



Claim Entry		* *
Patient Eligibility and Provider Information		^
Paderic Information Subscriber ID Froz Name Last Name Last Name Last Name Last Sinch Date of Service Is eligible for services on 02/02/2023 from View Patient Service History	Provider Information Location Provider Provider Specialty Place of Service at	11-Office Verify Bigloiny
Diagnosis Codes           Code Type: ICD-10           Diag A           x =           Diag B		* *
Ancillary Information		×
Missing Teeth		×
Services		^
Code         Description         Tooth 1           1         [D1110]         Prophylaxis - Adult         1           2	Surfaces Diblightr 2   3   4   5 Oral Cavity 1   2   3   4   69501   2   4   5 Oral Cavity 1   2   3   4   69501   4   4   4   4   4   4   4   4   4   4	Qtp         Auch Number         Service Date         Billed Amc           1         02(02)(022)         100.00 A           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -           -         -         -
Office Reference Number Referral Number		Total Billed 5 100.00
Other Coverage		v
Attached Documents (0)           Attache Document(s)         Maximum file site: 151 Megabyses. Allowed file types: doc. docr. pf. pg. jeeg. oot. pol. p.           There are currently no documents attached to this claim.         Remarks	ong tif diff, tat, site, site, site	^
Clear All View Estimate Submit Claim		

## Submit a claim



From the portal, go to Submit Claim and fill out patient and provider information.



Check eligibility and patient service history.



Enter procedure codes and ancillary information.



Upload attachments, like X-rays, needed to process the claim.



Review everything is accurate and submit the claim.

Tip: On the Dashboard, you may correct a claim once the status is Processed.

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Clear Filters	v			Provider			cation
he claim status mean	What does th						
4 Claims	ays)	Processed (last 30 da	O F Claim		In Process	0 Claim	Received
	Claim Status ¢	Date Paid 0	Date of Service ©	vider Name ©	DOB © Pro	ime ≎	Encounter ID * Patient Na
	Claim Status \$	Date Paid ©	Date of Service \$	vider Name 0	DOB¢ Pro	ime ¢	Encounter ID * Patient Na
☞ ≡ ₫ ^	Claim Status ¢ Processed	Date Paid ©	Date of Service ©	vider Name © Dr John	D08¢ Pro	rme¢ Jane Doe	)[
							Encounter ID* Patient Na 12345 12346
	Processed	02/15/2023	01/13/2023	Dr John	02/25/1954	Jane Doe	12345

Save time every time by submitting and updating claims online on the dental provider portal.

Our network is utilized by more than 800,000 insured members and supports plans offered by Unum Dental, Colonial Life Dental and Starmount Dental.

Need more help? Contact the call center at 888-400-9304.

Dental insurance products are underwritten by Starmount Life Insurance Company, Baton Rouge, LA and Colonial Life & Accident Insurance Company, Columbia, SC. In New York, these insurance products are underwritten by Provident Life and Casualty Insurance Company, Chattanooga, TN and The Paul Revere Life Insurance Company, Worcester, MA. ©2023 Unum Group. All rights reserved. Unum and Colonial Life are registered trademarks and marketing brands of Unum Group and its insuring subsidiaries. ADR-1562404