

Create and submit Pre-Determinations and Claims electronically

613 [TDO KB](#) February 26, 2026 [Insurance Tools](#), [Site Configuration](#), [TDO software](#) 14.47K

Overview

How to send a Pre-determination or an E-Claim, step by step from Insurance, Creating, Submitting, and Uploading.

Detailed Instructions

- Make sure the patient’s insurance information is entered in the **Insurance** page.

The screenshot shows the 'Insurance' tab selected in the top navigation bar. Below the tabs, there are sections for 'Pick Carrier:', 'Carrier: ABC Insurance', 'Policy #:', 'Payer ID: STR01', 'Div/Sec #:', 'Begin:', 'End:', 'Subscriber:', 'Relationship to Subscriber' (with 'self' selected), and 'Subscriber information' (including First Name: Anita, Last Name: Zoom, Birthdate: 5/24/1954, ID #: 888888888, Gender: Female, Address: 9909 vista way, City: San Diego, State: CA, Zip: 92121, Phone: (888) 858-5858 x, Employer: test, and Group #: 123456789).

Pre-Determination

- In the **Fees** page, add the fees **without** clicking ‘Post’ or ‘Post All’ buttons.

The screenshot shows the 'Fees' page with a table of dental procedures. The table has columns for Tooth, Code, Surface Description, Est # of visits, Prognosis, Original Fee, Fee No Charge, Ins. Est., Deductible, Pt Est., Fee Presented, Category, Dr. Loc., and Post All. The first row shows a procedure with Code D3320, Surface Description RCT Bicuspid, Original Fee \$950.00, Fee No Charge \$950.00, Ins. Est. \$0.00, Deductible \$0.00, Pt Est. \$950.00, Fee Presented B, Category Posted, Dr. Loc. CARR ONE, and Post All button.

- Click on the “**New Claim**” button.

The screenshot shows the 'Fees' page with the 'New Claim' button highlighted in yellow in the top navigation bar. The table of dental procedures is the same as in the previous screenshot.

- On the “Create Claim” window, check the box for “**Pre-Determination**”.

Create Claim

Doctor: CARR

Location: ONE

Insurance: ABC Insurance

☒ Pre-Determination ☐ Claim

☐ Assigned ☐ Non-Assigned

Select up to 8 codes from the list to include in the claim:

Tooth	Surface	Ref Date	Code	Description	Presented	Debit	Dr Name
3		8/12/2021	D3320	RCT Bicuspid		\$950.00	CARR

Claim Amount: \$0.00

Create Claim Cancel

- Make sure the right doctor shows in the Doctor field, the Location is the right one (for multi-location offices), and the insurance name shows on the Insurance field.
- Highlight or select the fee available, then click the “Create Claim” button

Create Claim

Doctor: CARR

Location: ONE

Insurance: ABC Insurance

☒ Pre-Determination ☐ Claim

☒ Assigned ☐ Non-Assigned

Select up to 8 codes from the list to include in the claim:

Tooth	Surface	Ref Date	Code	Description	Presented	Debit	Dr Name
3		8/12/2021	D3320	RCT Bicuspid		\$950.00	CARR

Claim Amount: \$950.00

Create Claim Cancel

Assigned vs Non- Assigned

- If the payment is elected to be received by the **Office** from the Insurance select **Assigned**.
- If the payment is elected to be received by the **Patient** from the Insurance select **Non-Assigned**
- The Pre-Determination form will be created in TDO
- Click on the “**Submit E-Claim**” button, Even though it is a predetermination it will send as a Pre-Determination

ADA Dental Claim Form

HEADER INFORMATION

1. ☐ Statement of Actual Services EPSDT / Title XIX ☒ Request for Predetermination/Presubmission
2. Predetermination/Presubmission Number

Dental Benefit Plan Information

New	Close+Save	Refresh
Submit E-Claim	Close	Patient Info
Attachments		
Check	Add	

Policyholder/Subscriber Info (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Name: Zoom Auto

- If the E-Claim was elected to be **Assigned** and paid to the Office the claim will have Signature on file for both the Parent/Guardian and Subscriber (insured individual)

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Signature on File 8/19/2021
Parent/Guardian signature Date

37. I hereby authorize payment of the dental benefits otherwise payable to me directly to the named dentist or dental entity.

X Signature on File 8/19/2021
Subscriber signature Date

- If the E-Claim was elected to be **Non-Assigned** and paid to the Subscriber the claim will only have the Signature on File for the Parent and Guardian and not the subscriber

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Signature on File 8/19/2021
Parent/Guardian signature Date

37. I hereby authorize payment of the dental benefits otherwise payable to me directly to the named dentist or dental entity.

X _____
Subscriber signature Date

BILLING DENTIST OR DENTAL ENTITY

(Leave blank if dentist or dental entity is not submitting)

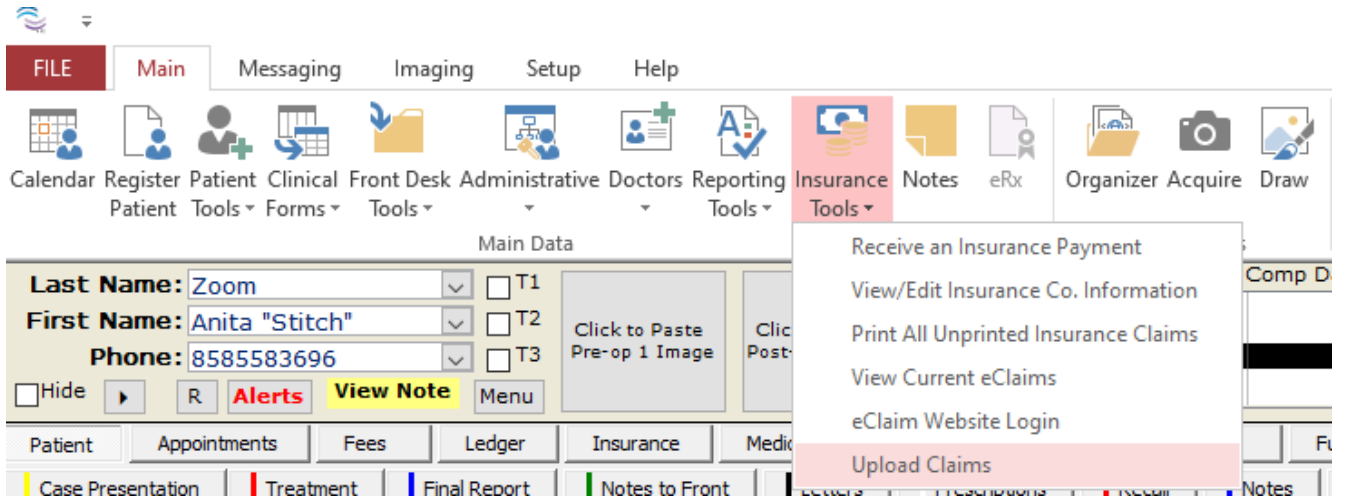
- Select **YES** to the question: Would you like to enter that this predetermination was filed as E-Claim today?

Insurance Claim Sent



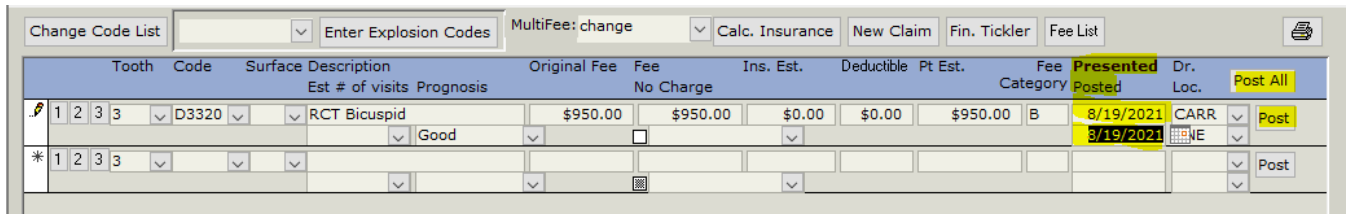
Would you like to enter that this predetermination was filed as Eclaim today?

- Click on Insurance Tools> Upload Claims, to send all made E-Claims to DentalxChange

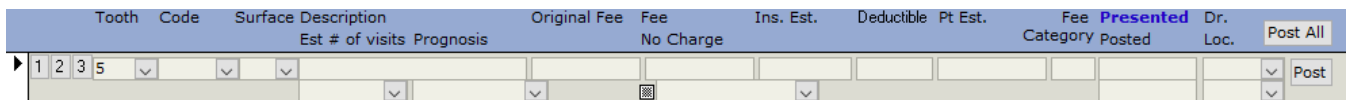


E-Claim

- After insurance is verified and filled out go to **Fees** tab
- Post the Fees that are planned to be billed to Insurance. Click **Post** or **Post All** if there are several fees to be posted for claim.
- Add the date by clicking in the box this will show when the fees were being posted and presented to the patient. Both boxes need to be filled.



- Fee is now posted to ledger and will be removed from the **Fees** page



- Click **New Claim**
- The code will show here with the Insurance

Create Claim X

Doctor:
☐ Pre-Determination ☒ Assigned
 Location: ☒ Claim ☐ Non-Assigned
 Insurance:

Select up to 8 codes from the list to include in the claim:

Tooth	Surface	Ref Date	Code	Description	Date Post	Debit	Dr Name
5		8/12/2021	D3320	RCT Bicuspid	8/19/2021	\$925.00	CARR

Claim Amount:

Assigned vs Non- Assigned

- If the payment is elected to be received by the **Office** from the Insurance select **Assigned**.
- If the payment is elected to be received by the **Patient** from the Insurance select **Non-Assigned**
- Click the code and select **Create Claim** to create the claim form

Create Claim X

Doctor:
☐ Pre-Determination ☒ Assigned
 Location: ☒ Claim ☐ Non-Assigned
 Insurance:

Select up to 8 codes from the list to include in the claim:

Tooth	Surface	Ref Date	Code	Description	Date Post	Debit	Dr Name
5		8/12/2021	D3320	RCT Bicuspid	8/19/2021	\$925.00	CARR

Claim Amount:

- Claim form will show for review
- You can add attachments if needed see [this article](#). This **Attachments** functionality is added in version 12.338 and higher and Only .jpg, .png, and .gif files can be attached.
- Select **Submit E-Claim**

ADA Dental Claim Form HEADER INFORMATION 1. ☒ Statement of Actual Services EPSDT / Title XIX ☐ Request for Predetermination/Preauthorization 2. Predetermination/Preauthorization Number		New Close+Save Refresh Patient Info Submit E-Claim Close Attachments Check Add
Dental Benefit Plan Information		Policyholder/Subscriber Info (Assigned by Plan Named in #3) 12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

- If the E-Claim was elected to be **Assigned** and paid to the Office the claim will have Signature on file for both the Parent/Guardian and Subscriber (insured individual)

AUTHORIZATIONS 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X <u>Signature on File</u> <u>8/19/2021</u> Patient/Guardian signature Date 37. I hereby authorize payment of the dental benefits otherwise payable to me directly to the insured dentist or dental entity. X <u>Signature on File</u> <u>8/19/2021</u> Subscriber signature Date	
--	--

- If the E-Claim was elected to be **Non-Assigned** and paid to the Subscriber the claim will only have the Signature on File for the Parent and Guardian and not the subscriber

AUTHORIZATIONS 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X <u>Signature on File</u> <u>8/19/2021</u> Patient/Guardian signature Date 37. I hereby authorize payment of the dental benefits otherwise payable to me directly to the insured dentist or dental entity. X _____ Subscriber signature Date	
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting)	

Insurance Claim Sent

 Would you like to enter that this claim was filed as Eclaim today?

Upload Claim

- You can view the E-Claims that are pending and ready to send
- **Insurance Tools> View Current E-Claims**

Insurance Tools ▾ Notes eRx Organizer Acquire

- Receive an Insurance Payment
- View/Edit Insurance Co. Information
- Print All Unprinted Insurance Claims
- View Current eClaims**
- eClaim Website Login
- Upload Claims

Browse eClaim file

FirstName	LastName	Dentist	Insurance	ClaimPred	Assigned	PriSec	Total
Mike	Jackson	Gary B. Carr	Empire Blue Cro	Claim	Yes	Pri	\$15.00
Jennifer (1963)	Maximoff	Gary B. Carr	Delta Dental	Claim	Yes	Pri	\$375.00
Jennifer (1963)	Maximoff	Gary B. Carr	Delta Dental	Claim	Yes	Pri	\$375.00
Justin	Test2	Gary B. Carr	Aetna Two	Claim	Yes	Pri	\$2,250.01
Justin	Test2	Gary B. Carr	Delta Dental	Claim	Yes	Sec	\$2,250.01
Anita	Zoom	Gary B. Carr	ABC Insurance	Claim	Yes	Pri	\$925.00
Anita	Zoom	Gary B. Carr	ABC Insurance	Predet	Yes	Pri	\$925.00

Delete Claim Open Claim Close

- To send all E-Claims that are ready to go
- **Insurance tools> Upload Claims**
- A progress bar will show and notify when complete

Electronic Claim Submission Status

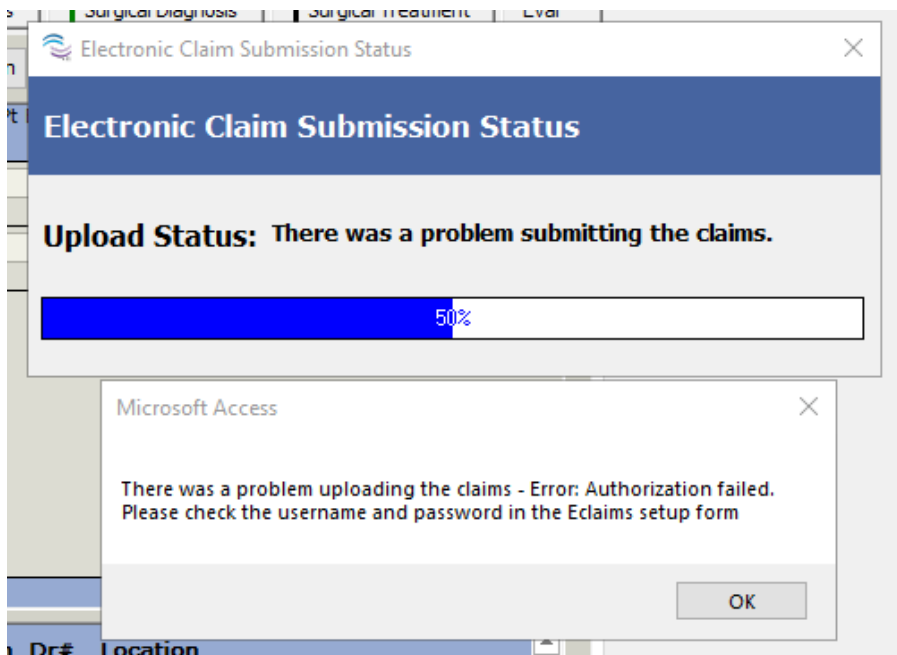
Electronic Claim Submission Status

Upload Status: There was a problem submitting the claims.

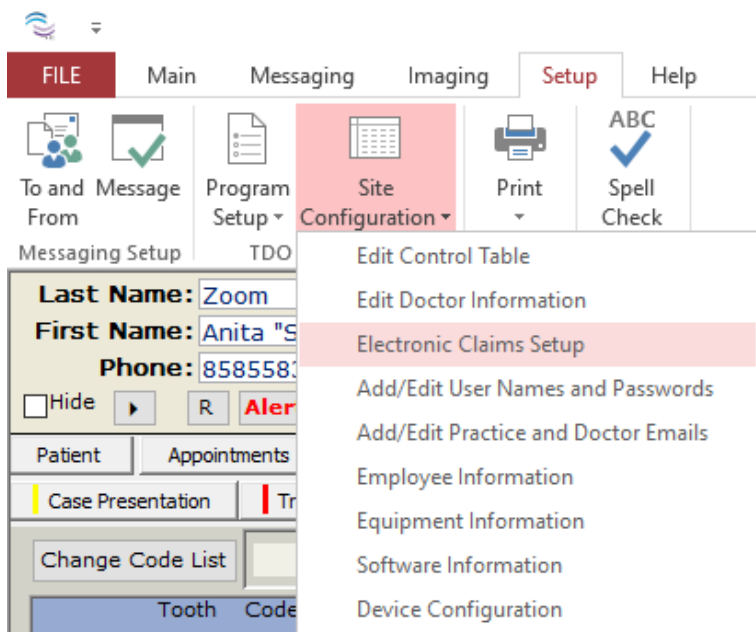
50%

Error Sending Claim

- If the upload fails Verify that you DentalxChange Password and login are correct,



- Verify that you TDO login information is correct
- **Setup> Site Configuration>Electronic Claim Setup**



- Type in the correct Username and Password

Eclaims Setup

Claim Upload Information

Webclaim Service: WebClaims - ClaimConnect Login...

Webclaim User Name: tdodemo

Webclaim Password: *****

All fields are required.

Ok Cancel

- Click **Login** to open the DentalxChange website to verify the correct information
- Then Select **OK** in TDO to have the updated Password saved and repeat the **Upload** process to send Electronic Claims.

Online URL: <https://kb.tdo4endo.com/article.php?id=613>