



DENTAL BRANDS

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office WildSmiles - Lexington (10) Help My Page Logout

PGID: 4263 / OID: 101

Add/Edit Primary Dental Plan

Patient: Test, D4C
 (H): BD: 1/1/2005
 (C): 407-555-5555 ID: 110
 Type: 16 / F
 Responsible: Test, D4C
 Balance: 0.00 BD: 1/1/1979
 First Visit: 12/2/2020
 Est Ins: 0.00
 Last Visit: 12/2/2020
 Est Pat: 0.00
 Prim. Ins: METLIFE
 877-638-3379 SubID: 123456789
 Sec. Ins:

Search Insurance Plan

Search by beginning with

Search Text:

Search For:

Search In:

Carrier

METLIFE
 PO Box 981282
 El Paso, TX 79998
 Payer ID: 65978 Type: EClaim
 Phone: 877-638-3379
 Group #: 0144492
 Employer: COMMONWEALTH OF MASSACHUSETTS

Plan Information

Plan ID:

Plan ID	Carrier	Product	Effective Date	Term Date
11100000	SC Medicaid	SC Medicaid	10/25/2016	10/25/2018
11400000	SC Medicaid	SC Medicaid	11/4/2007	11/4/2008
11800000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
11900000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12000000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12100000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12200000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12300000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12400000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12500000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12600000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12700000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12800000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
12900000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13000000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13100000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13200000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13300000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13400000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13500000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13600000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13700000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13800000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
13900000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009
14000000	SC Medicaid	SC Medicaid	11/8/2008	11/8/2009

Subscriber Information

Member Subscriber:

Last, First:

Address*:

City, St, Zip*:

Phone:

Patent Rel to Sub*:

Ortho Max Information

Ind. Max:
 Ind. Rem:
 Family Ded:
 Family Rem:

Maximum Information

Ind. Max:
 Ind. Rem:
 Family Max:
 Family Rem:

Ortho Max Information

Ind. Max:
 Ind. Rem:

Eligibility Information

Eligibility: Unknown
 Last Verified On:

Dental Share of Cost

Month / Year:
 Share:
 Unused (current month):

Created By: 70018 Modified By: SUPPORTYEAR
 Created On: 12/17/2020 12:18 PM PT Modified On: 1/1/2021 1:31 AM PT
 Subscriber Plan Effective Date:
 Subscriber Plan Term Date:
 Birth Date*:
 Marital Status:
 SubID*:
 Sex:

Search for plan by Group #, highlight Carrier plan -> Select

Select the correct Subscriber from the list – Medical Assistance patients are their own policy holder!

Verify Subscriber ID is entered

Save

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 Sec. Ins:

Search Insurance Plan

Search by beginning with

Search Text:

Search For:

Search In:

Carrier

SC Med-Kids Dentaquest
 P.O. Box 2136
 Columbia, SC 29202
 Payer ID: CX014 Type: EClaim
 Phone: 888-307-6553
 Group #: 00000
 Employer: SC Medicaid-Kids
 P.O. Box 2136
 Columbia, SC 29202

Plan Information

Group #:
 Plan ID*:
 Anni. Date Exp:
 Effective Date:
 Term Date:

Deductible Information

Ind. Ded:
 Ind. Rem:
 Family Ded:
 Family Rem:

Maximum Information

Ind. Max:
 Ind. Rem:
 Family Max:
 Family Rem:

Ortho Max Information

Ind. Max:
 Ind. Rem:

Eligibility Information

Eligibility: Unknown
 Last Verified On:

Dental Share of Cost

Month / Year:
 Share:
 Unused (current month):

Subscriber Information

Member Subscriber:

Last, First:

Address*:

City, St, Zip*:

Phone:

Patent Rel to Sub*:

Ortho Max Information

Ind. Max:
 Ind. Rem:

Eligibility Information

Eligibility: Unknown
 Last Verified On:

Dental Share of Cost

Month / Year:
 Share:
 Unused (current month):

Created By: 70018 Modified By: SUPPORTYEAR
 Created On: 11/17/2020 10:50 AM PT Modified On: 1/1/2021 1:31 AM PT
 Subscriber Plan Effective Date:
 Subscriber Plan Term Date:
 Birth Date*:
 Marital Status:
 SubID*:
 Sex: