

# Self-Service Tools for Dental Offices Available at MyDentalCoverage.com

Your most commonly asked questions can be answered using our Self-Service tools when it is convenient for you, available 24/7!

- MyPatients' Benefits
- Reimbursements
- Speed eClaim
- Add a Date of Service to a Predetermination
- Electronic Funds Transfer EFT
- Schedule of Allowances

*Dedicated to making it easy to do business with us!*

Welcome to **MyDentalCoverage**  
This site provides benefits, claims and eligibility information for members and providers.

**For Dentists**

**My Patients' Benefits** offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

**Reimbursements** allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using **Speed eClaim**, our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

**Add a Date of Service to a Predetermination** New  
Search for a predetermination claim and add the dates of service.

Manage **Electronic Funds Transfer (EFT)** online to receive payments directly to your bank account.

**Schedule of Allowances**  
Download the schedule of allowances for your participating networks.

[Create An Account](#)



**MyPatients' Benefits** 11 DENTAL CARE

Member ID:  Date of Birth:  [Search](#) [Clear](#)

1  In-Network Dentist

Dental Plan:  Group / ID:  Carrier Type:  Policyholder:   
Dental Network:  Covered Members: FAMILY Service Type: DENTAL CARE  
Mailing Address:

Select Member: 5 All information retrieved on 12/05/2017

2 **ACTIVE** Coverage Effective: 08/01/2002 - Present | [Check Past](#)  
Member has a qualified medical condition reported? Yes

3 Member ID:  DOB:  Age:  Gender: FEMALE Relationship: SELF

4 **Service History Snapshot** What does this include? [Filter](#) [Clear](#) [Print](#)

Start	End	Procedure	Tooth	Surface
11/16/2017	11/16/2017	D0140		
11/15/2017	11/15/2017	D4910		
10/06/2017	10/06/2017	D0120		
10/06/2017	10/06/2017	D1110		

Note: Procedure history is informational only, not a guarantee of payment.

5 **Benefits** **Claims Status** **Ortho Treatment** 7 **Procedure Allowance** + related procedure lookup info [Procedure #](#) [Lookup](#)

8 [View Full Schedule of Allowances](#) Based on Location: [Change Provider ID](#)

9 **Wellness Benefits**  
This patient has reported a medical condition.  
[See Medical Condition Benefits](#)

**Deductibles**  
No deductible applied to the current benefit period. Please check the benefits summary for more information.

10 **PROGRAM DOLLAR MAX**  
INDIVIDUAL  
01/01/2017 - 12/31/2017  
\$94.21 Applied \$1,500.00 Total  
**\$1,405.79 Remaining**

## Most Commonly Requested

1. Network Participation
2. Enrollment Status
3. Enrollment Dates
4. Service History
5. Benefits
6. Claim Status
7. Orthodontic Treatment Plan
8. Schedule of Allowance
9. Maximum & Deductible
10. Allowance Lookup
11. Update Provider Information

**My Patients' Benefits**  
new design is easy to navigate and find the information you need quickly—it's all displayed in the order typically used by most dental practices.