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Dental Office Toolkit (DOT) Quick Guide

How to view and print member benefits

- On the DOT home screen, click Change Member. Image 1
- 2. Enter the following subscriber information:
 - Delta Dental Member ID or SSN
 - Date of Birth
 - First Name
 - Last Name

All fields are required. Click Search.

Image 2

3. On the left navigation bar, click the **Member** tab. Image 3



SELECTED SERVICE O	HOME OFFICE	CHANGE OFFICE	Selected Member ID:		CANCEL
Standard Programs Fograms	Service Office De	tails	MEMBER ID SSN or Alt ID	FIRST NAME	
Standard Programs C Search	Service Office De First Last Street Name	License Number: NPI Type 1: XXXX	MEMBER ID SSN or Alt ID DATE OF BIRTH mm/dd/yyyy	FIRST NAME FIRST NAME LAST NAME	
Standard Programs Q Search O Office	Service Office De First Last Street Name City, State ZIP Code	License Number: NPI Type 1: XXXX Tax ID: XXXXXXXX	MEMBER ID SSN or Alt ID DATE OF BIRTH mm/dd/yyyyy	FIRST NAME FIRST NAME LAST NAME LAST NAME	

.3	First Name Last Name [License No.] Street Address, City, State			Please select a member		
Ŭ	Standard Programs Federal Government Programs	Service Office Detai	ls			
	0	First Last	License Number:	mber: XXXXXXXX		
	Search	Street Name	NPI Type 1: XXXXX	xxx		
	Ø Office	City, State ZIP Code	Tax ID: XXXXXXXX			
		Service Office NPI Type 2: Not on file	Business NPI Type	2:		
	Office Details		Payment Method:	Check		
	Fee Schedules	THIS IS YOUR HOME OFFICE 🗸	OUR HOME OFFICE V Par Status: Delta Dental Premier©			
	Direct Deposits					
	Member	To access EFT/ERA information from other National Portal, click HERE. Dental Office Toolkit can be utilized to view	Delta Dental compan	ies on the Delta Dental mit claims for the		

4. Using the Selected Member ID drop down menu, select the member or family member to view their Member Details & Benefits. On this screen, your selection will be highlighted in green.

Image 4

5. Below the All Family Members table, click **Print All**. Image 5

4					Wel	come, Name! LOGOUT
	SELECTED SERVICE OFFI First Name Last Name [License Standard Programs Federal Government Programs	E: HOME OFFICE CHANGE OFFICE No.] Street Address, City, State Member Details & Benefits		FFICE	Selected Member ID: CHANG First Last — Title First Last — Title First Last — Title First Last — Title First Last — Title	
	Q Search	All Family Memb	ers		Member Alte	rnate ID: XXXXXXXXX
	Office Member	Patient Name First Last	Birthdate XX/XX/XXXX	Relationship Status	Eligibility ?	Effective Date

5	Member Details & Benefits	First Last	XX/XX/XXXX	Status	Status	xx/xx/xxxx
	Enter Claim / Pre- treatment Estimate	First Last	XX/XX/XXXX	Status	Status	XX/XX/XXXX
	Family Claims History	First Last	XX/XX/XXXX	Status	Status	XX/XX/XXXX
	Processing Policies	First Last	XX/XX/XXXX	Status	Status	XX/XX/XXXX
	⊘ Admin	First Last	XX/XX/XXXX	Status	Status	XX/XX/XXXX
	Fee Search					~
		Networks				PRINT ALL
		PPO Dentist Premier Der	ntist Nonparticipat	ing Dentist		