



Delta Dental of Arizona

# System Enhancements Guide for Groups

Revised July 30, 2021

## Thank You for Your Business

Dear Group Administrator,

Technology has changed, and we need to change with it. Effective September 13, 2021, we will go live with administrative system enhancements for all Delta Dental of Arizona business. We are excited about these upgrades, which will strengthen and modernize our systems, streamline the way we work with our stakeholders and ultimately provide you with a higher level of service.

This handbook was created to be a quick reference guide that includes a snapshot of key changes and explains what these enhancements will mean to you. In addition, we include information on where you can find resources and training to help you manage your group once the system enhancements are live.

As you go through this guide, pay attention to the following icons:



This icon is used to alert you that an action is required.



This icon is used to highlight a helpful tip or other useful information.

As always, if you have any questions, our dedicated account management team is available. Please do not hesitate to reach out!

We know you have many options for benefits and thank you for choosing Delta Dental of Arizona!

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## Contact Us

Please listen carefully when you call us, as our phone prompts are changing!

### Sales Team

888.335.8214

[sales@deltadentalaz.com](mailto:sales@deltadentalaz.com)

You may also contact your account executive directly via phone or email.

Megan Swank	Account Executive—Small Business Unit (SBU)	602.588.3951	<a href="mailto:SBUrenewals@deltadentalaz.com">SBUrenewals@deltadentalaz.com</a>
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Shannon Bagge	Account Executive	602.588.3623	<a href="mailto:sbagge@deltadentalaz.com">sbagge@deltadentalaz.com</a>

### Customer Service, Claims or Benefits Inquiries

800.352.6132

[customerservice@deltadentalaz.com](mailto:customerservice@deltadentalaz.com)

### Eligibility Team

800.352.6132 ext. 3700

[enrollment@deltadentalaz.com](mailto:enrollment@deltadentalaz.com)

### Billing Team

800.352.6132 ext. 3704

[billing@deltadentalaz.com](mailto:billing@deltadentalaz.com)

### New Billing Addresses

#### Billing Remittance

Delta Dental of Arizona  
Attn: Group Payments  
PO Box 741737  
Los Angeles, CA 90074-1737

#### Overnight Deliveries

Delta Dental of Arizona  
Attn: Lockbox #741737  
2706 Media Center Dr.  
Los Angeles, CA 90065-1737

## Upgrade Period

We've identified August 25 to September 12 as our upgrade period. During this time, access to certain systems or functionality may be limited. This includes:

- **Making changes through the Employer Connection** – Access to enrollment and eligibility functionality (i.e. adding/termining enrollees, address changes, etc.) will be unavailable. However, you will still be able to sign into the Employer Connection to view your group's information in read-only mode. If you need to make enrollment and/or eligibility changes during the upgrade period, please use our [secure document upload tool](#) on our website to submit this information.
- **Evidence-based Integrated Care (EBIC) program enrollment** – The ability to enroll eligible members with EBIC plan benefits for a third dental cleaning will not be available.
- **Benefits and eligibility verification for some new members** – It is possible that we will be unable to provide benefits verification for a small number of new Delta Dental of Arizona members during the upgrade period. This will only happen if the member joined a plan during the upgrade period *and* visits the dentist during the upgrade period.
- **Billing invoices** – September invoices will be delayed. You should be able to view your September invoice in the Employer Connection on August 31. If you are set up to receive paper invoices, they will also be mailed on August 31.

You will have access to the upgraded system and functionality enhancements starting September 13.

## New Group and Member ID Numbers

The group number and sub-group numbers (also called client number or sub-client numbers) for most of our clients will change. The member ID for some members may also change.




**TIP:** Your account executive will send an email with the new client number the week of September 7.

Your enrolled employees (subscribers) will receive new ID cards in the mail the week of September 13. As a reminder, subscribers will receive two ID cards, which can be used by an enrolled dependent on the plan. If additional ID cards are needed, subscribers can print additional ID cards from the member portal.



**TO DO:** Let your employees know to keep an eye out for their new ID cards! Remind your employees to give their new group number and member ID (if applicable) to their dental office staff at their next appointment.

Below is a sample of the new ID card for employer-sponsored/group plans. Subscribers may notice new group numbers and/or member IDs, along with our new claims address:

 Delta Dental of Arizona  <b>JOHN D. SAMPLE</b>  Group No.: 12345-987654321 Member ID: 12345678901234 Plan: Delta Dental PPO Plus Premier	For questions about your dental benefits, or to find an in-network dentist: <a href="http://deltadentalaz.com/member">deltadentalaz.com/member</a> 800.352.6132 (TTY/TDD 711)  Mail claims to: Delta Dental of Arizona Attn: Group Plan Claims PO Box 9092 Farmington Hills, MI 48333-9092 Payer ID: 86027  This card is for reference purposes only and does not guarantee coverage.
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**TIP:** Subscribers can also access digital ID cards online via the member portal or through the Delta Dental Mobile App.

## Member Portal

Delta Dental of Arizona's Member Connection is getting rebranded as the member portal. Plus, it's getting a fresh new look that loads well on mobile and desktop devices!

If your employees already have a username and password to manage their Delta Dental benefits online, they can use that information to sign into the new member portal.

If your employees have never managed their Delta Dental benefits online, they can visit [deltadentalaz.com/member](https://deltadentalaz.com/member) and click the **Create Account** button. They'll need their new member ID to complete their registration. Once registered, they'll be able to review their benefits and eligibility, access claims information, sign up for paperless EOBs and more. *Note:* Historical explanations of benefits (EOBs) for claims processed prior to September 13 will not be available for download in the new member portal. However, members can request a copy by calling customer service.

The firsttime subscribers sign into the new member portal, they may be asked to confirm and/or complete the following information for their account:

- Email address
- Phone number
- Security questions



**TIP:** Keep an eye on the [member forms and documents page](#) of our website for updated registration instructions and how-to videos for using the new member portal.

## Benefit Manager Toolkit

Delta Dental of Arizona's Employer Connection is getting a new name and new layout that's more intuitive and easier to use! The new Benefit Manager Toolkit (BMT) for online enrollment and billing is designed with the busy benefits manager in mind. BMT allows you to:

- View detailed information about your Delta Dental members
- Enter, edit and terminate member eligibility
- Review your group's benefit coverage, maximums, percentages and more
- Access billing invoices and supporting documents
- Streamline the benefits management process

Plus, with BMT you see the results of your actions immediately. Member information is updated in real-time, even while the member is still at the dental office, so there are no corrections after the fact for you or your members!



**TO DO:** Keep an eye on the [employer forms and documents page](#) of our website for training documents and how-to videos for using BMT.

## Creating Your BMT Admin Account

Over the last few months, we've been reaching out to groups using our current Employer Connection portal to identify the primary user who will serve as your group's BMT administrator. Starting September 11 and continuing for a few days, that person will receive an email invitation to complete their BMT administrator account registration.

Here are your simple steps to access BMT:

1. Keep an eye on your inbox for an email from [donotreply@mydeltadental.com](mailto:donotreply@mydeltadental.com) with the subject line “Benefit Manager Toolkit Client Registration.” The email will include a link to the registration page and an access code.
2. Click the registration link. Enter the access code on the registration page and follow the prompts to finish setting up your account. Be sure to have your new group (client) number handy, as you’ll need it to complete this process.
3. Sign into BMT with the username and password you just created.



**TIP:** Your account executive will send an email with your new client number the week of September 7.

If a representative from your group does not receive an invitation email by September 20 and your company wants access to BMT features and functionality for group management, please complete the [Request Benefit Manager Toolkit Access form](#) on our website.

## Adding BMT Users

We encourage clients to use a separate BMT login for each user. Once you set up your BMT admin account, you’ll be able to create additional users and manage their roles and permissions.

Follow these steps to create additional BMT users:

1. Go to [deltadentalaz.com/employer](https://deltadentalaz.com/employer) and click the **Sign In** button to access BMT.
2. Navigate to the Client Admin section and click **Create User**.
3. Follow the prompts to create a username and password for the user, enter user profile information and designate access levels.



**TIP:** BMT admins have full control over user permissions. You can assign eligibility access and/or billing invoice access across your entire group or by sub-client. You can even make a user a “delegate,” which allows them to create users and manage permissions.

## Special Considerations for Electronic (EDI) Groups

If your group submits enrollment and eligibility via Electronic Data Interchange (EDI) files, there are a few changes you should know.

## Updating Files to Reflect New Client Numbers

A Delta Dental representative will reach out to you when it is time to reprogram and test your files with the new client/sub-client numbers. *Note:* We will not begin this process until sometime in 2022.



## Termination of Members by Omission

You'll need to note that our upgraded system will automatically terminate enrollees if they are not included on the EDI files. We are working on creating a report that provides more information when this occurs.

## Evidence Based Dentistry Enhanced Benefits

Although your current contract(s) and benefit summary(ies) will remain in force throughout this system enhancement, we are excited to share that we are adding more qualifying conditions for plans with our Evidence-based Integrated Care (EBIC) plan benefit. Moving forward, you may see this plan feature referenced as evidence-based dentistry (EBD), enhanced preventive benefits or third cleaning benefit.

Here is an updated list of the qualifying conditions for groups with this plan feature:

- Diabetes
- Pregnancy
- Renal failure or dialysis
- Suppressed immune system due to chemotherapy/radiation, HIV positive, organ transplant or stem cell/bone marrow transplant
- Head and neck radiation
- Heart disease and defects
- Cancer
- Rheumatoid arthritis
- Periodontal disease

Qualifying members will still need to enroll for the enhanced preventive benefits to receive coverage for a third dental cleaning. However, the enrollment process is changing:

- Group administrators can enroll qualifying members for this benefit via the Benefit Manager Toolkit.
- Qualifying members may call our customer service team to enroll for this benefit.



**TIP:** An updated flyer on this plan feature will be available on September 13 and can be downloaded from the [employer benefits materials page](#) of our website.

## New Deadlines for Enrollment and Eligibility Changes

Enrollment changes must be received and processed by the 14<sup>th</sup> of the month in order for the updates to appear on your next invoice. *Note:* Please allow 5 business days for processing of eligibility updates.

If eligibility updates are processed after the cutoff, any applicable debits/credits will appear on the next invoice.



**TIP:** Enrollment changes submitted via the Benefit Manager Toolkit are processed in real-time.

## Payment and Billing

We recommend downloading your invoices and supplemental information in the existing Employer Connection portal by September 8. These historical billing invoices will not be available for download through the Benefit Manager Toolkit (BMT) and, if you need access to a specific historical billing invoice after September 10, we will provide a self-service link.



**TO DO:** Download billing invoices and supporting documentation in the existing Employer Connection portal by September 8.

Our technology upgrades will also include some billing-related changes that you should know. For example, your billing notifications will come from a different email address. Refer to the subsections below for additional details on billing-related changes.



**TO DO:** Add [donotreply@mydeltadental.com](mailto:donotreply@mydeltadental.com) and [donotreply@deltadentalaz.com](mailto:donotreply@deltadentalaz.com) to your safe senders list in your email program and/or security software. This will ensure that billing notices are delivered to your inbox instead of being marked as spam.

If you have any billing-related questions or need assistance, our billing team is available Monday through Thursday, 8 a.m. to 4:30 p.m. and Friday, 8 a.m. to 4 p.m. at 800.352.6132 ext. 3704 or [billing@deltadentalaz.com](mailto:billing@deltadentalaz.com).

## Payment Methods

### Automated Clearing House (ACH)

We recommend paying premiums or fees electronically through an ACH debit to your bank account. You can sign up for ACH payments using the form in the Benefit Manager Toolkit (BMT).

If you already pay premiums via ACH and we are initiating the debit from your account, no action is necessary.

If you are initiating an ACH payment to us, you will need to send it to our new bank account with Bank of America. Your account executive will be reaching out via email the week of August 23 with the new banking information.



**TO DO:** Update your records to reflect our new banking information. Sending payments to the wrong account could result in delayed processing and/or claims holds.

## Wire Transfer

We have changed banks! If you send payment via wire transfer, you'll need to send it to our new bank account with Bank of America. Your account executive will be reaching out via email the week of August 23 with the new banking information.



**TO DO:** Update your records to reflect our new banking information. Sending payments to the wrong account could result in delayed processing and/or claims holds.

## Check

We will continue to accept electronic check payments on our website and mailed check payments.

For faster processing, please write your invoice number and group number on your check and include the remit portion of the invoice with your check. When submitting payment by check, remit payment to our new billing address:

Delta Dental of Arizona  
Attn: Group Payments  
PO Box 741737  
Los Angeles, CA 90074-1737



**TO DO:** Update your records to reflect our new billing remittance address. Sending payments to the old billing address could result in delayed processing, returned payments and/or claims holds.

## Fully Insured Group Invoices

Your bill will continue to be provided in advance of the month of coverage. Your invoice will be available in the Benefit Manager Toolkit (BMT) approximately 2 weeks prior to the month being billed. You will also receive an email notifying you when your invoice is available. All supporting billing documentation is available for download in the following formats: .pdf, .csv, .xls. If you are set up to receive paper bills, a copy of your invoice will also be mailed around the same time. Your payment as billed is due by the 5<sup>th</sup> of the month being billed.



**TIP:** If you pay by ACH and have us initiate the debit, your payment will be drawn from your account on the first Friday following or coinciding with the 5<sup>th</sup> of the month.

A sample invoice is available on the nextpage. Use the key below to help you understand your bill:

1. The address to which payment should be sent.
2. Your name and address. (Note: If a billing contact is not on record, this may show as “HR” or “Accounts Payable” along with the address.)
3. The invoice number and date, your client number, the payment terms, due date, billing period and amount due. This information helps us identify you when responding to billing questions.
4. Any debit or credit balance from a prior month’s bill.
5. For each coverage type, the quantity (number of members under that coverage type), the unit amount or rate and the net amount due for that coverage type.
6. The monthly subtotal due.
7. The total amount due, including the current month and all prior month debit or credit balances.

Additional details supporting your bill are available in BMT.



# INVOICE

Client Name: ABC Company

Invoice No.: 000000001

Client No.: 0001

Invoice Date: 07/01/2021

Billing Period: 07/01/2021 Thru 07/31/2021

Line	Identifier	Description	Quantity	UOM	Amount Due
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Reminder: Billing details are only available online on Benefit Manager Toolkit (www.toolkitsonline.com). If you do not yet have access, update your security settings via the Site "Register" page.

	<b>4</b>	Balance Forward			488.94
1		Subscriber Only	3	43.59	130.77
2	<b>5</b>	Subscriber, Spouse, Children	2	119.39	238.78
3		Subscriber and 2+ Children	1	119.39	119.39

<b>6</b>	Current Monthly Total:	6	\$488.94
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<b>7</b>	Total Amount Due:	\$977.88
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For inquiries on the following services, please call:  
 Billing (Past Due Amounts/Payments/Account Balances): 602-588-3614  
 Customer Service (Eligibility/Claims/General Questions): 602-938-3131

Changes made after 7/13/2021 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3

## REMITTANCE



<b>3</b>	Invoice No.:	000000001
	Invoice Date:	07/01/2021
	PO Number:	
	Client No.:	0001
	Due Date:	07/05/2021
	Billing Period:	07/01/2021 Thru 07/31/2021
	AMOUNT DUE:	\$977.88

Amount Remitted:

ABC COMPANY  
 ATTN: ACCOUNTS PAYABLE  
 1234 ANY ST.  
 TUCSON, AZ 85713

**2**

<b>1</b>	PLEASE SEND PAYMENT TO: DELTA DENTAL OF ARIZONA PO Box 741737 Los Angeles, CA 90074-1737
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## Subscriber Listing Report

Your invoice should be used in conjunction with the Subscriber Listing report available in BMT. The Subscriber Listing details all the subscribers who are active in our system as of the eligibility cutoff date each month. To access this report, sign in to BMT and download the Subscriber Listing in your preferred format.

If you have subscribers with COBRA coverage, a separate COBRA Subscriber Listing is available. It is identical to the Subscriber Listing except that it lists only COBRA subscribers and rates. The total dollar amounts for COBRA subscribers will be listed as separate line items (by coverage type) on your invoice.

A sample Subscriber Listing report is available on the next page. Use the key below to help you understand the Subscriber Listing:

1. Your name and address.
2. Your Delta Dental client (group), sub-client and contract numbers, which help us identify you when responding to billing questions, as well as your Delta Dental product, eligibility closing date (the last date through which member information changes are reflected), billing date (the date the invoice was created) and period for which you are being billed.
3. The subscriber's name.
4. The last 4 digits of the subscriber's member ID, used to uniquely identify the subscriber. This information is partially masked to better protect your employees' identities.
5. The subscriber's coverage type.
6. The rate associated with that coverage type.
7. The total for all subscribers listed.



## SUBSCRIBER LISTING

ABC COMPANY  
 ATTN: ACCOUNTS PAYABLE  
 1234 ANY ST.  
 TUCSON, AZ 85713

1

Client No.: 0001  
 Subclient No.: 0001-001-0001  
 Contract ID: 00001  
 Product: DELTA DENTAL PPO PLUS PREMIER  
 Eligibility:  
 Closing Date: 06/19/2021  
 Billing Date: 06/20/2021  
 Billing Period: 07/01/2021 - 07/31/2021

2

Name of Subscriber	Subscriber ID	Coverage Type	Total Due
LAST, FIRST	****	SUBSCRIBER ONLY	43.59
LAST, FIRST	****	SUBSCRIBER ONLY	43.59
LAST, FIRST	****	SUBSCRIBER, SPOUSE, CHILDREN	119.39
LAST, FIRST	****	SUBSCRIBER, SPOUSE, CHILDREN	119.39
LAST, FIRST	****	SUBSCRIBER ONLY	43.59
LAST, FIRST	****	SUBSCRIBER AND 2+ CHILDREN	119.39
7 [ Current Month Billing			\$488.94

3

4

5

6

7

[ Current Month Billing

\$488.94

## Current Period Changes Report

Your invoice should also be used in conjunction with the Current Period Changes report available in BMT. The Current Period Changes report lists all the subscribers for whom changes were made retroactively (i.e. changes made during the current billing period that have also impacted one or more prior periods). To access this report, sign into BMT and download the Current Period Changes report in your preferred format.

A sample Current Period Changes report is available on the next page. Use the key below to help you understand the Current Period Changes report:

1. Your name and address. (Note: If a billing contact is not on record, this may show as “HR” or “Accounts Payable” along with the address.)
2. Your Delta Dental client (group), sub-client and contract numbers, which help us identify you when responding to billing questions, as well as your Delta Dental product, eligibility closing date (the last date through which member information changes are reflected), billing date (the date the invoice was created) and period for which you are being billed.
3. The subscriber’s name.
4. The last 4 digits of the subscriber’s member ID, used to uniquely identify the subscriber. This information is partially masked to better protect your employees’ identities.
5. The subscriber’s coverage type.
6. The date the change became effective.
7. The type of change:
  - **Add** – A new enrollment.
  - **Term** – A subscriber’s coverage, along with any family members’ coverage, was terminated.
  - **Status** – A change in coverage type.
  - **COBRA** – A subscriber changed to COBRRA coverage or a newly eligible family member was added to COBRA coverage.
  - **Active** – A subscriber or other family members changed back to regular coverage from COBRA coverage.





CURRENT PERIOD CHANGES

CLIENT NAME  
 ATTN: FIRST LAST  
 1234 ANY ST.  
 GLENDALE, AZ 85306

1

Client No.: 0001  
 Subclient No.: 0001-001-0001  
 Contract ID: 000001  
 Product: DELTA DENTAL PPO PLUS PREMIER  
 Eligibility  
 Closing Date: 06/27/2021  
 Billing Date: 06/28/2021  
 Billing Period: 05/01/2021 - 05/31/2021

2

Name of Subscriber	Subscriber ID	Coverage Type	Billing Period Date	Type of Change	Previous Billing	Current Billing	Total Due Charge/(Credit)
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER AND 1 CHILD	05/01/2021	UPDATE			
LAST, FIRST	*****	SUBSCRIBER, SPOUSE, CHILDREN	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER AND SPOUSE	05/01/2021	UPDATE			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER AND SPOUSE	05/01/2021	UPDATE			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER AND SPOUSE	05/01/2021	UPDATE			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER AND 1 CHILD	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER, SPOUSE, CHILDREN	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	ADD			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	TERM			
LAST, FIRST	*****	SUBSCRIBER ONLY	05/01/2021	ADD			

3

4

5

6

7

Changes not reflected on the current billing will be adjusted on a future billing.

## Self-Insured Group Invoices

If you are a self-insured group (administrative services only), you will receive 2 separate invoices:

1. An invoice representing the fees for administering your benefits
2. An invoice for your members' claims

You will also receive an email notifying you when an invoice is available in BMT. All supporting billing documentation is available for download in the following formats: .pdf, .csv, .xls. If you are set up to receive paper bills, a copy of your invoice will also be mailed around the same time.

In addition, you can view current period member changes or total amount of adjustments to claims in BMT.

### Administrative Fees Invoice

An administrative fees invoice will be generated on the second-to-last day of the month and will reflect the current month's enrollment. You can expect to have your invoice available in BMT on the last day of the month. Invoice payment for the administrative fee is due on the 20<sup>th</sup> of each month following the month billed. For example, November administration charges will bill on November 28 and are due on December 20. You are encouraged to pay via electronic payment.



**TIP:** If you pay by ACH and have us initiate the debit, your payment will be drawn from your account on the first Friday following or coinciding with the 20<sup>th</sup> of the month.

A sample administrative fees invoice is available on the next page. Use the key below to help you understand your bill:

1. If you are paying by check, the address to which payment should be sent.
2. Your name and address. (Note: If a billing contact is not on record, this may show as "HR" or "Accounts Payable" along with the address.)
3. The invoice number and date, your client number, payment terms, due date and billing period. This information helps us identify you when responding to billing questions.
4. For each coverage type, the quantity (number of members under that coverage type), the unit amount or rate and the administrative cost for administering your claims for this billing period by coverage type.
5. The billing period amount due.

*Note:* The administrative fee invoice only covers the current billing period; it does not include information on any open balances on your account. Refer to the Statement of Account for information on any open balances on your account.



# INVOICE

Client Name: XYZ Company

Invoice No.: 000000000001

Client No.: 000001

Invoice Date: 05/31/2021

Billing Period: 05/01/2021 Thru 05/31/2021

Line	Identifier	Description	Quantity	UOM	Amount Due
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Reminder: Billing details are only available online on Benefit Manager Toolkit (www.toolkitsonline.com). If you do not yet have access, update your security settings via the site "Register" page.

1		Subscriber Only	231	3.02	697.62
2		Subscriber and Spouse	76	3.02	229.52
3		Subscriber, Spouse, Children	178	3.02	537.56
4		Subscriber and 1 Child	24	3.02	72.48
5		Subscriber and 2+ Children	16	3.02	48.32

<b>5</b>	Current Monthly Total:	<b>4</b>	525	\$1,585.50
	Total Amount Due:			\$1,585.50

For Inquiries on the following services, please call:  
Billing (Past Due Amounts/Payments/Account Balances): 602-588-3614  
Customer Service (Eligibility/Claims/General Questions): 602-938-3131

Changes made after 7/14/2021 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

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## REMITTANCE



<b>3</b>	Invoice No.:	000000000001
	Invoice Date:	05/31/2021
	PO Number:	
	Client No.:	000001
	Due Date:	06/20/2021
	Billing Period:	05/01/2021 Thru 05/31/2021
	AMOUNT DUE:	\$1,585.50

Amount Remitted:

XYZ Company  
ATTN: HR  
1234 ANY ST.  
MESA, AZ 85211

**2**

<b>1</b>	PLEASE SEND PAYMENT TO:
	DELTA DENTAL OF ARIZONA
	PO Box 741737
	Los Angeles, CA 90074-1737

## Claims Invoice

If you are set up for weekly claims billing, a claims invoice will be emailed every Monday and reflect the prior week's paid claims (Sunday to Saturday). Payment for weekly claims invoices are due each Friday via electronic payment.



**TIP:** Weekly invoices will never include claims for different months. If a month ends mid-week, you will receive two claims invoices for that week.

If you are set up for monthly claims billing, a claims invoice will be emailed around the beginning of each month for the prior month and reflect the prior month's paid claims. Payment for monthly claims invoices is due on the 20<sup>th</sup> of each month. For example, November claims charges will bill around December 1 and are due on December 20. You are encouraged to pay via electronic payment.



**TIP:** If you pay monthly by ACH and have us initiate the debit, your payment will be drawn from your account on the first Friday following or coinciding with the 20<sup>th</sup> of the month.

A sample claims invoice is available on the next page. Use the key below to help you understand your bill:

1. If you are paying by check, the address to which payment should be sent.
2. Your name and address. (Note: If a billing contact is not on record, this may show as "HR" or "Accounts Payable" along with the address.)
3. The invoice number and date, your client number, payment terms, due date, billing period and amount due. This information helps us identify you when responding to billing questions.
4. The billing period amount due.

*Note:* The claims invoice only covers the current billing period; it does not include information on any open balances on your account. Refer to the Statement of Account for information on any open balances on your account.



# INVOICE

Client Name: SAMPLE COMPANY

Invoice No.: AAA0000000001

Client No.: 00002

Invoice Date: 07/24/2021

Billing Period: 07/18/2021 Thru 07/24/2021

Line	Identifier	Description	Quantity	UOM	Amount Due
1		Claims Paid	32176.23	1.00	32,176.23
<b>Totals:</b>			<b>32176.23</b>		<b>\$32,176.23</b>

4

For inquiries on the following services, please call:  
 Billing (Past Due Amounts/Payments/Account Balances): 602-588-3614  
 Customer Service (Eligibility/Claims/General Questions): 602-938-3131

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

1

## REMITTANCE



3

Invoice No.: AAA0000000001

Invoice Date: 07/24/2021

PO Number:

Client No.: 00002

Due Date: 07/30/2021

Billing Period: 07/18/2021 Thru 07/24/2021

AMOUNT DUE: \$32,176.23

Amount Remitted:

SAMPLE COMPANY  
 ATTN: ACCOUNTS PAYABLE  
 1234 ANY RD.  
 PHOENIX, AZ 85004

2

1

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF ARIZONA  
 PO Box 741737  
 Los Angeles, CA 90074-1737

## Statement of Account

A Statement of Account is a summary of your account activity. It is not an invoice. A Statement of Account is mailed around the 10<sup>th</sup> of each month if you have a self-insured plan and open balances on your account at the time that statements are produced.

A sample Statement of Account is available on the next page. Use the key below to help you understand your statement:

1. Your name and address.
2. The statement number, statement date, your client number and our payment address.
3. The client name and number.
4. The date on which the entry was made.
5. The item ID and line, used internally to identify transactions within our accounting system.
6. The type of bill, if any.
7. The type of entry, such as "On Account" for a payment that has not been applied to an invoice or "Invoice."
8. The item activity, if any.
9. The balance or transaction amount. A negative number indicates a payment to Delta Dental; a positive number indicates an amount due.
10. The document number, if any, used to identify the transaction.
11. For payments, the check or EFT number.
12. The total of all items.
13. The statement total.
14. The total amount aged by the number of days and the total of all items.



Delta Dental of Arizona  
 Attn: Billing  
 PO Box 43000  
 Phoenix, AZ 85080-3000

ATTN: HR  
 XYZ COMPANY  
 1234 ANY St.  
 MESA, AZ 85211

Statement Number: 01  
 Statement Date: 07/27/2021  
 Client Number: 000001  
 Send payment to: P.O Box 741737  
 Los Angeles, CA 90074-1737

### Statement of Account

This is not an Invoice

*A friendly reminder to let you know your account has open balances that require immediate resolution. If your account has a balance due, claim payments for your members may be placed on hold. Please contact our Billing Department at 602-588-3614.*

4	5	6	7	8	9	10	11
Acct. Date	Item ID	Bill Type	Entry Type	Item Activity	Balance	Document:	Check Number

3 Client XYZ Company 000001 AZ000

05/31/2021	A000000000001	CAP	Invoice		2,641.50		
06/21/2021	0000000000001		ConvDR		25,882.92		

Total for XYZ Company 12 28,524.42

Statement Total 13 28,524.42

14		Future	0 - 30	31 - 60	61 - 90	Over 90	Total
	Amount	0.00	0.00	28,524.42	0.00	0.00	28,524.42

For inquiries regarding Billing, please call:  
 Arizona 1 (602) 588-3614 [Billing@deltadentalaz.com](mailto:Billing@deltadentalaz.com)

## Additional Information and Resources

### [deltadentalaz.com/systemupgrade](https://deltadentalaz.com/systemupgrade)

We've created a system enhancements page on our website to keep you in-the-know during this process. We recommend visiting the page regularly for the most up-to-date and accurate information. You'll find:

- Copies of key communications
- The current version of this guide
- Info on scheduled downtime
- Links to resources and training

### [deltadentalaz.com/employer/forms](https://deltadentalaz.com/employer/forms)

These upgrades will affect many of the forms you use regularly, including our new group enrollment form and enrollment spreadsheet. Updated forms will be available on September 13.

We'll also share training and user guides for the Benefit Manager Toolkit on our [employer forms and resources page](#) when it becomes available.

### [deltadentalaz.com/employer/benefits-materials](https://deltadentalaz.com/employer/benefits-materials)

Some of the benefits materials you may use to educate your employees on their benefits will be updated, including our find a dentist flyer, open enrollment toolkit and third cleaning flyer. Any updated or new documents will be available on September 13.



## Checklist for Group Administrators

For your convenience, we've created this handy checklist that outlines any action items you should take to ensure a successful transition to the upgraded system. The page numbers listed refer to the System Enhancements Guide for Employers.

- Download billing invoices and supporting documentation in the existing Employer Connection.** Must be completed by September 8. See page 10.
- Tell your employees to keep an eye out for their new ID cards.** ID cards will be mailed the week of September 13. See page 6.
- Check the [employer forms and documents page](#) for BMT training.** Training documents will be available on September 13. See page 7.
- Complete BMT admin account setup and create user accounts.** Invitation emails for account setup will start going out September 11. See pages 7-8.
- Add [donotreply@mydeltadental.com](mailto:donotreply@mydeltadental.com) and [donotreply@deltadentalaz.com](mailto:donotreply@deltadentalaz.com) to your safe senders list.** This will reduce the likelihood that emailed billing notices go to spam. See page 10.
- Update your records to reflect our new billing address.** See page 11.
  - *For remittance:*  
Delta Dental of Arizona  
Attn: Group Payments  
PO Box 741737  
Los Angeles, CA 90074-1737
  - *For overnights:*  
Delta Dental of Arizona  
Attn: Lockbox #741737  
2706 Media Center Dr.  
Los Angeles, CA 90065-1737
- Update your records to reflect our new banking information for client initiated ACH/wire transfers.** Work with your account executive to get the new banking details. See pages 10-11.







Delta Dental of Arizona

[deltadentalaz.com/employer](http://deltadentalaz.com/employer)

