

Insurance - Centralized Claims with DXC - view current claims [v12.405g and above]

861 [TDOKB1](#) September 2, 2025 [Insurance](#), [Insurance Tools](#), [Site Configuration](#) 9.04K

Overview

TDO feature that allows multi-location offices to upload and print Claims from one centralized location with Dental X Change. This feature is available on **TDO version 12.405g and above**.

Important: Before switching to “Centralized Claims,” upload all current eclaims created.

Detailed Instructions

To enable Centralized Claims:

1. Setup > Site Configuration > Edit Control Table > Practice Information.
2. Check the “Enable Centralized eClaim” box.

Note: This is a system-wide setting; once the box is checked at main location, the box will show as checked at the satellite locations.

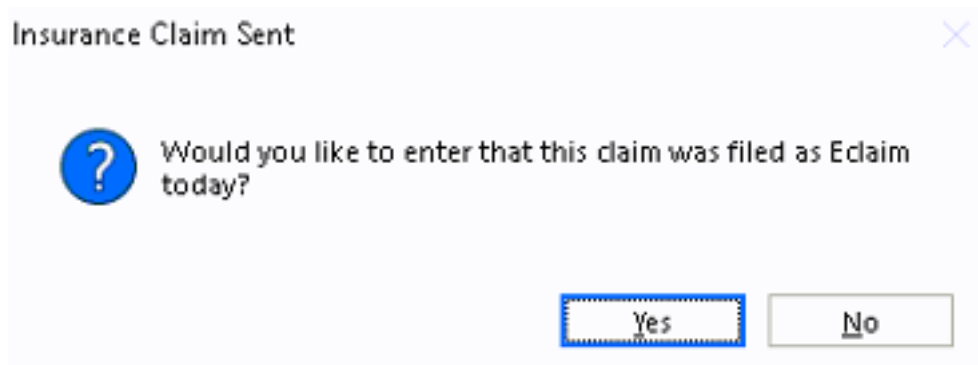
Control Table

Control Table Information

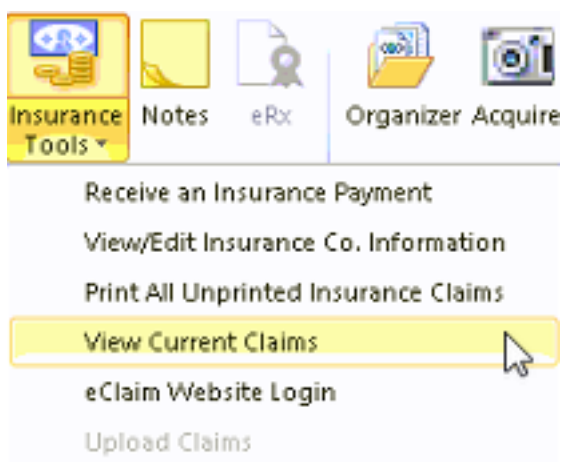
Practice Information Application Settings Network Settings Workstation

Practice Name: Quality Centered Endodontics	Practice Street Address1: 6235 Lusk Blvd #1
Practice Title: Gary B. Carr, D.D.S. Title	Practice Street Address2: PO Box 000
URL of the main Web Site: www.tdo4endo.com	City: Brisbane
School 	State: CA Zip: 94005
Practice NPI: 	Phone: 858-558-3636 Fax: 8585583633
Location Nickname: L1	☒ Enable AR filtering by overall patient balance ☐ Emergency Mode
Logo for Reports: Remove Logo	☐ Inactive Inactive Comments:
Corporate Logo for Emails: C:\TDOOfficeData\XRays\tdologo.png	☒ Enable Ledger Connections ☒ Enable Centralized eClaim
Corporate Logo Location: Top Left	LC Last Run: 3/31/2020 2:22:20 PM Auto Updater Update Time: 11:00pm

3. Create an electronic claim as you normally do.
4. Click "Submit E-Claim".
5. Click "Yes" on the Insurance Claim Sent pop-up.

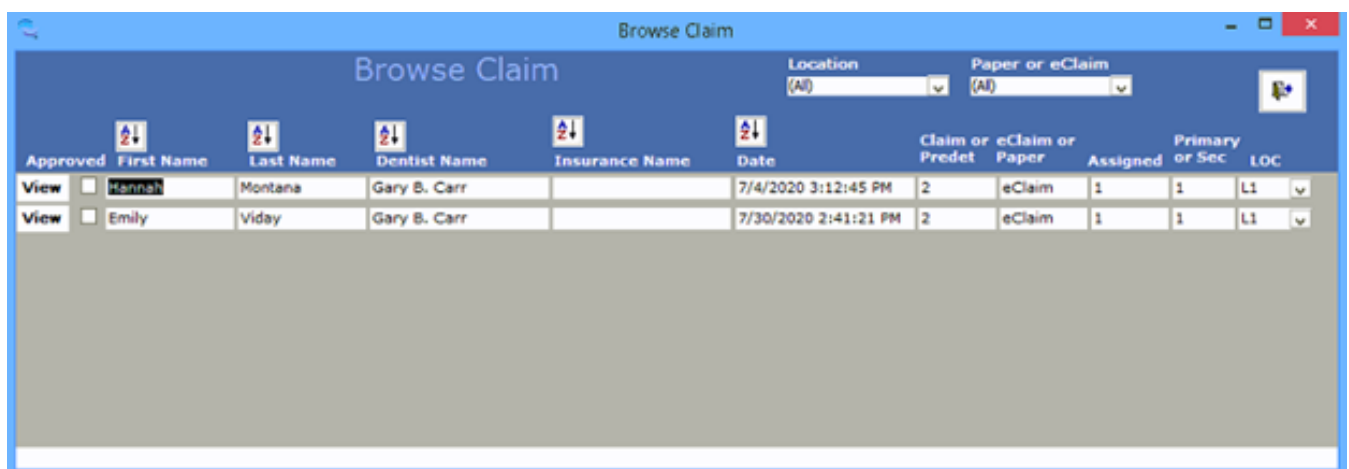


6. You can now view and approve current Claims created from any location by going to Insurance Tools – View Current Claims.



The “Browse Claim” window displays eClaims and paper claims that are pending. Users can:

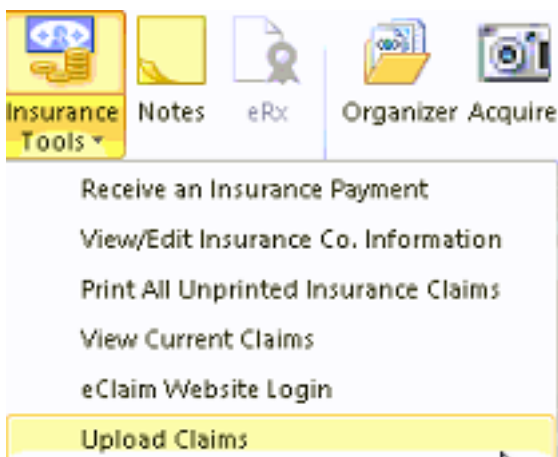
- Filter by paper or electronic claims as well as by location.
- Sort by patient name, doctor name, and date.
- View claims as well as mark them as approved.



Before an eClaim can be submitted, the “Approved” checkbox must be checked for each claim.

Browse Claim											
						Location	Paper or eClaim				
						(All)	(All)				
Approved	First Name	Last Name	Dentist Name	Insurance Name	Date	Claim or Predet	eClaim or Paper	Assigned	Primary or Sec	LOC	
View	☒	Hannah	Montana	Gary B. Carr		7/4/2020 3:12:45 PM	2	eClaim	1	1	L1
View	☒	Emily	Viday	Gary B. Carr		7/30/2020 2:41:21 PM	2	eClaim	1	1	L1

When ready to upload, go to Insurance Tools > Upload Claims.



Reminder: only approved eClaims will be uploaded.

To Print All Unprinted Insurance Claims

Create a claim as you normally do. On the print preview of the claim, click on “Close+Save” or “Close” button.

ADA Dental Claim Form	
HEADER INFORMATION 1. ☒ Statement of Actual Services (PSOT / Title XX) ☐ Request for Predetermination/Preauthorization 2. Predetermination/Preauthorization Number	
Dental Benefit Plan Information 3. Company/Plan Name, Address, City, State, Zip Code Carrier Name: Delta Dental Carrier Address: 3 City: Chula Vista State: CA Zip: 91911	
OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.) 4. Other Dental or Medical Coverage? ☒ No (Skip 5-11) ☐ Yes (Complete 5-11) 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix) Name: [Blank] 6. Date of Birth (MM/DD/YYYY) 7. Gender ☒ M ☐ F ☐ U 8. Subscriber Identifier (SSN or ID#) 9. Plan/Group Number 10. Patient's Relationship to Person named in #5 ☒ Self ☐ Spouse ☐ Dependent ☐ Other 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code Name: [Blank] Address: [Blank] City, ST, Zip: [Blank]	
POLICYHOLDER/SUBSCRIBER INFO (Assigned by Plan Named in #3) 12. Policyholder/Subscriber Name Last, First, Middle Initial, Suffix, Address, City, State, Zip Code Name: Claims, Paper Address: 222 City: San Diego State: CA Zip: 92121 13. Date of Birth (MM/DD/YYYY) 14. Gender ☐ M ☐ F ☒ U 15. Policyholder/Subscriber ID# or SSN 10/10/1990 852135479 16. Plan/Group Number 17. Employer Name 18. Relationship to Policy Holder/Subscriber in #12 Above ☒ Self ☐ Spouse ☐ Child ☐ Other 19. Reserved for future use PATIENT INFORMATION 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code Name: Claims, Paper Address: 222 City: San Diego State: CA Zip: 92121 21. Date of Birth (MM/DD/YYYY) 22. Gender ☐ M ☐ F ☒ U 23. Patient ID/Subscriber ID Assigned by Provider 10/10/1990 6	

Click **No** when asked “to enter this claim as Paper Claim today” so users can print all the claims create at once in the next step.

Insurance Claim Sent

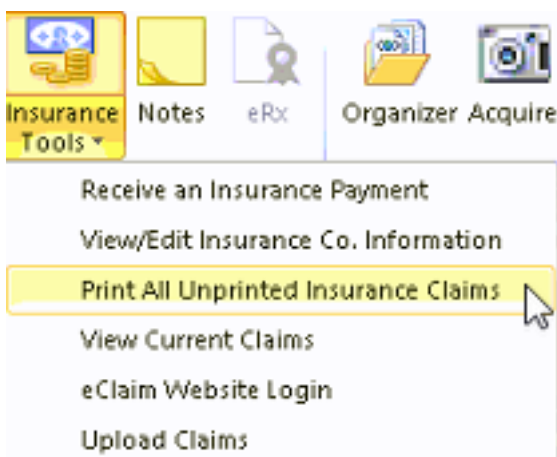
Would you like to enter that this claim was filed as Paper Claim today?

Yes
No

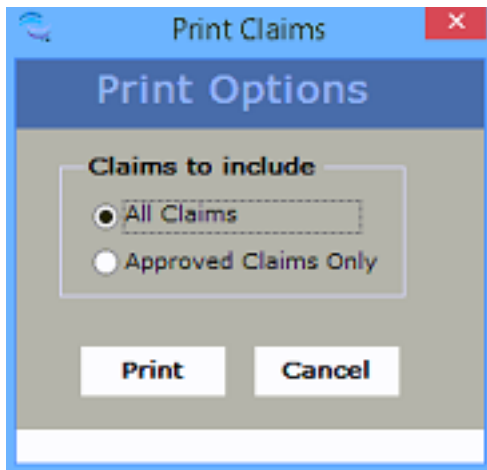
Before printing paper claims, users can go to 'View Current Claims', where you can:

- Filter by paper or electronic claims as well as by location.
- Sort by patient name, doctor name, and date.
- View claims as well as mark them as approved.

When ready to print, go to Insurance Tools > Print All Unprinted Insurance Claims.



The “Print Claims” window will open.



You have the option of printing all unprinted claims or only approved claims.

Online URL: <https://kb.tdo4endo.com/article.php?id=861>