management section of the application where they can view a user's profile as well as update their phone number, e-mail address and user roles.

☒ EFT User

Users with the EFT User role will have access to the Direct Deposits section of the application where they can view direct deposit accounts and register for direct deposit.

☒ DOT User

Users with the DOT User role will be able to perform all other DOT application functionalities.

NOTE: Removing this role from a user will prevent them from accessing the application.

PLEASE NOTE: EFT access will be revoked upon the users next login.

UPDATE PROFILE

4. To view and change the user role(s) of any individual user based on your preferences, click on "Update Profile"

User Role(s):

☐

User Manager

Users with the User Manager role have access to the User Management section of the application where they can view a user's profile as well as update their e-mail address and user roles.

☐

EFT User

Users with the EFT User role will have access to the Direct Deposits section of the application where they can view direct deposit accounts and register for direct deposit.

☒

DOT User

Users with the DOT User role will be able to perform all other DOT application functionalities.

NOTE: Removing this role from a user will prevent them from accessing the application.

PLEASE NOTE: EFT access will be revoked upon the users next login.

UPDATE

CANCEL

5. Select or deselect the user roles based on your preference, then click "Update"



My Profile Details



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx2333

dummysub rengp - Sub

CHANGE MEMBER

Search

Office

Member

Admin

My Profile

User Management

Forms

Help

Contact Us

My Profile Details

PLEASE NOTE: Updating the information on this screen will **NOT** change the information on file in our Provider Records system. Please contact your state's Provider Records Department to update your Provider Records information.

Username: homersimpson1

First Name: Homer

Last Name: Simpson

CHANGE NAME

Tax ID: 012345678

Email:

[Click here to Change Email](#)

Password Management

CHANGE PASSWORD

Multi-factor Management

Changes can be made to Name, Email Address, and Password by navigating to the My Profile section under the Admin tab



Renaissance®

Multi-Factor Authentication

Verify with Email and/or Phone (Voice or SMS)



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

• My Profile

User Management

Forms

Help

Contact Us

My Profile Details

PLEASE NOTE: Updating the information on this screen will **NOT** change the information on file in our Provider Records system. Please contact your state's Provider Records Department to update your Provider Records information.

Username: homersimpson1

First Name: Homer

Last Name: Simpson

CHANGE NAME

Tax ID: 012345678

Email: [Click here to Change Email](#)

Password Management

CHANGE PASSWORD

Multi-factor Management

1. Navigate to the Admin tab and click "My Profile"

Tax ID: 012345678

Email: [Click here to Change Email](#)**Password Management**[CHANGE PASSWORD](#)**Multi-factor Management**

Multi-factor authentication, commonly known as MFA or 2-factor authentication, is a security measure that can be added to keep your account secure. It requires setting up a second device where you will receive a code to verify that you are the true account holder prior to logging in. The device you set up below for MFA will be solely for your use logging into the portal and will not impact your personal contact information on file.

Phone Numbers[ADD NUMBER](#)

By adding your phone number here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.

No phone numbers set for MFA

2. Scroll down and click “Add Number” in the Multi-factor Management section

Email: [Click here to Change Email](#)**Password Management**[CHANGE PASSWORD](#)**Multi-factor Management**

Multi-factor authentication, commonly known as MFA or 2-factor authentication, is a security measure that can be added to keep your account secure. It requires setting up a second device where you will receive a code to verify that you are the true account holder prior to logging in. The device you set up below for MFA will be solely for your use logging into the portal and will not impact your personal contact information on file.

Phone Numbers

By adding your phone number here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.

Please enter the phone number you would like to associate with multi-factor authentication.

Country Code

United States - 1

**Phone Number**

+1

[CANCEL](#)[VERIFY WITH VOICE](#)[VERIFY WITH SMS](#)

3. Enter the phone number you would like to use and click “Verify with Voice” or “Verify with SMS”

Password Management

CHANGE PASSWORD

Multi-factor Management

Multi-factor authentication, commonly known as MFA or 2-factor authentication, is a security measure that can be added to keep your account secure. It requires setting up a second device where you will receive a code to verify that you are the true account holder prior to logging in. The device you set up below for MFA will be solely for your use logging into the portal and will not impact your personal contact information on file.

Phone Numbers



By adding your phone number here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.

+1 (517) 525-5825 has been sent a code. When you receive the code please return here and enter it in the textbox below.

Didn't receive a code? [RESEND](#)

Entered the wrong number? [EDIT](#)

Code

49279

CANCEL

VERIFY CODE

4. Enter the code you received via phone call or text message and click "Verify Code"

Admin

• My Profile

User Management

Forms

Help

Contact Us

First Name: Homer

Last Name: Simpson

CHANGE NAME

Tax ID: 012345678

Email: [Click here to Change Email](#)**Password Management**

CHANGE PASSWORD

Multi-factor Management

Multi-factor authentication, commonly known as MFA or 2-factor authentication, is a security measure that can be added to keep your account secure. It requires setting up a second device where you will receive a code to verify that you are the true account holder prior to logging in. The device you set up below for MFA will be solely for your use logging into the portal and will not impact your personal contact information on file.

Phone Numbers

By adding your phone number here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.

+1

REMOVE

5. After verifying the code, the phone number you chose should display here



Verify with your phone

@ homersimpson1

Send a code via SMS to

+1 XXX-XXX-XXXX

Carrier messaging charges may apply

RECEIVE A CODE VIA SMS

Receive a voice call instead

Verify with something else

[Back to sign in](#)

Not Yet Registered?

REGISTER

6. When logging in the next time, after entering username and password, users can request the one time passcode to be sent via SMS or voice call



Verify with your phone

 homersimpson1

A code was sent to
+1 XXX-XXX-XXXX. Enter the code
below to verify.

Carrier messaging charges may apply

Enter Code

VERIFY

[Verify with something else](#)

[Back to sign in](#)

Not Yet Registered?

REGISTER

7. Enter the code that was received via SMS or voice call into the Enter Code field and click “Verify”



Renaissance.



Get a verification email

Ⓐ [redacted]

Send a verification email to [redacted]
[redacted].com by clicking on "Send me
an email".

SEND ME AN EMAIL

[Back to sign in](#)

Not Yet Registered?

REGISTER

How to Register Your Account and Log In

Okta<noreply@okta.com>
To: [redacted]

Hi [redacted],

You have requested an email link to sign in to REN Dental Office Toolkit. To finish signing in, click the button below or enter the provided code. If you did not request this email, please contact an administrator at tbahr@deltadentalml.com.

Sign In

This link expires in 5 minutes.
Can't use the link? Enter a code instead: **356610**

This is an automatically generated message by [Okta](#). Replies are not monitored or answered.

8. When verifying with email, select "Send Me An Email"

 Renaissance



Verify with your email

@ [redacted]

We sent an email to [redacted]
[redacted].com. Click the verification link in
your email to continue or enter the
code below.

Enter Code

VERIFY

[Back to sign in](#)

Not Yet Registered?

REGISTER

9. Enter the code you received via email message and click “Verify”



Renaissance®

Multi-Factor Authentication

Verify With Email



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

• My Profile

User Management

Forms

Help

Contact Us

My Profile Details

PLEASE NOTE: Updating the information on this screen will **NOT** change the information on file in our Provider Records system. Please contact your state's Provider Records Department to update your Provider Records information.

Username: homersimpson1

First Name: Homer

Last Name: Simpson

CHANGE NAME

Tax ID: 012345678

Email: [Click here to Change Email](#)

Password Management

CHANGE PASSWORD

Multi-factor Management

1. Navigate to the Admin tab and click "My Profile"

Phone Numbers

ADD NUMBER

 *By adding your phone number here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.*

No phone numbers set for MFA

Email Addresses

 *By adding your email address here, you understand that you will be required to use MFA, along with your password, to log in to Dental Office Toolkit.*

The Email factor cannot be removed. To update the email address, please have the user change it directly within their account settings

2. Scroll down to the Email Addresses section of the Multi-factor Management section. Note that the email listed is the one that is on file for the service office.



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

• My Profile

User Management

Forms

Help

Contact Us

My Profile Details

PLEASE NOTE: Updating the information on this screen will **NOT** change the information on file in our Provider Records system. Please contact your state's Provider Records Department to update your Provider Records information.

Username: homersimpson1

First Name: Homer

Last Name: Simpson

CHANGE NAME

Tax ID: 012345678

Email:

[Click here to Change Email](#)

Password Management

CHANGE PASSWORD

Multi-factor Management

3. To change the email address, select "Click here to Change Email" near the top of the My Profile Details section



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Member

Admin

My Profile

Communication Options

User Management

Forms

Help

Contact Us

Change Email

Email Address:

newemailaddress@gmail.com

CANCEL

UPDATE

4. Enter the email address you would like to use and click “Update”



Get a verification email

ⓧ homersimpson1

Send a verification email to
 by clicking on "Send me an email".

SEND ME AN EMAIL

[Back to sign in](#)

Not Yet Registered?

REGISTER

5. When logging in the next time, after entering username and password, users will request the one time passcode to be sent via email



Verify with your email

🔒 homersimpson1

We sent an email to [redacted]
[redacted] Click the verification link in
your email to continue or enter the
code below.

[Enter a verification code instead](#)

[Back to sign in](#)

Not Yet Registered?

REGISTER

6. Click "Enter a verification code instead"



Verify with your email

@ homersimpson1

We sent an email to [redacted]
[redacted] Click the verification link in
your email to continue or enter the
code below.

Enter Code

VERIFY

[Back to sign in](#)

7. Enter the code that was received via email into the Enter Code field and click "Verify"



Allow Pop-Ups and Cookies in Google Chrome



Allow Pop-Ups in Google Chrome

Dental Office Toolkit

uat.rendentalofficetoolkit.com/dot-ui/login

RENGP-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT



Renaissance

Dental Office Toolkit

**Renaissance.**

Username

☐ Keep me signed in

NEXT

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

DENTAL OFFICE
SECURITY

1. Click on the icon in the address bar

Dental Office Toolkit

uat.rendentalofficetoolkit.com/dot-ui/login

RENGP-UAT

RENGP-UAT

RENGP-UAT

RENGP-UAT

RENGP-UAT

RENGP-UAT

uat.rendentalofficetoolkit.com

Connection is secure

Location Not allowed (default)

Cookies and site data

Site settings

REnaissance.

Username

alpacino

☐ Keep me signed in

NEXT

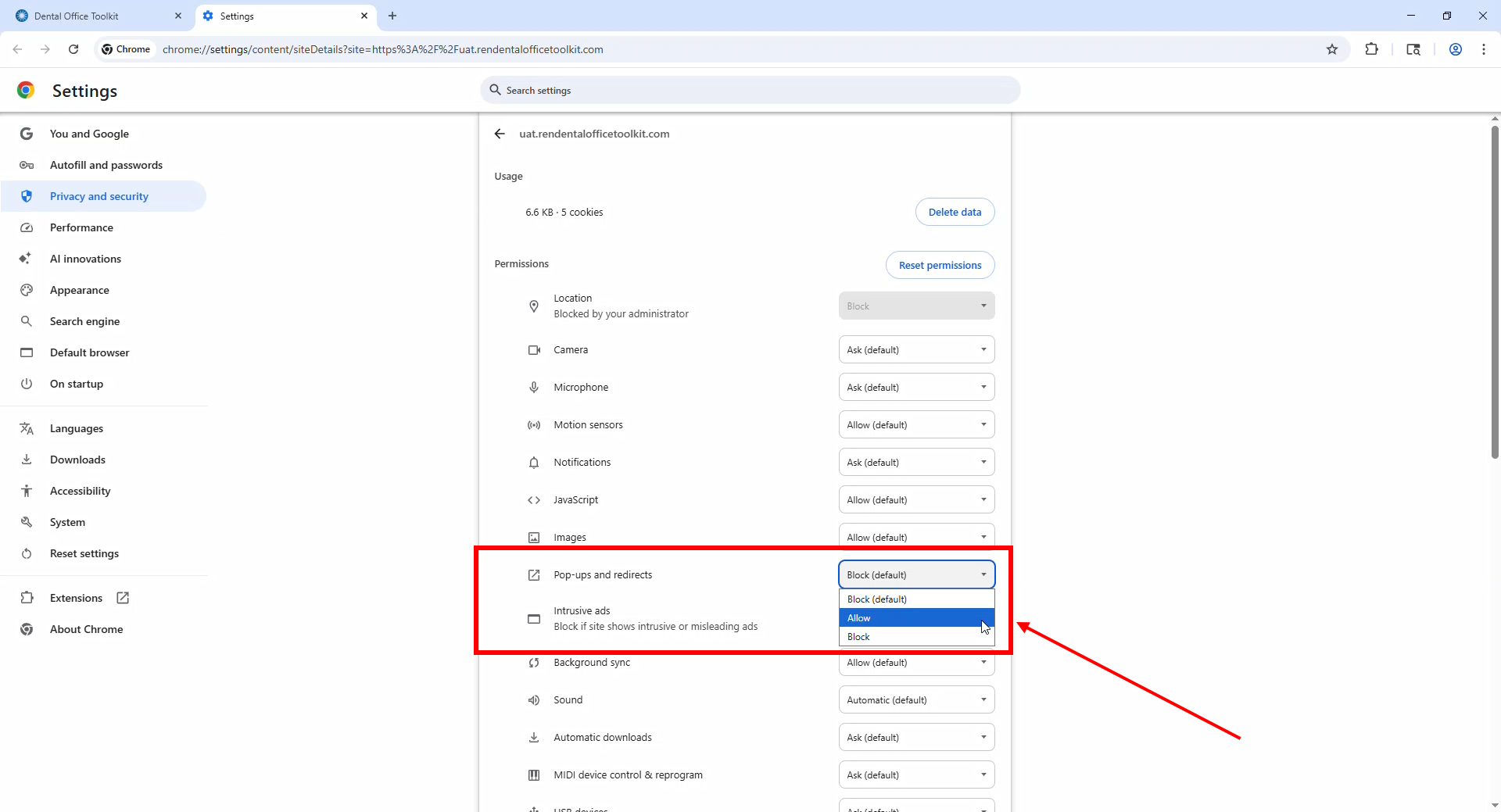
Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

DENTAL OFFICE SECURITY

2. Click on "Site settings"



- 3. On the Privacy and security tab, scroll down to "Pop-ups and redirects" and change the setting to ALLOW
- 4. Refresh the RDOT website



Allow Cookies in Google Chrome

 Renaissance

Username

alpacino

☐ Keep me signed in

NEXT

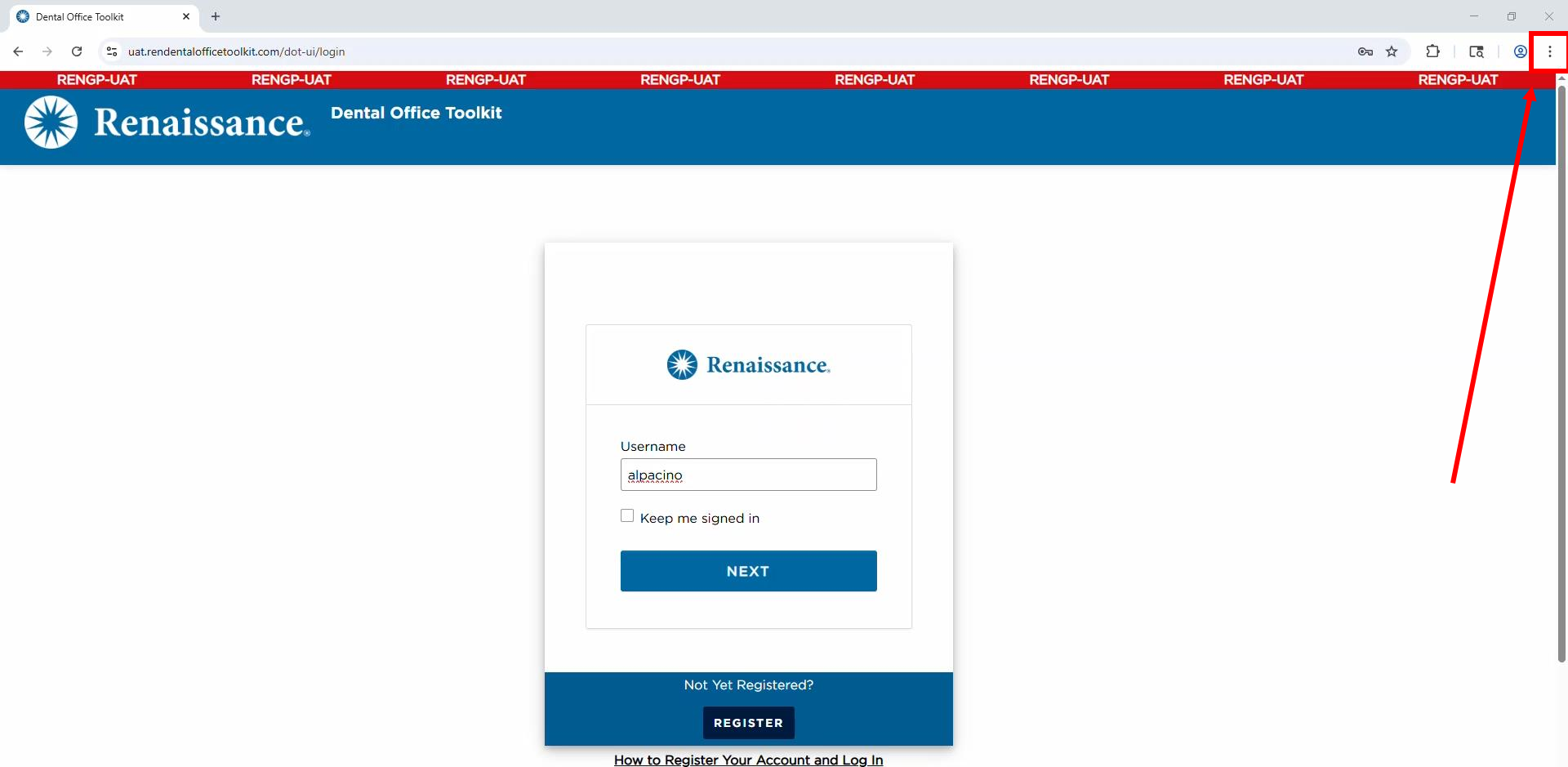
Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)



Note: This guide is for any users who are getting redirected back to the login page each time they attempt to log in



1. Navigate to Dental Office Toolkit in Google Chrome
2. Click on the three vertical dots in the top-right corner

Dental Office Toolkit

uat.rendentalofficetoolkit.com/dot-ui/login

RENGP-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT RENG-P-UAT

Renaissance[®] Dental Office Toolkit

 Renaissance

Username

☐ Keep me signed in

NEXT

Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

Set Chrome as your default browser

New tab Ctrl+T

New window Ctrl+N

New Incognito window Ctrl+Shift+N

Person 1

Passwords and autofill

History

Downloads Ctrl+J

Bookmarks and lists

Tab groups

Extensions

Delete browsing data... Ctrl+Shift+Del

Zoom - 100% +

Print... Ctrl+P

Translate...

Find and edit

Save and share

More tools

Help

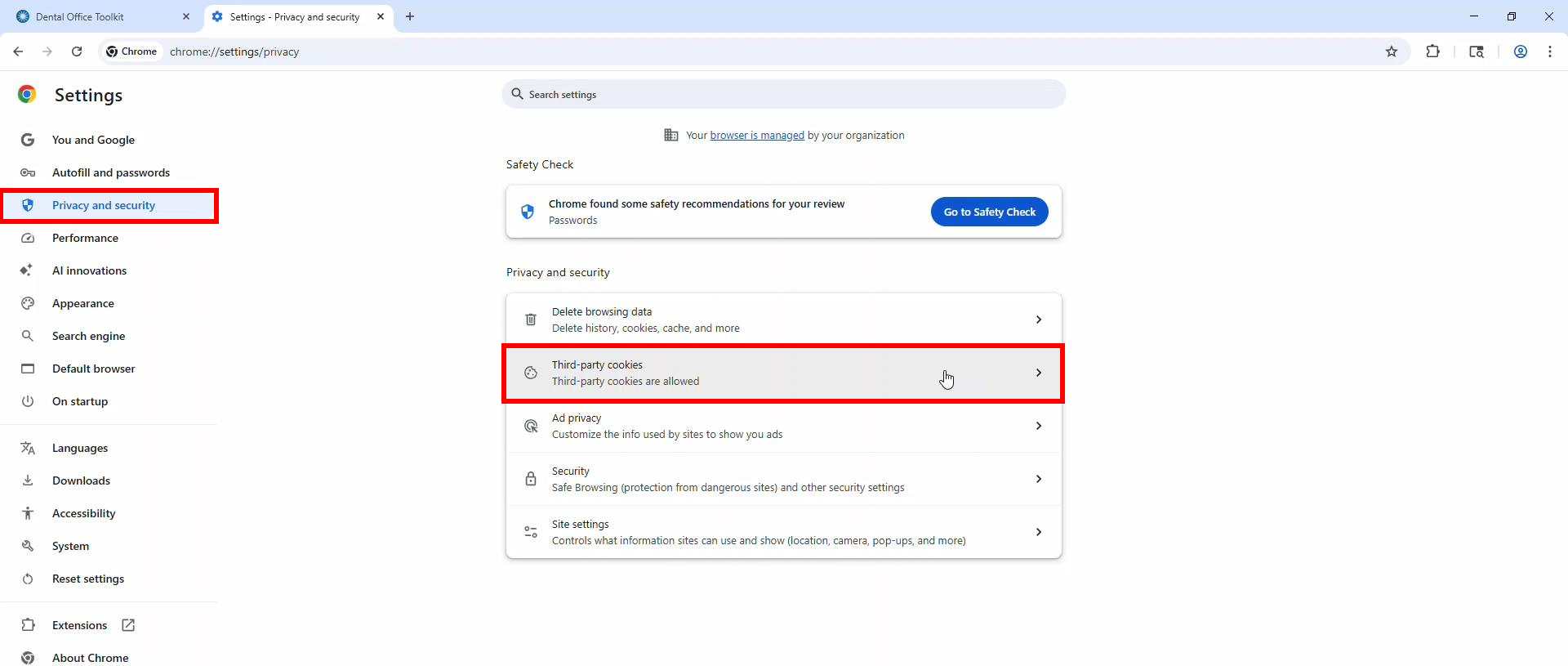
Settings

Exit

Managed by your organization



3. Click on "Settings"



4. Click on "Privacy and security" on the left-side menu
5. Click on "Third-party cookies"

Dental Office Toolkit x Settings - Third-party cookies x

chrome://settings/cookies

Settings

- You and Google
- Autofill and passwords
- Privacy and security
- Performance
- AI innovations
- Appearance
- Search engine
- Default browser
- On startup
- Languages
- Downloads
- Accessibility
- System
- Reset settings
- Extensions
- About Chrome

Third-party cookies

A site you visit can embed content from other sites, for example, images, ads, and text. Cookies set by these other sites are called third-party cookies.

☒ Allow third-party cookies

Sites can use third-party cookies to personalize content and ads, and learn about actions you take on other sites

Site features that rely on third-party cookies should work as expected

When you're in Incognito mode, Chrome blocks sites from using third-party cookies

☐ Block third-party cookies

Advanced

Send a "Do Not Track" request with your browsing traffic
Sites use their discretion when responding to this request

See all site data and permissions

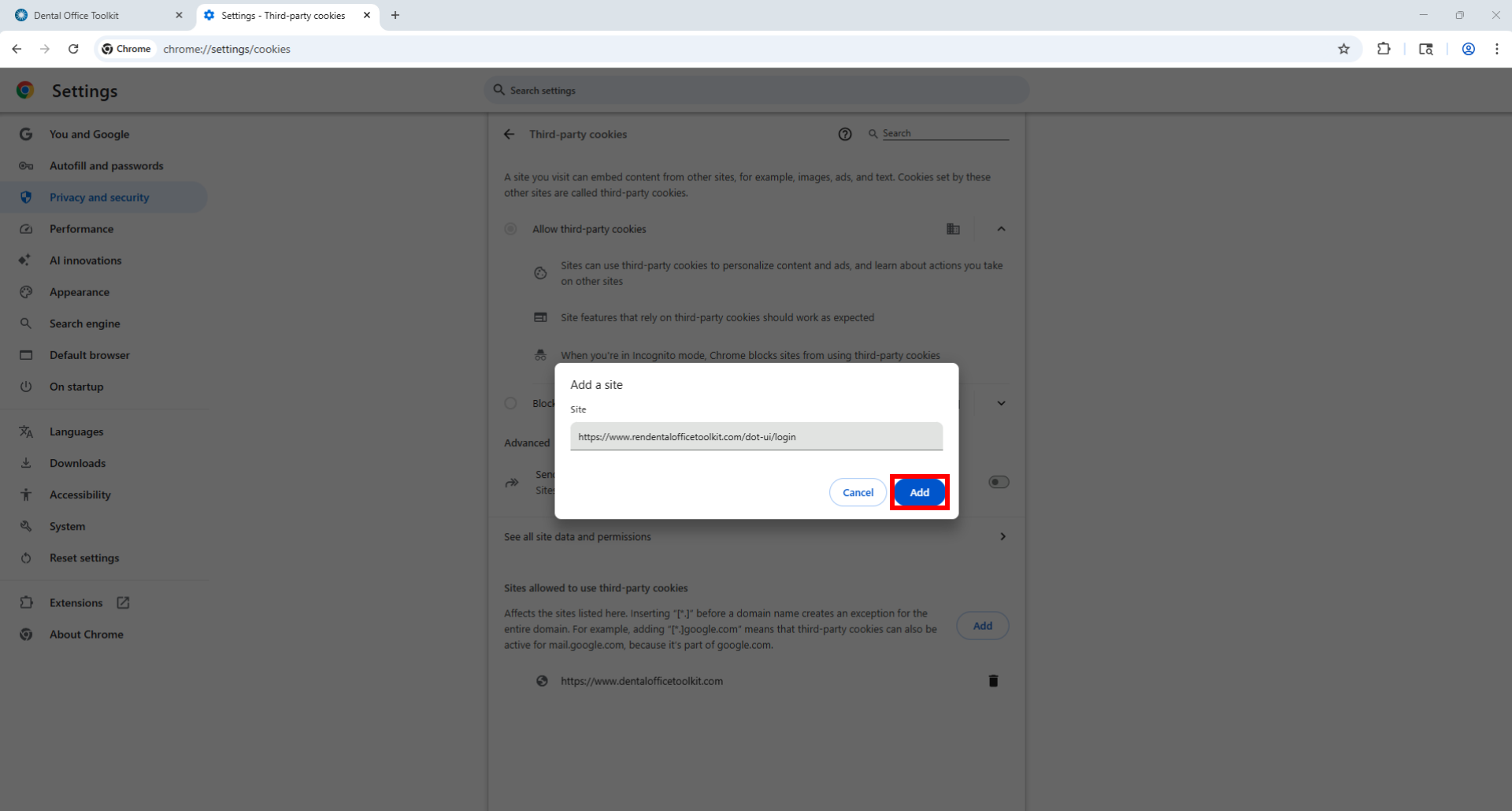
Sites allowed to use third-party cookies

Affects the sites listed here. Inserting "[*]" before a domain name creates an exception for the entire domain. For example, adding "[*].google.com" means that third-party cookies can also be active for mail.google.com, because it's part of google.com.

[Add](#)

https://www.dentalofficetoolkit.com

6. Under Sites allowed to use third-party cookies click "Add"



7. Enter <https://www.dentalofficetoolkit.com/> and click "Add"

**Close out of Google Chrome and re-open it.
Navigate back to Dental Office Toolkit.**

MEMBER

- **Select a Member**
- **View and Print Member Benefits**
- **Search for Complete Dental History of a Member**
- **Search Sealant History of a Member**



Select a Member



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

1. Click on the “Change Member” button on the top home bar to enter a Member ID



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CANCEL

Please select a member.

Service Office Details

AI Pacino

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

MEMBER ID

SSN or Alt ID

FIRST NAME

FIRST NAME

DATE OF BIRTH

mm/dd/yyyy

LAST NAME

LAST NAME

SEARCH

RESET

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

2. Type in the Member First Name, Last Name, Date of Birth, and Member ID or SSN in the appropriate fields and click "Search"



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111

Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

• Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Member Details & Benefits

All Family Members

Member Alternate ID: N/A

Patient Name	Birthdate	Relationship	Eligibility ?	Effective Date
Tony Stark	01/01/1980	Subscriber	Active	05/01/2025
Lucy Stark	01/01/1985	Spouse	Active	05/01/2025
Jeremy Stark	01/01/2006	Dependent	Active	05/01/2025
Lily Stark	01/01/2017	Dependent	Active	05/01/2025

Networks

TennCare Adult

Nonparticipating Dentist

PRINT ALL

- The orange box on the left-hand navigation bar will direct you to the member details page
- The blue box will show the member name and relationship
- The red box shows a quick view of the member you are viewing (by selecting the drop-down arrow, you can select a different member, ex: spouses or dependents)



View and Print Member Benefits



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Click on the “Change Member” button on the top home bar to enter a Member ID
2. Type in the Member First Name, Last Name, Date of Birth, and Member ID or SSN in the appropriate fields and click “Search”



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx3111

Tony Stark - Sub

CHANGE MEMBER

Member Details & Benefits

Starting later this year, all Dental Office Toolkit users will need their password and an additional way to confirm their identity to log into their Dental Office Toolkit accounts. Stay tuned for more updates coming soon.

Member Details & Benefits

All Family Members

Member Alternate ID: N/A

Patient Name	Birthdate	Relationship	Eligibility ?	Effective Date
Tony Stark	01/01/1980	Subscriber	Active	05/01/2025
Lucy Stark	01/01/1985	Spouse	Active	05/01/2025
Jeremy Stark	01/01/2006	Dependent	Active	05/01/2025
Lily Stark	01/01/2017	Dependent	Active	05/01/2025

Networks

TennCare Adult

Nonparticipating Dentist

PRINT ALL

3. Navigate to the Member tab in the orange box on the left side of the screen
4. Click "Member Details & Benefits" in the blue box

SELECTED SERVICE OFFICE:
Al Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICECHANGE OFFICE

Selected Member ID:
xxxxx3111Tony Stark - Sub

CHANGE MEMBER

Networks

TennCare Adult

Nonparticipating Dentist

Claim Reminders

PRINT SECTION

Routine Procedures

PRINT SECTION

Coverages

PRINT SECTION

Prior Authorization

PRINT SECTION

Exclusions And Limitations

PRINT SECTION

Maximums and Deductibles

PRINT SECTION

Office Visit Fees

PRINT SECTION

More Information

Client Benefit Information

PRINT SECTION

COB Information

PRINT SECTION

PRINT ALL

5. Select the desired Network tab and scroll down to browse the available documents

6. Click the "Print Section" button of your desired document, or click the "Print All" button located on the right side of the Networks header to print documents from all sections

Patient Name: Tony Stark  Renaissance

Eligibility and Benefits are based on information available on 07/17/2025. This is an overview of benefits that should be reviewed in its entirety, and not a guarantee of payment. Refer to the patient's summary plan description (SPD) for detailed benefits, limitations, and exclusions. Estimated patient out of pocket expenses can be determined by the submission of a pre-treatment estimate

Network: TennCare Adult Birthdate: 01/01/1980 Relationship: Subscriber
Eligibility: Active Effective Date: 05/01/2025

Routine Procedures

Based on contract time limitations for the services listed below, the patient is currently eligible for these services where "Yes" is displayed provided maximum is available and waiting periods have been met. "No" indicates the patient has not met the time limitation and if the services were performed today, no payment will be made.

TennCare Adult	
Procedures	Eligible Service
Exam	Yes
Cleaning	Yes
Perio Maintenance Cleaning	Yes
Bitewings	Yes
Full Mouth X-rays	Yes
Fluoride	Yes
Perio Risk Test	No
Occlusal Guard	Yes

Coverages

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

Procedure Codes and Descriptions

Procedure Code Search

Example: D0120,D0140,D0140 Find

Use commas to search for multiple Procedures Codes.

% Covered
Waiting Period
Waiting Period Met Date
►Diagnostic
100
►Preventive
100
►Bitewing Radiographs
100

7/17/25, 3:53 PM

Patient Name: Tony Stark Group/Sub Group: 9999-0001 Relationship: Subscriber

Patient Name: Tony Stark  Renaissance

Eligibility and Benefits are based on information available on 07/17/2025. This is an overview of benefits that should be reviewed in its entirety, and not a guarantee of payment. Refer to the patient's summary plan description (SPD) for detailed benefits, limitations, and exclusions. Estimated patient out of pocket expenses can be determined by the submission of a pre-treatment estimate

Network: TennCare Adult Birthdate: 01/01/1980 Relationship: Subscriber
Eligibility: Active Effective Date: 05/01/2025

Routine Procedures

Based on contract time limitations for the services listed below, the patient is currently eligible for these services where "Yes" is displayed provided maximum is available and waiting periods have been met. "No" indicates the patient has not met the time limitation and if the services were performed today, no payment will be made.

TennCare Adult	
Procedures	Eligible Service Dates
Exam	Yes
Cleaning	Yes
Perio Maintenance Cleaning	Yes
Bitewings	Yes
Full Mouth X-rays	Yes
Fluoride	Yes
Perio Risk Test	No
Occlusal Guard	Yes

Coverages

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

Procedure Codes and Descriptions

Procedure Code Search

Example: D0120,D0140,D0140 Find

Use commas to search for multiple Procedures Codes.

% Covered
Waiting Period
Waiting Period Met Date
►Diagnostic
100
►Preventive
100
►Bitewing Radiographs
100

about:blank

1/5

Print

5 sheets of paper

Destination

Printer

Pages

All

Copies

1

Layout

Portrait

Color

Color

More settings

Print

Cancel

- The desired document will display on another screen
- Click the "Print" button



Search for Complete Dental History of a Member



SELECTED SERVICE OFFICE:

Sherlock Holmes | 112233 | 150 Maple St, Caryville, TN 37714

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx2333

dummysub rengo - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

06/20/2025

To:

End Date:

09/18/2025

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx2333



For a Specific Claim Number:

RESET

SEARCH

1. Click on "Search" on the left-hand navigation bar
2. Fill out the data fields outlined in red
3. Enter the desired time period or start/end dates outlined in blue
4. Click "Search"

Claims Search Options:

- ☐ For ALL Claims
- ☒ For the Selected Member ID: xxxxx2333
- ☐ For a Specific Claim Number:

RESET

SEARCH

Search Results

Page 1 of 1 1-5 of 5 Records

|< < 1 > >|

Service Date	Date Received ▼	Patient Name	Claim Number	SSN	Status
06/24/2025	06/24/2025	dummysub rengp	2506244914804	xxxxx3111	Denied
06/24/2025	06/24/2025	dummysub rengp	2506244914798	xxxxx3111	In Process
N/A	06/20/2025	dummysub rengp	2506204737853	xxxxx3111	Denied
06/04/2025	06/20/2025	dummysub rengp	2506204737851	xxxxx3111	In Process
06/16/2025	06/20/2025	dummysub rengp	2506204737850	xxxxx3111	In Process

Page 1 of 1 1-5 of 5 Records

|< < 1 > >|

5. View search results
6. Click on any claim number to view details

Patient Information

Patient Account Number:

Patient Name: dummiesub rengp

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: dummiesub rengp

Dentist Information

Dentist Name: Sherlock Holmes

License Number: 112233

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 06/24/2025

Process Date: 06/24/2025

Claim Number: 2506244914798

Claim Type: In For Pay

Claim Status: In Process

Other Carrier Payment:

PRINT CLAIM DETAIL

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
05			06/24/2025	D1351	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	In Process	In Process	Nonparticipating Dentist	TennCare Adult	Routed			
Total:											\$0.00	\$0.00						
Subscriber Deductible:											\$0.00							
											Paid to Subscriber							
Net Amount:											\$0.00							
											Paid to Provider							



Search Sealant History of a Member



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx3111

Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

04/23/2025

To:

End Date:

07/22/2025

Member Search Options for Member ID: xxxxx3111

☒ For the Selected Family Member: Tony Stark

☐ For ALL Family Members

Business Search Options:

☒ For the Selected Provider

☐ Across the whole Business (TIN)

☐ Across ALL Businesses (TINs)

1. Enter a Member ID in the “Change Member” field
2. Click on “Family Claims History” under the Member tab

Member

Member Details &
BenefitsEnter Claim / Pre-
treatment Estimate

Family Claims History

Processing Policies

Admin

I'd like to search for:

Family Claims History

Time Period:

All Time

Or:

Start Date:

02/07/1973

To:

End Date:

07/22/2025

Member Search Options for Member ID: xxxxx3111

☒ For the Selected Family Member: Tony Stark☐ For ALL Family Members

Business Search Options:

☐ For the Selected Provider☐ Across the whole Business (TIN)☒ Across ALL Businesses (TINs)

Procedure Search Options:

☐ For All Procedures☒ With treatment(s) matching the following Procedure Code(s):

D1351

Tooth Search Options:

Tooth Number:

All

Permanent Teeth

01

02

03

04

05

Area of Arch:

All

01 - Upper Arch

02 - Lower Arch

10 - Upper Right

20 - Upper Left

30 - Lower Left

40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

3. Select the criteria **noted** above (you can select any time period)

4. Enter the procedure code "D1351" for sealants

5. Click "Search"

☒ For the Selected Family Member: Tony Stark

☐ For ALL Family Members

Procedure Search Options:

☐ For All Procedures

☒ With treatment(s) matching the following Procedure Code(s):

D1351

☐ For the Selected Provider

☐ Across the whole Business (TIN)

☒ Across ALL Businesses (TINs)

Tooth Search Options:

Tooth Number:

- All
Permanent Teeth
01
02
03
04
05

Area of Arch:

- All
01 - Upper Arch
02 - Lower Arch
10 - Upper Right
20 - Upper Left
30 - Lower Left
40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

Search Results

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
06/24/2025	06/24/2025	Tony Stark	2506244914804	xxxxx3111	Denied

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

6. Click into the claim number in the search results

Member

Admin

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 06/24/2025

Process Date: 06/24/2025

Claim Number: 2506244914804

Claim Type: In For Pay

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date				
Group Number: 9999 Sub-group Number: 0001																						
05			06/24/2025	D1551	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber					
Policy Code(s): API5032																						
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																						
Policy API5032: This service is on a claim that is currently being processed.																						
												Total:	\$0.00	\$0.00								
												Subscriber Deductible:	\$0.00									
														Paid to Subscriber								
												Net Amount:		\$0.00								
														Paid to Provider								
												Gross Amount:		\$0.00								
												R&D Withhold:		\$0.00								
												Net Amount:		\$0.00								

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

MEMBER CLAIMS

- 
- **Submit a Pre-treatment Estimate (PTE)**
 - **Convert a Pre-treatment Estimate to a Claim**
 - **Submit a Claim**
 - **Search for a Claim**
 - **Search Family Claims History Across Businesses**
 - **Cancel a Claim**



Renaissance®

Submit a Pre-treatment Estimate (PTE)

Pre-treatment estimates are for prior authorization procedures only and this procedure does not require prior authorization.



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1: [REDACTED]

Tax ID: 012345678

Business NPI Type 2: [REDACTED]

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Enter the member you would like to submit a pre-treatment estimate for



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

2. Once the member has been selected, click the “Member” tab on the left-hand navigation bar



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx2333

dummysub rengp - Sub

CHANGE MEMBER

Search

Office

Member

Member Details &
Benefits• Enter Claim / Pre-
treatment Estimate

Family Claims History

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408** (Change above if needed.)

☒ I'd like to submit this claim for this patient: **dummysub rengp** (Change above if needed.)

☐ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **120 days** of the service date.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

3. Click "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar
4. Select the member you would like to submit the Pre-treatment Estimate for



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx2333

dummysub rengp - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408** (Change above if needed.)

This provider has multiple specialties. Please select which specialty code to use for this claim:

▼

☐ Periodontist

☐ Orthodontist

☐ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **120 days** of the service date.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTE: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Action	Tooth Number	Area of Arch						Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
								☐	mm/dd/yyyy		\$
								☐	mm/dd/yyyy		\$
								☐	mm/dd/yyyy		\$
								☐	mm/dd/yyyy		\$
										Total Amount:	\$0.00

[Add More Treatment Lines](#)

Claim Attachments

Electronic Radiographs

Remarks

Place Of Service

Please enter the place of service if applicable.

- 5. Enter the “Tooth Number,” “Area of Arch,” and “Surfaces” fields
- 6. Select the “Pre-Treatment Estimate” box
- 7. Enter “Procedure Code” and “Submit Amount” (repeat steps 5-7 if there are multiple treatment lines)
- 8. Fill in any additional claim details below if they are applicable to the claim you are entering



mm/dd/yyyy

Total Amount:

\$0.00



[Add More Treatment Lines](#)

Claim Attachments



Upload Documents

CHOOSE

OR DROP FILES

Electronic Radiographs

For treatments requiring Electronic Radiographs, enter reference numbers here. Reference numbers must have a prefix of NEA, RSS, CHC, DXC, or TCX. Use commas to enter multiple reference numbers (example: NEAXXX, RSSXXXX).

Remarks

Please add any treatment related remarks here, 400 characters max. ">" and "<" characters are invalid characters.

NOTE: Claim Attachments allows users to upload documents by searching their File Explorer or dropping the file from the users' desktop.



COB Details



Ortho Details



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/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

9. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim”
(this is used to submit BOTH pre-treatment estimates and claims)



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

xxxxx3T11

Tony Stark - Sub

Search

Office

Member

Admin

Claim Submitted Successfully

Pre-treatment Estimate Claim

< CREATE ANOTHER CLAIM

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 07/22/2025

Process Date: 07/22/2025

Claim Number: 2507224211895

Claim Type: Pre-treatment Estimate

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

Select your option

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appn'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Player Pmt	Per Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
				D0140	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00	0.0%	\$130.00	\$0.00	Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	
Policy Code(s): AP14200																		
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																		
Policy AP14200: A determination was not made on this procedure. Pre-treatment estimates are for prior authorization procedures only and this procedure does not require prior authorization.																		
Total:												\$130.00	\$0.00					
Subscriber Deductible:												\$0.00						
												Paid to Subscriber						
Net Amount:												\$0.00						

10. Review pre-treatment estimate details

11. There are options to "Print Claim Detail" or "Submit for Payment"



Renaissance®

Convert a Pre-treatment Estimate to a Claim

Option 1—From the Activity Log



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Results will only display up to 1000 Pre-Treatment Estimates.
To view additional results, use the Search and refine your search criteria to a specific date range.

Show Archived



Page 1 of 1 1-2 of 2 Records

|< < 1 > >|

Archive	Date Received ▼	Claim Number	Patient Name
☐	07/22/2025	2507224211895	Tony Stark
☐	06/20/2025	2506204737853	Tony Stark

1. Navigate to the “Pre-Treatment Estimates” tab of the Activity Log
2. Click on the number of the pre-treatment estimate to view it



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

xxxxx3111 Tony Stark - Sub

Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO ACTIVITY LOG

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 07/22/2025

Process Date: 07/22/2025

Claim Number: 2507224211895

Claim Type: Pre-treatment Estimate

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
				D0340	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00	0.0%	\$130.00	\$0.00	Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	

3. Click "Submit for Payment"

Other Claim Details

COB Details

Ortho Details

☒ 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/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

4. Select a Date of Service and review the details of the pre-treatment estimate and scroll down
5. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim”

SELECTED SERVICE OFFICE:
Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:
xxxxx3111 Tony Stark - Sub

- Search
- Office
- Member
- Admin

Claim Submitted Successfully

Pre-treatment Estimate In For Pay Claim

< CREATE ANOTHER CLAIM

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 07/22/2025

Process Date: 07/22/2025

Claim Number: 2507224212416

Claim Type: Pre-treatment Estimate In For Pay

Claim Status: In Process

Other Carrier Payment:

PRINT CLAIM DETAIL

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appn'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
			07/22/2025	D0340	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	In Process	In Process	Nonparticipating Dentist	TennCare Adult	Routed			

NOTE: This is what your screen should look like after submission. There is additional information on the Claim if you scroll down towards the bottom of the page



Renaissance®

Convert a Pre-treatment Estimate to a Claim

Option 2—By Searching for the Pre-treatment Estimate



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1: [REDACTED]

Tax ID: 012345678

Business NPI Type 2: [REDACTED]

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Click on “Change Member” to pull up the member associated with the pre-treatment estimate you are looking for



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CANCEL

Please select a member

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

MEMBER ID

SSN or Alt ID

FIRST NAME

FIRST NAME

DATE OF BIRTH

mm/dd/yyyy

LAST NAME

LAST NAME

SEARCH

RESET

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

2. Enter the member information of the member associated with the pre-treatment estimate you are looking for



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx3111

Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

04/23/2025

To:

End Date:

07/22/2025

Member Search Options for Member ID: xxxxx3111

- ☒ For the Selected Family Member: Tony Stark
- ☐ For ALL Family Members

Business Search Options:

- ☒ For the Selected Provider
- ☐ Across the whole Business (TIN)
- ☐ Across ALL Businesses (TINs)

3. Navigate to the "Member" tab

4. Click on "Family Claims History"



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Search

I'd like to search for:

Pre-treatment Estimates

Time Period:

Last 90 Days

Or:

Start Date:

04/23/2025

To:

End Date:

07/22/2025

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx3111



For a Specific Claim Number:

RESET

SEARCH

5. Select "Pre-treatment Estimates" from the "I'd like to search for:" drop down menu
6. Specify the time period you'd like to search inside
7. Select to search for all claims, just those for the member you have selected, or for a specific claim number
8. Click "Search"

Last 90 Days

04/23/2025

To:

07/22/2025

Saved to this

- Claims Search Options:
- ☐ For ALL Claims
 - ☒ For the Selected Member ID: xxxxx3111
 - ☐ For a Specific Claim Number:

RESET SEARCH

Search Results

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

Date Received ▼	Patient Name	Claim Number	SSN	Status
06/20/2025	Tony Stark	2506204737853	xxxxxx3111	Denied

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

9. Click on the number of the pre-treatment estimate you are searching for from the results



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

xxxxx3111 Tony Stark - Sub

Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 06/20/2025

Process Date: 06/20/2025

Claim Number: 2506204737853

Claim Type: Pre-treatment Estimate

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
				D9999	\$35.00	\$35.00	\$0.00	\$0.00	\$0.00	0.0%	\$35.00	\$0.00	Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	

10. Click on "Submit for Payment"

Other Claim Details

COB Details

Ortho Details

☒ 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/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

11. Select a Date of Service and review the details of the pre-treatment estimate and scroll down
12. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim”



Submit a Claim

Use Case 1—Submit a Single Claim



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CANCEL

Please select a member

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

MEMBER ID

SSN or Alt ID

FIRST NAME

FIRST NAME

DATE OF BIRTH

mm/dd/yyyy

LAST NAME

LAST NAME

SEARCH

RESET

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Enter the member you would like to submit a claim for



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1: [REDACTED]

Tax ID: 012345678

Business NPI Type 2: [REDACTED]

Payment Method: Check

Par Status:
Non-Participating

Announcements

You have no announcements at this time.

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

2. Once the member has been selected, click on the “Member” tab on the left-hand navigation bar



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx2333

dummysub rengp - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

• Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408** (Change above if needed.)

☒ I'd like to submit this claim for this patient: **dummysub rengp** (Change above if needed.)

☐ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **120 days** of the service date.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

3. Click on "Enter Claim/Pre-treatment Estimate" on the left-hand navigation bar
4. Select the member you would like to submit the claim for



SELECTED SERVICE OFFICE:

Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx2333

dummysub rengp - Sub

CHANGE MEMBER

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Homer Simpson | 012345 | 123 W Main St, Chattanooga, TN 37408** (Change above if needed.)

This provider has multiple specialties. Please select which specialty code to use for this claim:

▼

☐ Periodontist

☐ Orthodontist

☐ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **120 days** of the service date.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTE: When submitting a claim or PTE for a Dentist with multiple specialties, please select the specialty code to use for a claim

Action	Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
☐								☐	mm/dd/yyyy		
☐								☐	mm/dd/yyyy		
☐								☐	mm/dd/yyyy		
☐								☐	mm/dd/yyyy		
+ Add More Treatment Lines											
										Total Amount:	\$0.00

Claim Attachments

Electronic Radiographs

For treatments requiring Electronic Radiographs, enter reference numbers here. Reference numbers must have a prefix of NEA, RSS, CHC, DXC, or TCX. Use commas to enter multiple reference numbers (example: NEAXXX, RSSXXXX).

Remarks

Please add any treatment related remarks here, 400 characters max. ">" and "<" characters are invalid characters.

Place Of Service

Please enter the place of service if applicable.

5. Enter the "Tooth Number," "Area of Arch," and "Surfaces" fields
6. "Service Date" box MUST be completed in order to submit claim
7. Enter "Procedure Code" and "Submit Amount" (repeat steps 5-7 if there are multiple treatment lines)
8. Fill in any additional claim details below if they are applicable to the claim you are entering

-

mm/dd/yyyy

\$

Total Amount: \$0.00

[+ Add More Treatment Lines](#)

Claim Attachments

Upload Documents

CHOOSE

OR DROP FILES

Electronic Radiographs

For treatments requiring Electronic Radiographs, enter reference numbers here. Reference numbers must have a prefix of NEA, RSS, CHC, DXC, or TCX. Use commas to enter multiple reference numbers (example: NEAXXXX, RSSXXXX).

Remarks

Please add any treatment related remarks here, 400 characters max. ">" and "<" characters are invalid characters.

NOTE: Claim Attachments allows users to upload documents by searching their File Explorer or dropping the file from the users' desktop.

COB Details

Ortho Details

☒ 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/are necessary in my professional judgment.

SUBMIT CLAIM

RESET

9. If COB does not apply, check the box “I do NOT have any COB Details to add to this claim,” and click “Submit Claim”
(this is used to submit BOTH pre-treatment estimates and claims)



Submit a Claim

Use Case 2—Submit a Series of Claims

SELECTED SERVICE OFFICE:
Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:
xxxxx3111 Tony Stark - Sub

- Search
- Office
- Member
- Admin

Claim Submitted Successfully

In For Pay Claim

< CREATE ANOTHER CLAIM

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 07/24/2025

Process Date: 07/24/2025

Claim Number: 2507244417640

Claim Type: In For Pay

Claim Status: In Process

Other Carrier Payment:

PRINT CLAIM DETAIL

CANCEL CLAIM

This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appr'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
			07/23/2025	D0120	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	In Process	In Process	TennCare Nonparticipating Dentist	TennCare Adult	Routed			

- 10. Review details of your submitted claim
- 11. To submit a series of claims for various members, click on “Create Another Claim”



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Member Details &
Benefits• Enter Claim / Pre-
treatment Estimate

Family Claims History

Processing Policies

Admin

Enter Claim / Pre-treatment Estimate

The claim will be submitted for this treating DDS: **Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501** (Change above if needed.)☒ I'd like to submit this claim for this patient: **Tony Stark** (Change above if needed.)☐ I'd like to submit this claim for a family member not listed.

Claim Submission Reminders

All claims must be filed within **12 months** of the service date.Do not file claims for **Delta Dental Patient Direct** members.**Pre-treatment Estimates** are not required, but recommended. You can create a Pre-treatment Estimate by checking the "Pre-treatment Estimate" box below for some or all Treatment Lines and submitting the claim.**NOTE:** All Pre-treatment Estimates are processed as Primary.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

12. Enter a new member ID in the "Change Member" field to continue without leaving the claim submission page



Search for a Claim



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub ▼

CHANGE MEMBER

Search

Search

I'd like to search for:

All Claims ▼

Time Period:

Last 90 Days ▼

Or:

Start Date:

04/25/2025

To:

End Date:

07/24/2025

Claims Search Options:

- ☒ For ALL Claims
- ☐ For the Selected Member ID: xxxxx3111
- ☐ For a Specific Claim Number:

RESET

SEARCH

1. Click "Search" on left-hand navigation bar
2. Select your claim search options and time period or start/end date
3. Filter search results by all claims, selected member ID, or by specific claim number
4. Click the "Search" button in the bottom right corner

Claims Search Options:

- ☒ For ALL Claims
- ☐ For the Selected Member ID: xxxxx3111
- ☐ For a Specific Claim Number:

RESET

SEARCH

Search Results

Page 1 of 1 1-7 of 7 Records

< < 1 > >

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
07/23/2025	07/24/2025	Tony Stark	2507244417640	xxxxx3111	In Process
07/22/2025	07/22/2025	Tony Stark	2507224212416	xxxxx3111	In Process
06/24/2025	06/24/2025	Tony Stark	2506244914804	xxxxx3111	Denied
06/24/2025	06/24/2025	Tony Stark	2506244914798	xxxxx3111	In Process
N/A	06/20/2025	Tony Stark	2506204737853	xxxxx3111	Denied
06/04/2025	06/20/2025	Tony Stark	2506204737851	xxxxx3111	In Process
06/16/2025	06/20/2025	Tony Stark	2506204737850	xxxxx3111	In Process

Page 1 of 1 1-7 of 7 Records

< < 1 > >

5. Once search results appear, click on any claim number to see a detailed breakdown of the claim



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

xxxxx3111

Tony Stark - Sub



Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 07/24/2025

Process Date: 07/24/2025

Claim Number: 2507244417667

Claim Type: Pre-treatment Estimate

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

Select your option

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Appn'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
				D1206	\$72.00	\$72.00	\$0.00	\$0.00	\$0.00	0.0%	\$72.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	
Policy Code(s): AP14200																		
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																		
Policy AP14200: A determination was not made on this procedure. Pre-treatment estimates are for prior authorization procedures only and this procedure does not require prior authorization.																		
Total: \$72.00 \$0.00																		

6. After clicking on a claim number, you can see the full details of the claim
7. There are options to "Print Claim Detail," "Submit for Payment" (for PTEs), or "Cancel Claim" (see page 97)



Search Family Claims History Across Businesses



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111 Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Member Details &
BenefitsEnter Claim / Pre-
treatment Estimate

Family Claims History

Processing Policies

Admin

Search

I'd like to search for:

Family Claims History

Time Period:

Last 90 Days

Or:

Start Date:

04/25/2025

To:

End Date:

07/24/2025

Member Search Options for Member ID: xxxxx3111

- ☒ For the Selected Family Member: Tony Stark
- ☐ For ALL Family Members

Business Search Options:

- ☒ For the Selected Provider
- ☐ Across the whole Business (TIN)
- ☐ Across ALL Businesses (TINs)

1. Navigate to the "Member" tab in the left-hand navigation bar
2. Click on "Family Claims History"

Search

Office

Member

Member Details & Benefits

Enter Claim / Pre-treatment Estimate

Family Claims History

Processing Policies

Admin

Search

I'd like to search for:

Family Claims History

Time Period:

All Time

Or:

Start Date:

02/09/1973

To:

End Date:

07/24/2025

Member Search Options for Member ID: xxxxx3111

☐

For the Selected Family Member: Tony Stark

☒

For ALL Family Members

Business Search Options:

☒

For the Selected Provider

☐

Across the whole Business (TIN)

☐

Across ALL Businesses (TINs)

Procedure Search Options:

☒

For All Procedures

☐

With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All

Permanent Teeth

01

02

03

04

05

Area of Arch:

All

01 - Upper Arch

02 - Lower Arch

10 - Upper Right

20 - Upper Left

30 - Lower Left

40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

3. Fill out and select the options outlined in red

4. Enter your desired time period and start/end dates outlined in blue, and click "Search"

Procedure Search Options:

- ☒ For All Procedures
- ☐ With treatment(s) matching the following Procedure Code(s):

Tooth Search Options:

Tooth Number:

All

Permanent Teeth

01

02

03

04

05

Area of Arch:

All

01 - Upper Arch

02 - Lower Arch

10 - Upper Right

20 - Upper Left

30 - Lower Left

40 - Lower Right

(Select multiple using CTRL + click or SHIFT + click)

RESET

SEARCH

Search Results

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
06/24/2025	06/24/2025	Tony Stark	2506244914804	xxxxxx3111	Denied

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

5. View search results
6. Click on any claim number for details

SELECTED SERVICE OFFICE:
Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:
xxxxx3111 Tony Stark - Sub

- Search
- Office
- Member
- Admin

In For Pay Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:

Patient Name: Tony Stark

Date of Birth: XX/XX/1980

Relationship Code: Subscriber

Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp

License Number: 56789

Dentist TIN: 012345678

Specialty: General Practitioner

Place Of Service: Office

Other Carrier:

Claim Information

Receipt Date: 06/24/2025

Process Date: 06/24/2025

Claim Number: 2506244914804

Claim Type: In For Pay

Claim Status: Denied

Other Carrier Payment:

PRINT CLAIM DETAIL

CANCEL CLAIM This claim cannot be cancelled.

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
05			06/24/2025	D1351	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	\$0.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	
Policy Code(s): AP15032																		
The following policies are applied to explain benefits payable and are not intended to alter the treatment plan determined by the dentist and patient:																		
Policy AP15032: This service is on a claim that is currently being processed.																		
Total:												\$0.00	\$0.00					



Cancel a Claim

**NOTE: Claims that have already been
fully adjudicated and EOBs generated
cannot be cancelled**



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxx3111

Tony Stark - Sub

CHANGE MEMBER

Search

Office

Member

Admin

Search

I'd like to search for:

All Claims

Time Period:

Last 90 Days

Or:

Start Date:

04/25/2025

To:

End Date:

07/24/2025

Claims Search Options:



For ALL Claims



For the Selected Member ID: xxxxx3111



For a Specific Claim Number:

RESET

SEARCH

1. Search for the claim you would like to cancel
2. Only claims that have **not yet been paid** can be cancelled; narrow your search window as specific as possible

- ☐ For the Selected Member ID: xxxxx3111
- ☐ For a Specific Claim Number:

RESET

SEARCH

Search Results

Page 1 of 11-9 of 9 Records

|<<1>>|

Service Date	Date Received	Patient Name	Claim Number	SSN	Status
N/A	07/24/2025	Tony Stark	2507244417667	xxxxx3111	Denied
N/A	07/24/2025	Tony Stark	2507244417666	xxxxx3111	Denied
07/23/2025	07/24/2025	Tony Stark	2507244417640	xxxxx3111	In Process
07/22/2025	07/22/2025	Tony Stark	2507224212416	xxxxx3111	In Process
06/24/2025	06/24/2025	Tony Stark	2506244914804	xxxxx3111	Denied
06/24/2025	06/24/2025	Tony Stark	2506244914798	xxxxx3111	In Process
N/A	06/20/2025	Tony Stark	2506204737853	xxxxx3111	Denied
06/04/2025	06/20/2025	Tony Stark	2506204737851	xxxxx3111	In Process
06/16/2025	06/20/2025	Tony Stark	2506204737850	xxxxx3111	In Process

Page 1 of 11-9 of 9 Records

|<<1>>|

3. After searching, select the claim details to view

Search

Office

Member

Admin

Pre-treatment Estimate Claim

< BACK TO SEARCH RESULTS

Patient Information

Patient Account Number:
 Patient Name: Lily Stark
 Date of Birth: XX/XX/2017
 Relationship Code: Dependent
 Subscriber Name: Tony Stark

Dentist Information

Dentist Name: Johnny Depp
 License Number: 56789
 Dentist TIN: 012345678
 Specialty: General Practitioner
 Place Of Service: Office
 Other Carrier:

Claim Information

Receipt Date: 07/25/2025
 Process Date: 07/25/2025
 Claim Number: 2507254464787
 Claim Type: Pre-treatment Estimate
 Claim Status: Denied
 Other Carrier Payment:

PRINT CLAIM DETAIL

SUBMIT FOR PAYMENT

CANCEL CLAIM

- Select your option
 Select your option
 Claim submitted in error
 Claim submitted with incorrect information
 Other

Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submt'd Amount	Apprv'd Amount	Allowed Amount	Admitted	Office Visit	CoPay	Patient Pay	Claim submitted in error	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999								Submission Number: 0001		Other						
				D0191	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	0.0%	\$100.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable	Subscriber
Policy Code(s): API4200																
				D9999	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	0.0%	\$10.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable	Subscriber
Policy Code(s): API4200, MI07010																

4. From the claim details page, choose the reason to cancel the claim and select “Cancel Claim”

SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

xxxxx3111

Lily Stark - Dep



Search

Office

Member

Admin

Pre-treatment Estimate Claim

[< BACK TO SEARCH RESULTS](#)

Patient Information

Patient Account Number:**Patient Name:** Lily Stark**Date of Birth:** XX/XX/2017**Relationship Code:** Dependent**Subscriber Name:** Tony Stark

Dentist Information

Dentist Name: Johnny Depp**License Number:** 56789**Dentist TIN:** 012345678**Specialty:** General Practitioner**Place Of Service:** Office**Other Carrier:**

Claim Information

Receipt Date: 07/25/2025**Process Date:** 07/25/2025

Once a claim is canceled, it cannot be un-canceled. Continue?

[PRINT CLAIM DETAIL](#)[SUBMIT FOR PAYMENT](#)[CANCEL CLAIM](#)

Claim submitted in error



Tooth Number	Area of Arch	Surface	Date of Service	Proc Code	Submit'd Amount	Apprv'd Amount	Allowed Amount	Ded	Office Visit	CoPay	Patient Pmt	Payer Pmt	Par Network	Plan	Claim Line Status	Payment Number	Pay To	Issued Date
Group Number: 9999 Sub-group Number: 0001																		
				D0191	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	0.0%	\$100.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	
Policy Code(s): API4200																		
				D9999	\$10.00	\$10.00	\$0.00	\$0.00	\$0.00	0.0%	\$10.00	\$0.00	TennCare Nonparticipating Dentist	TennCare Adult	Not Billable		Subscriber	
Policy Code(s): API4200 M07201																		

5. Select "Yes" to confirm claim cancellation

Claim Number 2507254464787 has been successfully canceled and will no longer be viewable.

Search

Office

Member

Admin

6. Confirm the claim has been cancelled

DDS OFFICE

- 
- A vertical line with circular markers, serving as a visual separator for the list items.
- **Select a Service Office**
 - **Set a Home Office**
 - **Metrics Scorecard**
 - **PCD Assignment Details (Dental Home Assignment)**
 - **View Activity Log**
 - **Secure Messaging**
 - **Register for Direct Deposit**
 - **View and Manage EFTs**



Select a Service Office



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements (1) New

● 07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

1. To search for service offices associated with a provider's business, select the "Change Office" button on the top home bar



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CANCEL

Selected Member ID:

CHANGE MEMBER

Please select a member

DENTIST LAST NAME

LICENSE

ZIP CODE

Displaying your most recently selected Service Offices below...

Pacino, AI 012345 123 Main St, Nashville, TN 37201

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

AI Pacino

123 Main St
Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements (1) New

● 07/24/2025

[Testing Alerts](#)

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

2. Search for any office associated with the business using last name, license, or ZIP Code
3. Search results will appear as the information is being typed in real-time



SELECTED SERVICE OFFICE:

Al Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CANCEL

Selected Member ID:

Please select a member

CHANGE MEMBER

DENTIST LAST NAME

Pacino

LICENSE

ZIP CODE

Show inactive dentists ☐

Pacino, Al	012345	123 Park St, Memphis, TN 37501
Pacino, Al	012345	123 Oak St, Knoxville, TN 37901
Pacino, Al	012345	123 Main St, Nashville, TN 37201

Fee Schedules

Direct Deposits

Member

Admin

123 Main St

Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:

Non-Participating

Announcements (1) New

● 07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

4. In the yellow box, you can return back to the home office that has been identified
5. In the purple box, you can cancel out of the search
6. In the orange box, you can include inactive providers in the search
7. In the red box, you can view all search results



Set a Home Office



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CANCEL

Selected Member ID:

CHANGE MEMBER

Please select a member

DENTIST LAST NAME

Pacino

LICENSE

ZIP CODE

Show inactive dentists ☐

Pacino, AI	012345	123 Park St, Memphis, TN 37501
Pacino, AI	012345	123 Oak St, Knoxville, TN 37901
Pacino, AI	012345	123 Main St, Nashville, TN 37201

Fee Schedules

Direct Deposits

Member

Admin

123 Main St
Nashville, TN 37201

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements (1) New

07/24/2025

[Testing Alerts](#)

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Click “Change Office” and find the office you would like to set as a home office



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Oak St, Knoxville, TN 37901

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

Please select a member

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Oak St

Knoxville, TN 37901

Service Office NPI Type 2: Not on file



SET AS HOME OFFICE

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:

Non-Participating

Announcements (1) New

● 07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

2. Click "Set as Home Office"



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Oak St, Knoxville, TN 37901

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Service Office Details

AI Pacino

123 Oak St

Knoxville, TN 37901

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements (1) New

07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

Filter By Category

3. You will see a check mark for the home office you have set



Metrics Scorecard



SELECTED SERVICE OFFICE:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

Please select a member

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

Metrics Scorecard

PROVIDER ASSIGNMENT PATIENT DETAILS

I'd like to search for:

TennCare Children

Start Month:

09/2024

End Month:

08/2025

SEARCH

1. Navigate to the Office tab and click "Metrics Scorecard"



SELECTED SERVICE OFFICE:

[Redacted] | [Redacted] | [Redacted]

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

Metrics Scorecard

PROVIDER ASSIGNMENT PATIENT DETAILS

I'd like to search for:

- TennCare Children
- TennCare Children
- TennCare Adult
- CoverKids

Start Month:

09/2024

End Month:

08/2025

SEARCH

2. Set your desired search criteria and click Search. The dropdown menu shown will display the networks associated with a given user

Please select a member

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

Metrics Scorecard

PROVIDER ASSIGNMENT PATIENT DETAILS

I'd like to search for: Start Month: End Month:

Search Results

Page 1 of 1 1-2 of 2 Records

< < 1 > >

Month	Total Established Patients ?	Established Patients Observed ?	Percentage of Established Patients Observed ?	Network Average ?
Jul-2025	1413	0	0%	0%
Aug-2025	1413	0	0%	1%

Page 1 of 1 1-2 of 2 Records

< < 1 > >

- 4. Values in the yellow box represent the total number of established patients for this provider in the previous two calendar years
- 5. Values in the purple box represent the total number of established patients seen by the provider in the corresponding month
- 6. Values in the orange box represent the percentage of established patients that have been seen by the provider that month
- 7. Values in the red box represent the monthly average of all network providers for the selected category

SELECTED SERVICE OFFICE:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

Please select a member

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

Trend Chart

Percentage of Established Patients Observed

Network Average

1%

0.9%

0.8%

0.7%

0.6%

0.5%

0.4%

0.3%

0.2%

0.1%

0%

Jul-2025

Aug-2025

End Month:

08/2025

SEARCH

|<

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1

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>|

Trend Chart

Month	Total Established Patients ?	Established Patients Observed ?	Percentage of Established Patients Observed ?	Network Average ?
Jul-2025	1413	0	0%	0%
Aug-2025	1413	0	0%	1%

Page 1 of 1 1-2 of 2 Records

|<

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1

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>|

NOTE: Selecting “Trend Chart” allows users to view a graph of the Percentage of Established Patients Observed and the Network Average



Renaissance®

PCD Assignment Details (Dental Home Assignment)



SELECTED SERVICE OFFICE:

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

Please select a member

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

Metrics Scorecard

PROVIDER ASSIGNMENT PATIENT DETAILS

I'd like to search for:

TennCare Children

Start Month:

09/2024

End Month:

08/2025

SEARCH

1. Navigate to the Office tab and click "Metrics Scorecard"
2. Click "Provider Assignment Patient Details"

SELECTED SERVICE OFFICE:

HOME OFFICECHANGE OFFICE

Selected Member ID:

CHANGE MEMBER

Please select a member

Search

Office

Office Details

Metrics Scorecard

Fee Schedules

Direct Deposits

Member

Admin

PCD Assignment Details

[< BACK TO METRICS DETAILS](#)

TennCare Children

CoverKids

Patient Name	Age	Assigned Date	Phone	Email	Address
Doug, DentalW	12	2025-08-26	8885555555	TEST@YAHOO.COM	123 Main Street , MILLINGTON ,TN,380530460
White, PearlyD	5	2025-08-26	8885555555	Test@YAHOO.COM	123 Main St . MEMPHIS ,TN,381166501

Page 1 of 11-2 of 2 Records

[|<](#)[<](#)[1](#)[>](#)[>|](#)

TennCare ECF CHOICES

TennCare Adult

3. This screen displayed the networks associated with a given provider
4. Users can select the dropdown of each network section header to view patients assigned to that provider



View Activity Log



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Showing activity for the last 90 days

☐ Show Archived

1. Select "Office Details" on the left-hand navigation bar
2. View the Activity Log as shown in red

Please select a member

Service Office NPI Type 2: Not on file

Business NPI Type 2: 

Payment Method: Check

Par Status:
Non-Participating

THIS IS YOUR HOME OFFICE ✓

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Showing activity for the last 90 days

☐ Show Archived

Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

Archive	Date ▼	Claim Number	Patient Name
☐	• 07/24/2025	2407192608594	Tony Stark
☐	• 07/24/2025	2407192608379	Charlie Chaplin
☐	06/20/2025	2407172463511	Homer Simpson



Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

3. You can toggle between all sections and items in the activity log as desired
4. You can easily store any records by clicking the “Archive” check box outlined in blue



Secure Messaging

SELECTED SERVICE OFFICE:

Homer Simpson | 9830 | 123 Main St, Franklin, TN 37067

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

xxxxxx2333

dummysub rengp - Sub

 Welcome, Homer LOGOUT

Please select message category

License	1
Service Office	1
TIN	1
User	0

Service Office Details

Homer Simpson

123 Main St

Franklin, TN 37067

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 9830

NPI Type 1: 

Tax ID: 

Business NPI Type 2: 

Payment Method: Check

Par Status:

TennCare Children

TennCare Adult

[Show More](#)

Announcements

09/05/2025

[Attention TennCare Providers](#)

08/26/2025

[TennCare providers - Welcome to Ren!](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
Estimates

No Pay Processed
Claims ?

EFT Interest
Payments

1. To view Secure Messaging, click on the “Message Center” tab on the Activity Log, OR click on the bell icon which shows a red dot when there is a new message

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

SO: 123 Main St, Franklin,...

+ MORE
FILTERS

RESET

SEARCH

INFORMATION REQUEST Open

Information Request

Case Number: 34340823

Claim Number(s): 2509094693943

VIEW INFORMATION REQUESTS

VIEW Conversations 

INFORMATION REQUEST

02:20pm

Patient: DUMMYSUB RENGP

License: 9830-TN

SO: 123 Main St, Franklin, TN 370675646

INFORMATION REQUEST

12:23pm

Patient: DUMMYSUB RENGP

License: 9830-TN

SO: 123 Main St, Franklin, TN 370675646

delta_dental

02:20pm

You have a new information request that must be returned in 5 days

Patient Name: dummysub rengp

Claim Number: 2509094693943

Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#
1				D5282		IR99999

Message ID	Description
IR99999	History crosscheck

B *I* U   

Message

 **UPLOAD****SEND**

* This field is required

2. In the **yellow** boxes, you can view secure Messaging conversations and details
3. In the **purple** box, you can message the Customer Service team
4. In the **orange** box, you can select the dropdown to filter by License Number, Service Office Address, Tax ID Number, and name of user
5. In the **red** box, you can use additional filter options of Licenses, Service Offices, and Status



Register for Direct Deposit



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Oak St, Knoxville, TN 37901

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

AI Pacino

123 Oak St

Knoxville, TN 37901

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 012345

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2: [REDACTED]

Payment Method: Check

Par Status:
Non-Participating

Announcements (1) New

● 07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Filter By Category

1. Under the “Office” section of the left-hand navigation, click on “Direct Deposits”



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Oak St, Knoxville, TN 37901

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

• Direct Deposits

Member

Admin

Direct Deposit Details

[+ Register for Direct Deposit](#)

There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to setup Direct Deposit accounts.

2. If you have not registered, click on "Register for Direct Deposit" in the upper right-hand corner



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Direct Deposit Registration

[< BACK TO DIRECT DEPOSIT ACCOUNTS](#)

Tax ID : 012345678

Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Explanation of Benefits and Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed.

☒ 123 Main St, Nashville, TN 37201

Select any other offices you would like to register for direct deposit:

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

☐ Select All Offices

☐ 123 Oak St, Knoxville, TN 37901

Page 1 of 1 1-1 of 1 Records

|< < 1 > >|

Bank or Financial Institution Information

3. Confirm your service office

Bank or Financial Institution Information

Your Name (person keying in information)

Name on Account (as it appears on bank account)

Email Address

example@deltadentalmi.com

Bank or Financial Institution Name

Account Type

Select



Routing Number

Confirm Routing Number

Account Number

Confirm Account Number

PLEASE NOTE:

You are signing up for direct deposits from Renaissance **ONLY**.

4. Fill out your Bank or Financial Institution Information

Account Type

Checking

Routing Number

021000021

Account Number

1234567890

Confirm Routing Number

021000021

Confirm Account Number

1234567890

PLEASE NOTE:

You are signing up for direct deposits from Renaissance **ONLY**.☒ Please review and acknowledge receipt of the accompanying procedure to follow in the event of a missing or late EFT/ERA [Missing Provider EFT Procedure](#)

Email For One Time Code

[Redacted Email Address]

RESET

CANCEL

CONTINUE

5. Review and acknowledge receipt of the accompanying procedure to follow in the event of a missing or late EFT/ERA
6. Select the email address from the dropdown that the one time code will be sent to
7. Click "Continue"

SELECTED SERVICE OFFICE:

Al Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Service Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office(s)

1. 123 Main St, Nashville, TN 37201

Your Name

Al Pacino

Name on Account

Al Pacino

Email Address

Bank or Financial Institution Name

Bank of America

Account Type

Checking

Routing Number

021000021

Account Number

1234567890



By clicking "Accept" below, registrant agrees to all of the foregoing [Terms and Conditions](#). The person completing this registration represents and warrants that such person has full authority to bind registrant to these terms and conditions and that all information provided in connection with this registration is accurate and complete.

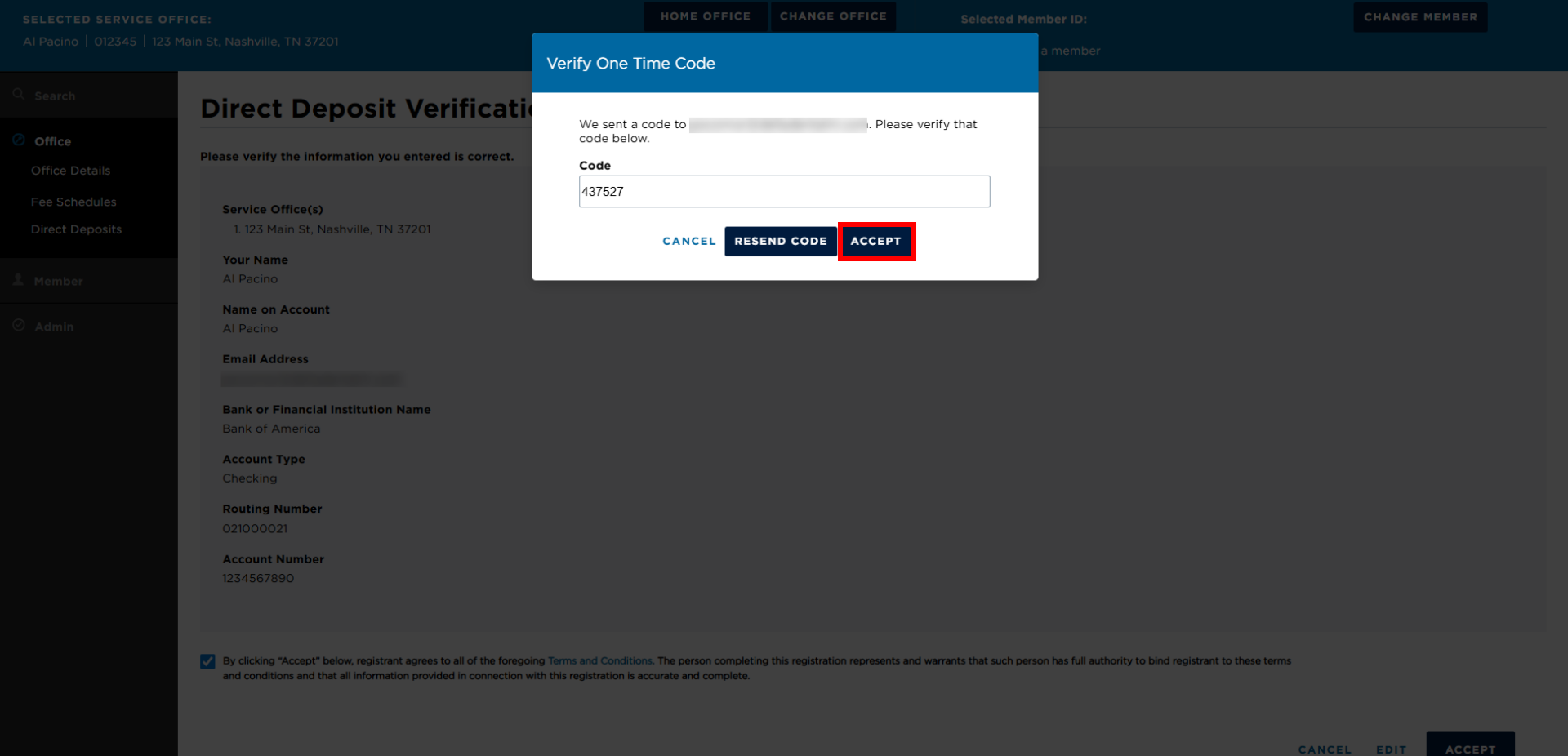
CANCEL

EDIT

ACCEPT

8. Review and certify your acceptance by clicking the check box

9. Click "Accept"



10. Enter the one time code from the email and click “Accept”



SELECTED SERVICE OFFICE:

AI Pacino | 012345 | 123 Main St, Nashville, TN 37201

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Direct Deposit Confirmation

PRINT

< BACK TO DIRECT DEPOSIT ACCOUNTS

Please print this page as a confirmation that you are registered for direct deposit.

Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) activation may take up to ten (10) days. During this time, any existing EFTs will remain active. After this date, payments for claims will be electronically transferred and deposited into your new account, regardless of the method of submission.

The Patient Protection and Affordable Care Act (ACA) users in a new Healthcare EFT Standard with the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. [Click here](#) to learn more.

Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at [866-356-0301](tel:866-356-0301) or email to ToolkitSupport@DentalOfficeToolkit.com.

Service Office(s)

1. 123 Main St, Nashville, TN 37201

11. View your direct deposit confirmation



View and Manage EFTs



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

HOME OFFICE

CHANGE OFFICE

Selected Member ID:

Please select a member

CHANGE MEMBER

Search

Office

• Office Details

Fee Schedules

Direct Deposits

Member

Admin

Service Office Details

Johnny Depp

123 Park St

Memphis, TN 37501

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 56789

NPI Type 1:

Tax ID: 012345678

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

Announcements

07/24/2025

[Testing Alerts](#)

Activity Log (0) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

1. Navigate to the “Office” tab on the left-hand navigation bar in red box
2. Click on “Office Details” to view the details of your designated service office
3. View the table at the bottom of the page titled “Activity Log” in yellow box
4. Click on “EFTs” in the blue box

Please select a member

Service Office NPI Type 2: Not on file

Business NPI Type 2: 

Payment Method: Check

Par Status:
Non-Participating

THIS IS YOUR HOME OFFICE ✓

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Showing activity for the last 90 days

☐ Show Archived

Page 1 of 1 1-3 of 3 Records

Archive	Date Issued ▼	Payment Number	Amount
☐	• 07/24/2025	2507244417667	\$2,823.65
☐	• 07/24/2025	2507244417666	\$222.00
☐	06/20/2025	2506204737853	\$8,665.30



Page 1 of 1 1-3 of 3 Records

5. View all EFTs

6. To see more details, click on the payment number of the EFT you'd like to view



SELECTED SERVICE OFFICE:

Johnny Depp | 56789 | 123 Park St, Memphis, TN 37501

Selected Member ID:

Search

Office

Member

Admin

Payment Details

< BACK TO ACTIVITY LOG

PRINT PAYMENT

PRINT ALL EOBs

Payment Number: 2507244417667

Date Issued: 07/22/2024

Pay: TWO THOUSAND EIGHT HUNDRED TWENTY THREE DOLLARS AND SIXTY FIVE CENTS \$2,823.65

To the order of: ABC Dentistry of Memphis

Claim Number	Patient Name	Member Number	Plan Payment Amount	Net Payment Amount
2406132033801	Tony Stark	xxxxx3111	\$935.00	\$935.00
2407232746211	Jeremy Stark	xxxxx8164	\$292.65	\$292.65
2407232745335	Lucy Stark	xxxxx5429	\$1,596.00	\$1,596.00

Total: \$2,823.65

Garnishment: \$0.00

Overpayment: \$0.00

Net Payment: \$2,823.65

7. View payment details of the EFT

8. Click on the claim number to view the associated claim

Please select a member

Service Office NPI Type 2: Not on file

Business NPI Type 2:

Payment Method: Check

Par Status:
Non-Participating

THIS IS YOUR HOME OFFICE ✓

Activity Log (0) New Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment
EstimatesNo Pay Processed
Claims ?EFT Interest
Payments

Showing activity for the last 90 days

☐ Show Archived

Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

Archive	Date Issued ▼	Payment Number	Amount
☐	• 07/24/2025	77569	0.36
☐	• 07/24/2025	77568	4.64
☐	06/20/2025	78569	1.21



Page 1 of 1 1-3 of 3 Records

|< < 1 > >|

- To view EFT interest payments, navigate to the tab on the far right of the activity log table
- To view specific payments, click on the payment number of an EFT interest payment