



Alternate Addresses by Dentist Number

You can set up alternate addresses for Insurance Claims based upon the Dentist Number.

Paper Claims

For paper Insurance Claims from the Utility Menu select **Company Name** option. Then use the **Alternate Address** Button. You will be prompted for a special password; you will need to call Data Tec to assist you in setting up the Alternate Address by Dentist Number.

Company Name Info

Practice Name: John Doe, DDS Mary Smith, DMD
 Address: 2908 Grand Ave
 Kansas City, MO 64108
 City: Kansas City State Zip Code: MO 64108
 Telephone: 816 535-3057 Fax: 816 999-2001
 EMAIL: _____
 Web Site: _____
 Secure Email Password: _____
 Bank Acct #: _____ Finance Chg Rate: _____
 Loc Code: TEST
 Practice NPI: NPI19384938

Doctors Name	Tax ID or SSN	License Number	NPI - National Prov ID
1 JOHN J. DOE, JR. DDS	988897383	111111111	NPI1111111
2 MARY S. SMITH, DDS	736838383	222222222	NPI2222222
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Check to leave Address Lines Capitalized as you have them, otherwise they will be all caps.

Electronic Claims

From the Electronic Claims screen, select the “**Company**” button then on the “**Company and Dentist Insurance Information**” screen, select the top toolbar “**Tools**” option, then “**Set Up Alternative Definitions**” option. You will be prompted for a special password; you will need to call Data Tec to assist you in setting up the Alternate Address by Dentist Number.

Company and Dentist Insurance Information

Tools

Set Up Alternative Definitions

Practice Name: JOHN J. DOE, JR. D.D.S. RND

Last Name: DOE First: JOHN Initial: J

Street: 2900 GRAND AVE

City: KANSAS CITY State: MO Zip Code: 64108

Telephone #: 816 535-3057 Fax: 816 999-2001

Practice Tax ID: 499999999 Prac License: 293933 Prac NPI: NPI19384938

Send Last/First Name
 Send Practice Name

Dentist Full Name or Billing Entity	Dentist Last Name	Dentist First Name	Tax ID or SSN	License Number	NPI Number
1 JOHN J. DOE, JR. DDS	DOE	JOHN	988897383	111111111	NPI111111
2 MARY S. SMITH, DDS	SMITH	MARY	736838383	222222222	NPI222222
3					
4					
5					
6					

Send Last/First Name Send Dentist Full Name or Billing Entity

ECF (WebMD)

Facility ID Num: E020 Batch File Name: CLAIMS.BAT

Drive Letter: C PathName: \\EZWD\IDENT\DATA\ECF

Billing Provider Type: 1 (1 = Individual 2 = Non-Person entity)

Buttons: Save Defaults Cancel Save Exit

When you run Electronic Claims, you will need to use the Dentist Number drop down arrow to generate claims for the specific Dentist by number. Otherwise the claims will be send with your Original Practice Information.

NPI Primary Real Claims

Review Mode Off

Date(s) of Service to Print

12 12 2017 To Date 12 12 2017 From Date

Check to Use Patients Last Insurance Date

Check Not to send Zero Amount Charges

Force Leading "D" on ADA Codes

Account Numbers to Submit

Run RSS Manually

Send UCR Fee

Dentist #: 02

Print List of Accts

Clear All Numbers

13					