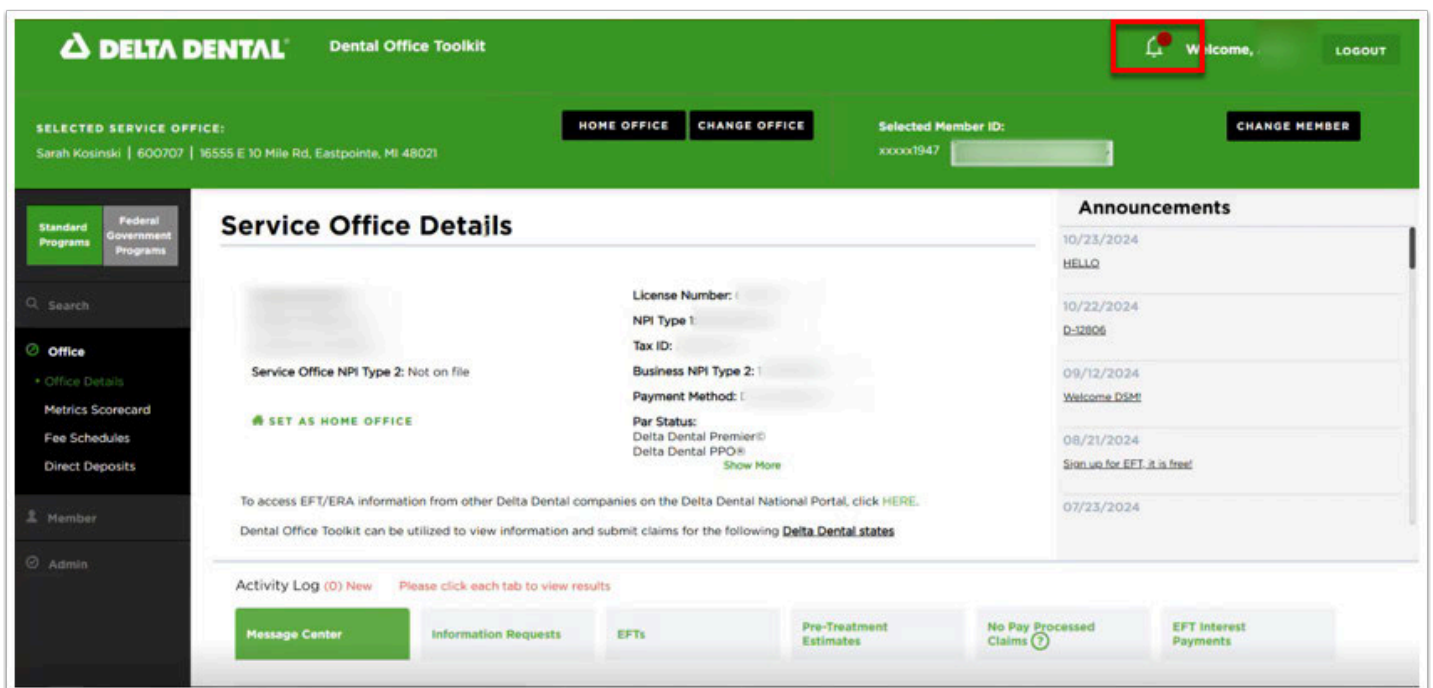


How Providers Manage Information Requests (IR)

This article will guide you through how providers view and manage Information Requests (IR) that are sent to them via Secure Message within Dental Office Toolkit (DOT).

How a Provider Accesses Information Request via Secure Message in DOT

- When a provider logs into DOT, they will see a bell icon notifying them of a new message.



- Providers will be able use the new 'Message Center' to access secure messages, including an overview of the IR. Providers will see the following information:

- Filter by Message Category

2. Message 'Subject Line'
3. Message 'Status'
4. Tagged Message Detail
5. Full Information Request detail within the Secure Message
6. Full Attachment detail
7. Unread messages indicated with an icon (providers can mark them as read or unread)

The screenshot shows a web interface for managing information requests. It features a search filter (1) with a dropdown menu and a 'SEARCH' button. A list of conversations (7) is displayed on the left, with the top one selected. The main area shows the details of an information request (2, 3, 4, 5, 6), including a table of line items and a description. The interface also includes a message composition area at the bottom with a rich text editor and an 'UPLOAD' button.

Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#
1	14			D6010		IR40002

5

i When the Information Request detail is selected, a pop-out screen will appear with full IR related IR details.

Information Requests ✕

Information Request

Patient Information

Patient Name:

Date of Birth:

Relationship To Subscriber: Spouse

Subscriber Name:

Patient Account Number:

Claim Information

IR Sent Date: 10/28/2024

Plan Name: Delta Dental Plan of Michigan

Client ID:

Claim Number:

Provider Information

Provider Name:

Provider License Number:

Dear Doctor:
Before we can process the claim referenced above, additional information or clarification is required. Please provide the information requested and return this form, along with any required attachments, to the address indicated below. Upon receipt, the claim will be processed promptly.

Line Item	S/R	Tooth Number	Area	Surface	Procedure Code	DOS	Submit Amount	IR Number(s)
3	R				D6545	10/28/2024	203.4	IRO0213
1	S				D6548	10/28/2024	0	

Claim Information Required:

Message Description Information:

How a Provider Responds to an Information Request via Secure Message in DOT

- For the Provider to resolve the IR, they can respond and provide additional information directly in the Secure Message.

INFORMATION REQUEST 03:48pm
 Patient: License: 600707-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:19pm
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:11pm
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:10pm
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 12:59pm
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 11:55am
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 10:17am
 Patient: License: 17514-MI
 SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

delta_dental 03:48pm

You have a new information request.

Patient Name: Claim Number:

Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#
1	19			D6740	10/28/2024	IRO0213
2	20			D6740	10/28/2024	IRO0213
3	21			D6740	10/28/2024	IRO0213
4	22			D6240	10/28/2024	IRO0213

Message ID	Description
IRO0213	Please submit copies of current, pre-operative periapical or panoramic radiographs showing the entire crown and root apex of each abutment tooth involved with this fixed prosthodontic partial denture (bridge). Radiographs must be dated, of diagnostic quality and labeled right and left.

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UPLOAD

Message
* This field is required

SEND

i Provider selects Upload to attach documentation.



How a Provider Confirms Information Request was Received

i Once the Secure Message for the IR has been successfully received, the Provider will see the Case as 'Closed' in DOT, with automated messaging in the conversation.

Message Center | Information Requests | EFTs | Pre-Treatment Estimates | No Pay Processed Claims | EFT Interest Payments

Filter By Category: SO: 16555 E 10 Mile R... + MORE FILTERS
RESET SEARCH

Conversations

INFORMATION REQUEST 03:48pm
Patient: [redacted] License: 600707-MI
SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:19pm
Patient: [redacted] License: 17514-MI
SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:11pm
Patient: [redacted] License: 17514-MI
SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST 01:10pm
Patient: [redacted] License: 17514-MI
SO: 16555 E 10 Mile Rd, Eastpointe, MI 48021192

INFORMATION REQUEST **Closed**
Information Request Case Number: 27475778 Claim Number(S): 2410284733382 VIEW INFORMATION REQUESTS

delta_dental 03:48pm

You have a new information request.


Patient Name: [redacted] Claim Number [redacted]

Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#
1	19			D6740	10/28/2024	IROO213
2	20			D6740	10/28/2024	IROO213
3	21			D6740	10/28/2024	IROO213
4	22			D6240	10/28/2024	IROO213

Message ID: IROO213 Description: Please submit copies of current, pre-operative periapical or panoramic radiographs showing the entire crown and root apex of each abutment tooth involved with this fixed prosthodontic partial denture (bridge). Radiographs must be dated, of diagnostic quality and labeled right and left.

Here's the information

delta_dental 03:53pm
We have received the information requested and will continue to process the claim.

 Automated messages are provided for certain IR status: canceled, expired, or returned.