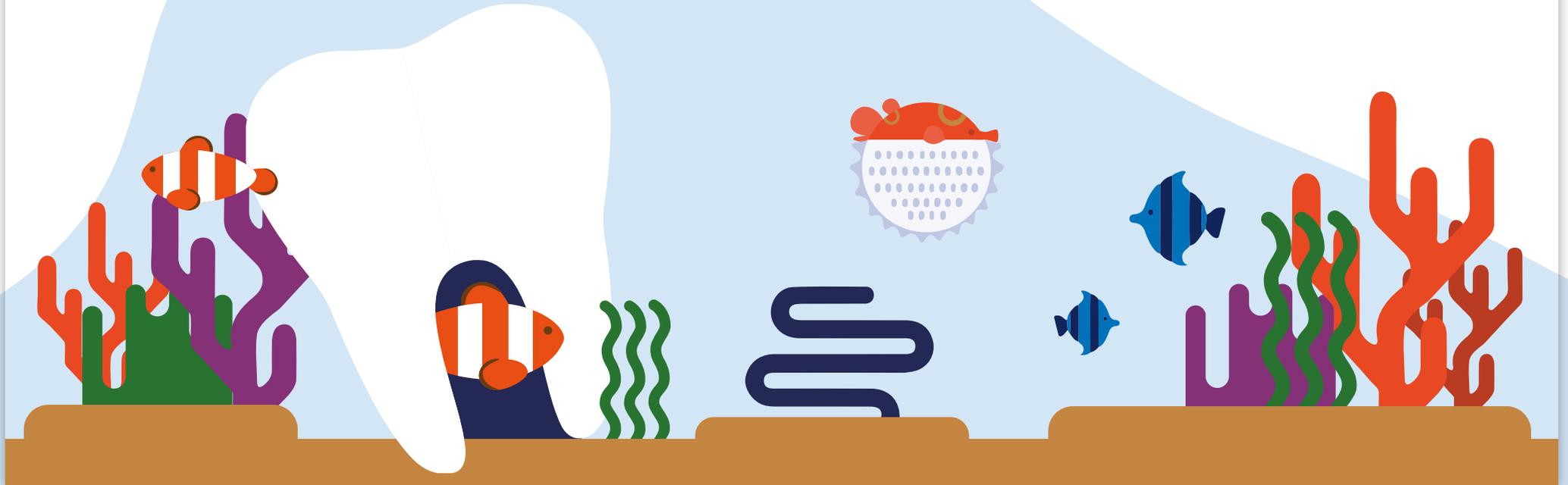




Denticon - Basic Clerical

# How to Create a New Insurance Plan and Add it to a Patient Record

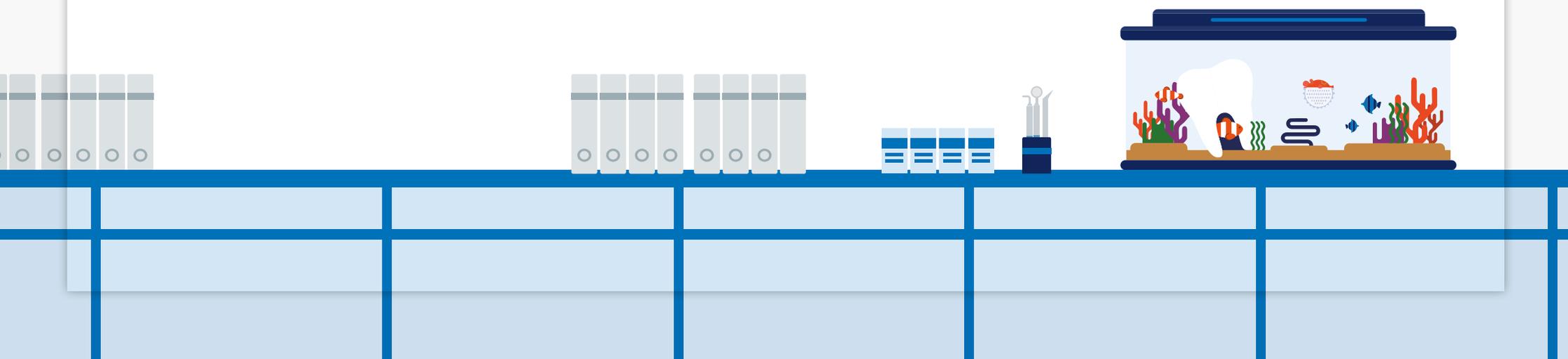


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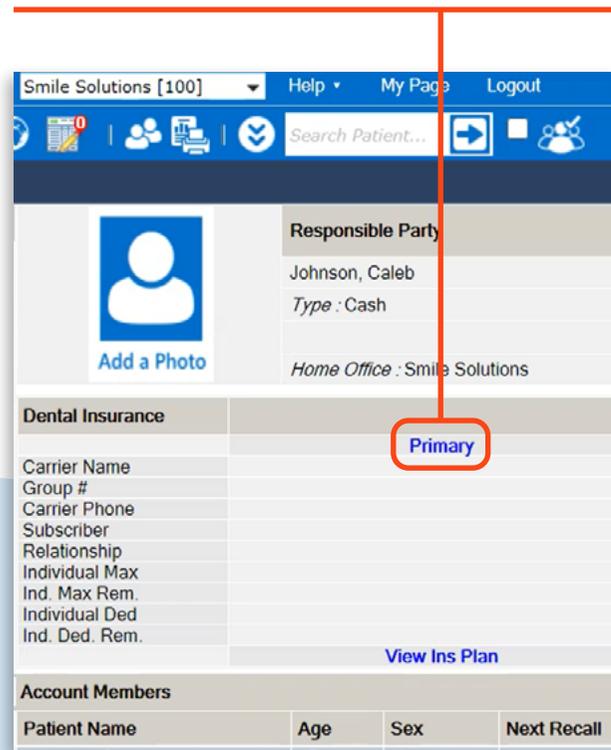
Adding a New Insurance Plan..... 5



# Searching for an Insurance Plan

## Step 1

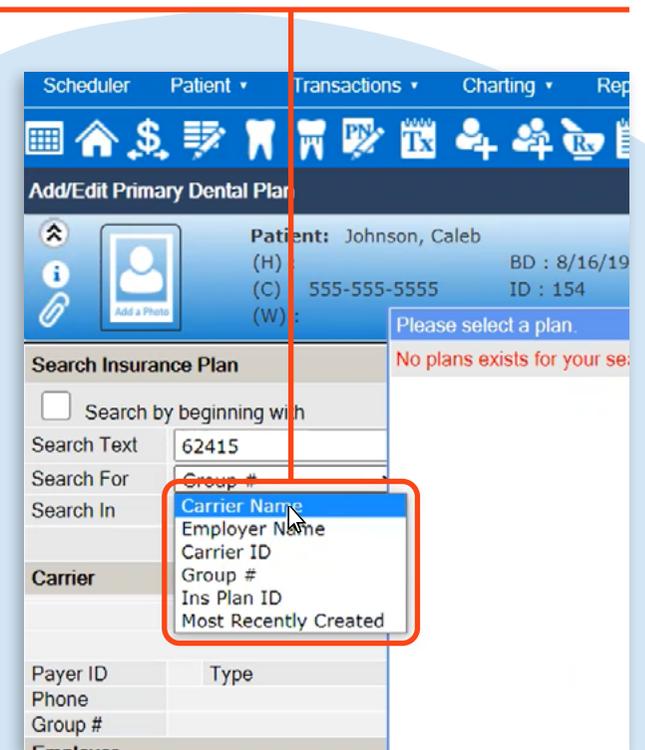
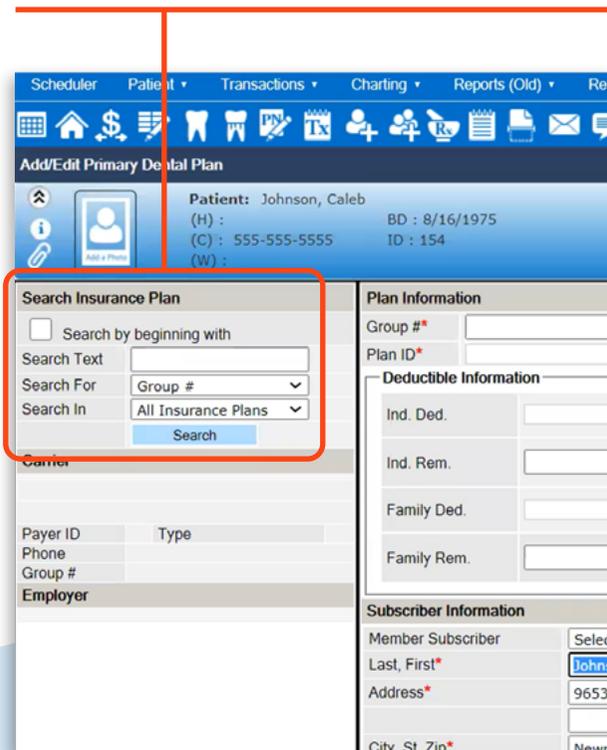
From the Patient Overview screen, click **Primary** in the 'Dental Insurance' section.



## Step 2

Use the 'Search Insurance Plan' fields to search for the plan.

**Note:** Denticon will allow you to search using the Carrier Name, Employer Name, Carrier ID, Group Number, Insurance Plan ID or Most Recently Created.



Please select a plan.  
No plans exists for your se...

If no results appear in your search, the Insurance Plan will need to be added to Denticon.

The screenshot displays the Denticon software interface. At the top, a navigation bar includes menus for Scheduler, Patient, Transactions, Charting, Reports (Old), Reports, Utilities, Setup, Office (Smile Solutions [100]), Help, My Page, and Logout. Below this is a toolbar with various icons for scheduling, patient management, and reporting. The main window title is "Add/Edit Primary Dental Plan".

The patient information section shows:  
**Patient:** Johnson, Caleb  
(H) : BD : 8/16/1975  
(C) : 555-555-5555 ID : 154  
(W) :  
**Type:**  
**Age/Sex:** 45 / M  
**Responsible:** Johnson, C  
Balance: 0.00 BD : 8/1  
Est Ins: 0.00

A search modal is open with the following details:  
**Search Insurance Plan**  
 Search by beginning with  
Search Text: Lawn  
Search For: Employer Name  
Search In: All Insurance Plans  
[Search]  
**Carrier**  
Payer ID: Type  
Phone:  
Group #:  
**Employer**

The search results area displays a message: "Please select a plan." and "No plans exists for your search 'Lawn' on 'Employer Name'." There are "Select" and "Close" buttons at the bottom right of the search modal.

# Adding a New Insurance Plan

Leave site?  
Changes you made may not be saved.

**Leave** **Cancel**

PGID :4363 / OID :100

Age/Sex: 45 / M  
First Visit:  
Last Visit:

**Responsible:** Johnson, Caleb  
Balance: 0.00 BD : 8/16/1975  
Est Ins: 0.00  
Est Pat: 0.00

**Prim. Ins:**  
SubID :  
**Sec. Ins:**

**View Current Ins Plan** **Add Ins Plan**

Date	Created By	Created On	PT	Modified By	Modified On	PT
<b>Ortho Max Information</b>						
		Ind. Max.				
		Ind. Rem.				
<b>Dentical Share of Cost</b>						
		Month / Year		Apr	2008	
		Share				
		Unused (current month)				
<b>Eligibility Information</b>						
		Eligibility				
		Last Verified On				
		Last Verified By				
		<b>Update Status</b>				

Created By Modified By  
Created On PT Modified On PT  
Subscriber Plan Effective Date

## Step 1

On the 'Add/Edit Primary Dental Plan' screen, click **Add Ins Plan** and click **Leave** in the pop-up window.

**Note:** This will take you away from the patient's record, however the system will still apply the plan to the patient's record once it has been created.

## Step 2

Complete the fields within the 'Plan' tab, ensuring that any marked with a red asterisk are filled, then click **Next**.

**Note:** If the Carrier or Employer is not available when typing into the form, depending on your permissions, you will need to click the **ADD NEW** button, and input their details from there.

**Note:** A Plan Setup is for all patients associated with that Group/Employer/Plan and is not limited to one patient.

PLAN BENEFITS COVERAGE & LIMITATIONS

COPY FROM EXISTING ✕

STEP 1 OF 3

Dental or Medical*	Dental	
Plan Type*	PPO	
Group No.*	62415	✕
Carrier*	MET LIFE(TX)- PO Box 981282- 79998	✕ + ADD NEW View Details (MET LIFE)
Employer*	Lawn Care Solutions()	✕ + ADD NEW View Details (Lawn Care Solutions)
Anniversary (Month/Day)*	01 01	
Fees to Print on Claims*	Office UCR Fees	
Claim Options*	Submit Claim	
Form to Print*	ADA 2019 Form	
Reporting Subtype	None	
Network Type	In Network	
Notice of Authorization(NOA) Only	<input type="checkbox"/>	
Per Visit Co-Pay		
Non Duplicating Benefits	<input type="checkbox"/>	
Is Ortho Periodic Billing Required?	No	

NEXT > ✕ CANCEL

### Step 3

Enter the benefit information, then click **Next**.

PLAN BENEFITS COVERAGE & LIMITATIONS COPY FROM EXISTING STEP 2 OF 3

Deductible Information		Maximum Information		Ortho Max Information	
Individual Deductible	Family Deductible	Individual Maximum	Family Maximum	Individual Ortho Maximum	Lifetime Ortho Benefits
\$50.00	\$150.00	\$2000.00	\$99999.00	\$1500.00	<input checked="" type="checkbox"/>

Plan Notes

\*\*\*PRE D MANDATORY \$300 UP\*\*\*

EXAM/PROPHY 2XYR  
FMX/PAN 1X3YR  
BW 1XYR  
PA'S NF  
SEALS 13 1X2YR  
FLUORIDE 15 2XYR  
PERIO MAINT 4XYR  
DEBRIDE 1XLT  
SCALING 1X2YR 4QDS  
NITEGUARD NC  
VENEERS NC  
CROWN PD SEAT  
NO WAITING PERIOD  
NO PRIOR EXIST CLS.  
SYR REPLACE CLS.

\*\*\*\*\*Ortho\*\*\*\*\*

2,000 LifeTime Max  
Ins Pay 20% Down and Rem Auto Ortly Pmts

< PREVIOUS **NEXT >** X CANCEL

## Step 4

Complete the coverage and limitations information for each of the categories.

Use the checkboxes to identify the procedures where the deductible is waived and where applicable, complete the 'Coverage Percentage', 'Frequency Limitations', 'Age Limitations', and 'Waiting Period Fields'.

Use the gray bar at the bottom of the window to add new exceptions to the various procedure codes, then click **Finish** and **OK**.

The image displays two screenshots of the Denticon software interface. The left screenshot shows the 'COVERAGE & LIMITATIONS' configuration screen for a plan. It features a table with columns for 'Ded. Waived', 'Coverage (%)', 'Frequency Limitation', 'Age Limitation', and 'Waiting Period (Months)'. The 'Ded. Waived' column has checkboxes, and the other columns have input fields and dropdown menus. A red box highlights the 'Ded. Waived' checkbox for the 'Diagnostic' category. Below the table is a section for adding new exceptions with a 'Code' dropdown and an 'ADD NEW EXCEPTION' button. The right screenshot shows a 'CONFIRM' dialog box with the text 'Confirm save changes? (OK = Yes, Cancel = No)'. It has 'OK' and 'Cancel' buttons. A red box highlights the 'OK' button. A red line connects the 'OK' button in the dialog to the 'FINISH' button at the bottom of the configuration screen in the left screenshot.

Category	Ded. Waived	Coverage (%)	Frequency Limitation	Age Limitation	Waiting Period (Months)
Diagnostic	<input checked="" type="checkbox"/>	100	Other - See plan notes	0	0
Diagnostic: X-Rays	<input checked="" type="checkbox"/>	100	Other - See plan notes	0	0
Preventive	<input checked="" type="checkbox"/>	100	Other - See plan notes	0	0
Restorative	<input type="checkbox"/>	80	Other - See plan notes	0	0
Restorative: Crowns	<input type="checkbox"/>	50	Other - See plan notes	0	0
Endodontics	<input type="checkbox"/>	80	Other - See plan notes	0	0

## Step 5

Update Deductible and Maximum information as necessary. Add the patient's Subscriber Plan Effective Date and Subscriber ID.

## Step 6

Modify any other fields as necessary and click **Save**.

**Add/Edit Primary Dental Plan** PGID :4363 / OID :100

**Patient:** Johnson, Caleb  
 (H) : BD : 8/16/1975  
 (C) : 555-555-5555 ID : 154  
 (W) :

**Type** Age/Sex: 45 / M  
 Responsible: Johnson, Caleb  
 Balance: 0.00 BD : 8/16/1975  
 Est Ins: 0.00  
 Est Pat: 0.00  
**Prim. Ins:**  
 SubID :  
**Sec. Ins:**

**Search Insurance Plan**  
 Search by beginning with  
 Search Text:   
 Search For: Group #  
 Search In: All Insurance Plans  
 Search

**Carrier**  
 MET LIFE  
 PO Box 981282  
 El Paso, TX 79998  
 Payer ID: 65978 Type: EClaim  
 Phone: 877-638-3379  
 Group #: 62415

**Employer**  
 Lawn Care Solutions

**Plan Information**  
 Group #\*: 62415  
 Plan ID\*: 117  
 Anni. Date Exp: 1/1/2022  
 Effective Date:   
 Term Date:   
 Created By:   
 Modified By:   
 Created On:  PT  
 Modified On:  PT

**Deductible Information**  
 Ind. Ded. \$50.00  
 Ind. Rem. \$50.00  
 Family Ded. \$150.00  
 Family Rem. \$150.00

**Maximum Information**  
 Ind. Max. \$2,000.00  
 Ind. Rem. \$2,000.00  
 Family Max. \$99,999.00  
 Family Rem. \$99,999.00

**Ortho Max Information**  
 Ind. Max. \$2,000.00  
 Ind. Rem. \$2,000.00

**Dental Share of Cost**  
 Month Year: Apr 2008  
 Share: \$0.00  
 Unused (current month): 0

**Eligibility Information**  
 Eligibility:  
 Last Verified On:  
 Last Verified By:  
 Update Status

**Subscriber Information**  
 Member Subscriber: Select from list  
 Last, First\*: Johnson, Caleb  
 Address\*: 96531 Ocean Breeze Dr  
 City, St, Zip\*: Newport Beach, CA, 92660  
 Phone:  
 Patient Rel to Sub\*: Self

Created By:   
 Modified By:   
 Created On:  PT  
 Modified On:  PT

Subscriber Plan Effective Date: 01/01/2021  
 Subscriber Plan Term Date:   
 Birth Date\*: 8/16/1975  
 Marital Status: Married  
 Sex: Male  
 SubID\*: 687412

Notes:  Insert Date Stamp

Add/View Secondary Dental **Save** Cancel

ports (Old) Reports Utilities Setup Office Smile Solutions [100] Help My Page Logout

Search Patient...

Patient ID : 154 [Edit](#)

Home Office Smile Solutions

Chart #

First Visit

Last Visit

Fee Schedule [i](#)

Provider Lopez, Carlos DDS

Hygienist

Referral Type Walk-in-sign

[Referred By](#)

[Referred To](#)

Last Perio Chart

 [Add a Photo](#)

**Responsible Party**

Johnson, Caleb

Type : Cash

Home Office : Smile Solutions

**Dental Insurance**

**Primary**

Carrier Name MET LIFE

Group # 62415

Carrier Phone 877-638-3379

Subscriber Johnson, Caleb

Relationship Self

Individual Max \$2,000.00

Ind. Max Rem. \$2,000.00

Individual Ded \$50.00

Ind. Ded. Rem. \$50.00

[View Ins Plan](#)

[Edit Recall](#)

**Account Members**

Sch Date	Sch Time	Patient Name	Age	Sex	Next Recall
		Johnson, Caleb	45	M	

[Archived Appt](#) [New Appt](#)

**Billing**

Status	Prdr	Len	User	Current	Over 30	Over 90
Unconfirmed	LOPEZC	50	PDDS4363	\$0.00	\$0.00	\$0.00
Account Balance				\$0.00	\$0.00	\$0.00
Johnson, Caleb				\$0.00	\$0.00	\$0.00
Est. Insurance				\$0.00	\$0.00	\$0.00
Last Ins. Pay				\$0.00	\$0.00	\$0.00
Last Pat. Pay				\$0.00	\$0.00	\$0.00
Last Statement				\$0.00	\$0.00	\$0.00

[Detail](#) [View Ortho Plan](#)

Total Amt

Of Pay

The Insurance Plan has now been created and is attached to the patient's account.

When limitations and exceptions are violated, the financial responsibility will be pushed to the patient.

### Step 7

Click the **Treatment Plan Entry** icon in the toolbar.

### Step 8

Hover over the **N** to see the reason the exception was applied.

The screenshot displays the Denticon software interface. At the top, a navigation menu includes Scheduler, Patient, Transactions, Charting, Reports (Old), Reports, Utilities, Setup, Office (Smile Solutions [100]), Help, My Page, and Logout. Below this is a toolbar with various icons; the 'Treatment Plan Entry' icon (a calendar with a plus sign) is highlighted with a red box. The main area shows patient information for Caleb Johnson, including his birth date (8/16/1975) and insurance details. A message states 'Procedure added successfully. (Use ALT-A to repeat)'. Below this is a table of procedures with columns for Diag Date, TID, PID, Ord Office, St, PS, S, C, Start Dt, End Dt, Code, Th Surf, N, Description, Bill, Dur, Prdr, Est. Pat, Est. Ins, Fee, D, and Tx Counsel. One row is highlighted with a red box, showing a procedure on 4/2/2021 with code D1120 and status 'N'. A tooltip for the 'N' status reads: 'Based on the limitations specified under the Primary insurance plan, this procedure is not covered. (Age Limitation : 13 years. Patient s age is 45)'. At the bottom, there are fields for Diagnosed Date (4/2/2021), Tx Plan ID (1), Phase ID (1), Order ID (1), and a dropdown for the provider (LOPEZC : Lopez, Carlos DD). There are also sections for 'Add Proc By Category' and 'Procedures for ADA Code'.