How to add insurance in Dentrix

This guide shows you how to add insurance in Dentrix for a patient. You'll search for an existing plan, create a new dental insurance plan if none matches, and attach the plan to the patient. You'll then enter the patient's subscriber details and review the plan's benefits and coverage.

Prerequisites

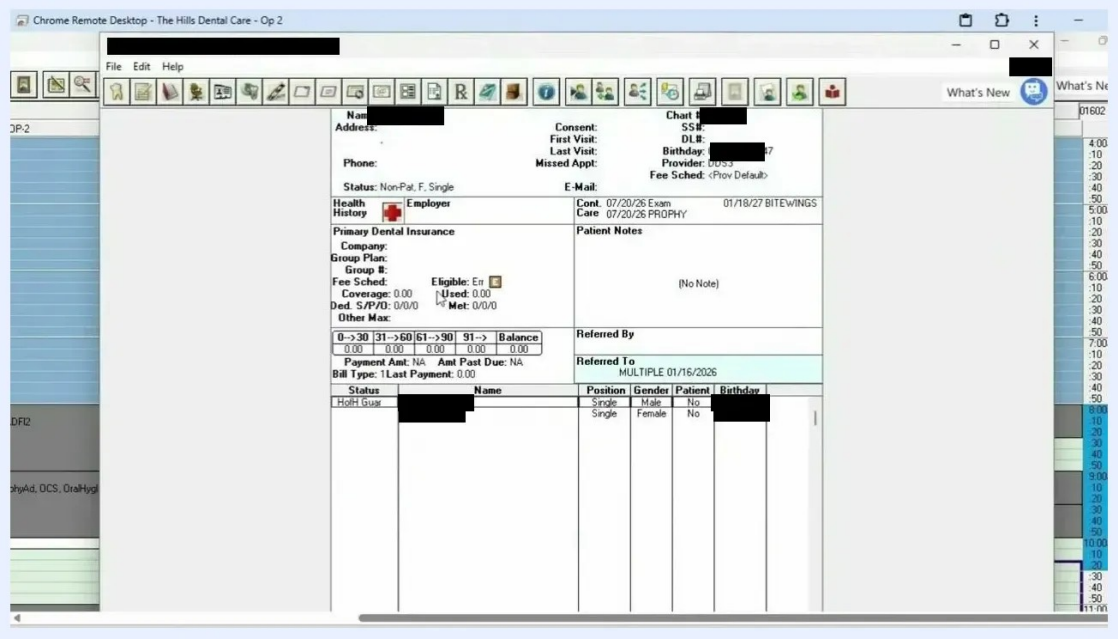
- Access to the patient's family file in Dentrix.
- The patient's insurance card. The carrier phone number, fax, and contact person are typically on the back of the card.
- The exact group number. An incorrect group number can result in denied claims.

Open the patient's insurance information

Step 1: Open the Primary Dental Insurance section

1. Open Dentrix and select the patient whose insurance information you want to update.
2. Go to the patient's family file.
3. Locate the **Primary Dental Insurance** section and double-click the **Primary Dental Insurance** tab.

The **Insurance Information** window opens. From here, you can view and edit both the dental and medical insurance tabs. For dental plans, make sure you are on the **Dental Insurance** tab.

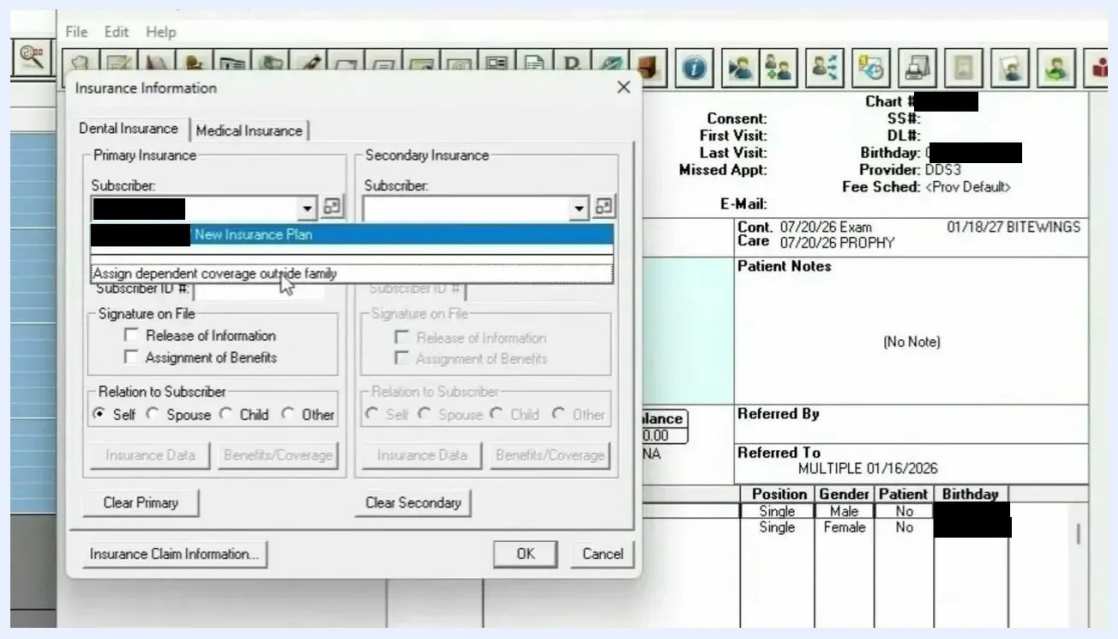


Dentrix family file screen showing patient details and the Primary Dental Insurance section

Step 2: Assign the subscriber and dependents

1. In the **Subscriber** dropdown, select the subscriber's name (for example, Grey, Meredith).

2. To assign dependents or other family members, use the dropdown to select from existing family members. You can also assign dependent coverage outside the family.



Insurance Information window with the Subscriber dropdown expanded, showing options for a new insurance plan and dependent coverage

Step 3: Use an existing family member's plan (optional)

If another family member already has an insurance plan, select their plan from the dropdown. Then click **OK** to pull in their insurance information automatically.

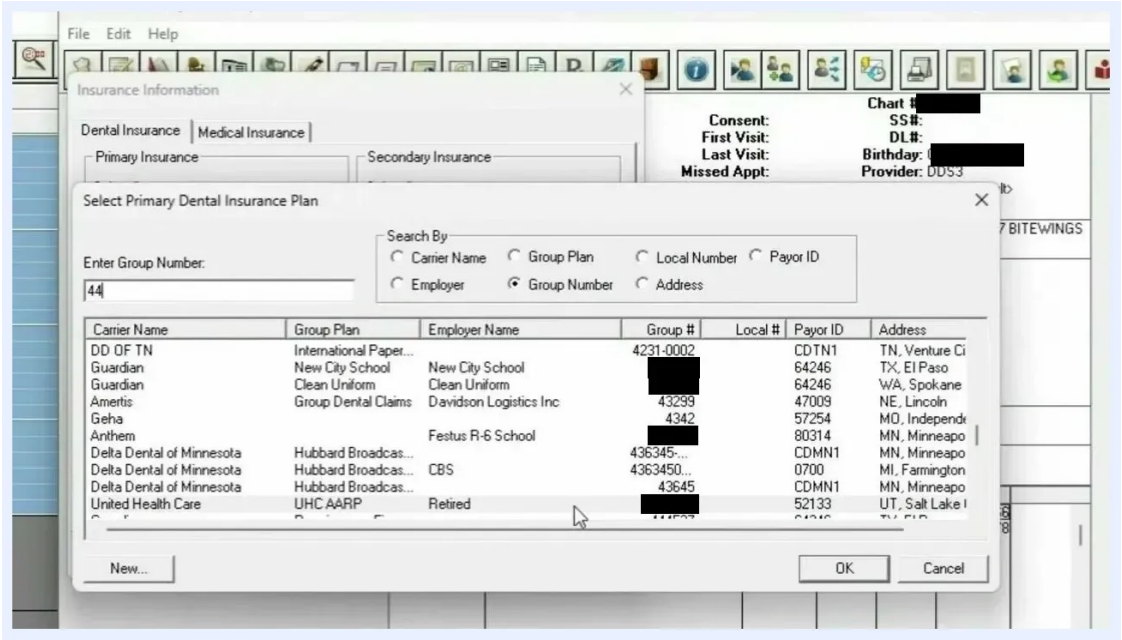
Find or create the insurance plan

Step 4: Search for an existing plan by group number

Always search for an existing plan before you create a new one. This prevents duplicate plans.

1. In the **Select Primary Dental Insurance Plan** window, select the **Group Number** radio button under **Search By**.
2. Enter the patient's group number in the **Enter Group Number** field. The list filters to matching plans as you type.

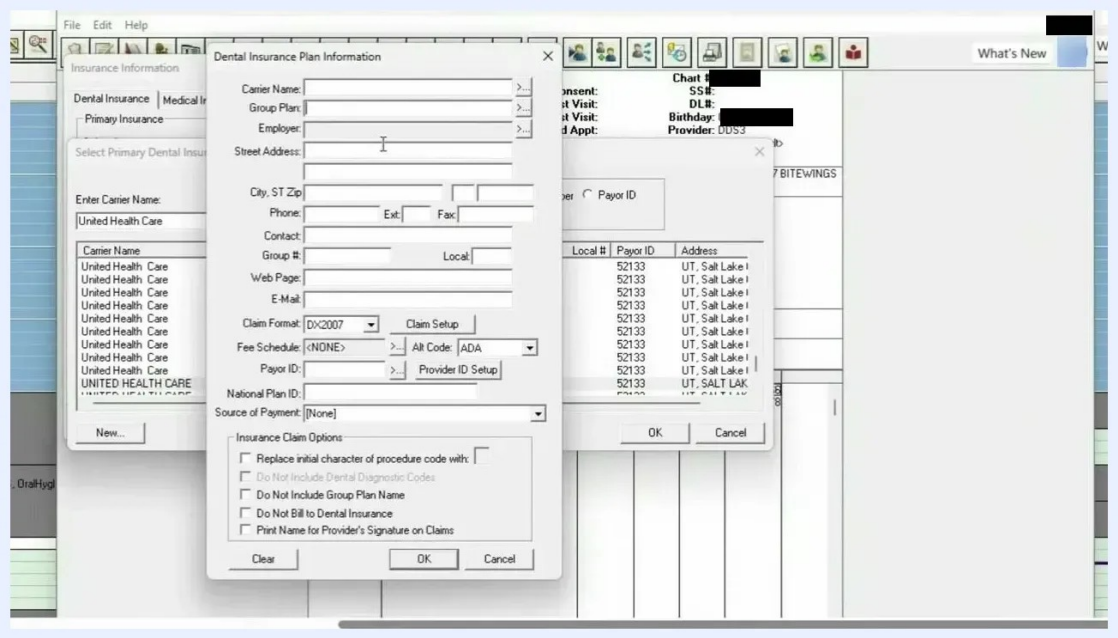
3. If you find the correct plan, select it and click **OK** to attach it to the patient.



Select Primary Dental Insurance Plan window with a group number search and filtered results

Step 5: Create a new plan if no match is found

If the plan doesn't exist, click the **New...** button at the bottom left of the **Select Primary Dental Insurance Plan** window. The **Dental Insurance Plan Information** window opens so you can enter the plan manually.



Dental Insurance Plan Information window opened for a new plan, with all fields blank and ready for input

Enter the plan details

Step 6: Enter the carrier name

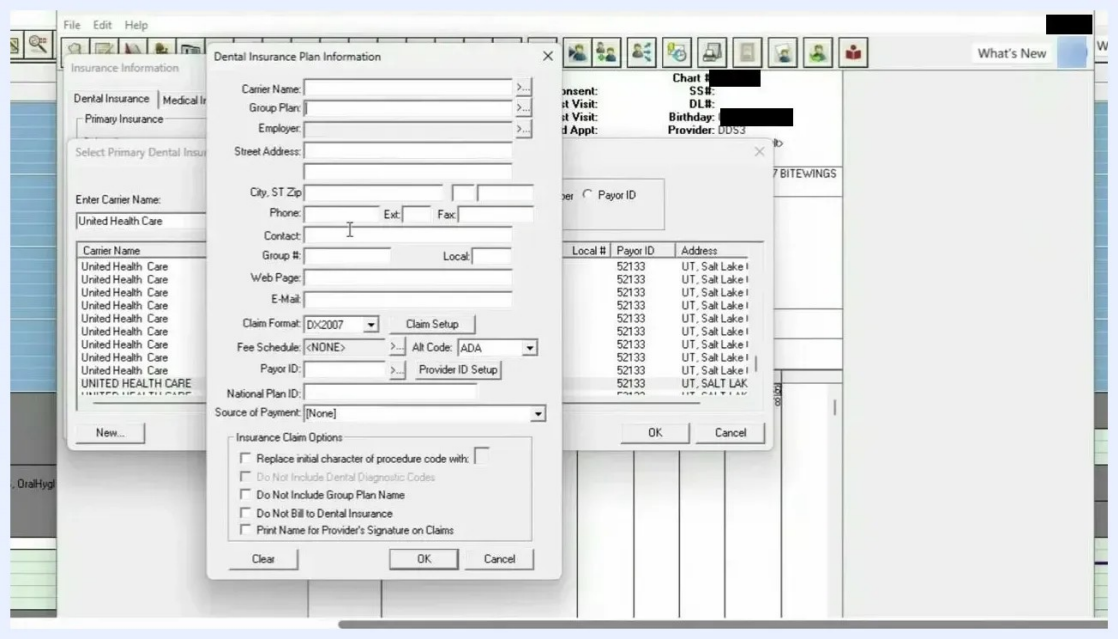
Enter the insurance carrier name in the **Enter Carrier Name** field. For example, enter "United Health Care". If the carrier appears in the list below the field, select it.

Step 7: Complete the carrier and plan fields

In the **Dental Insurance Plan Information** window, fill in the following fields:

- **Carrier Name:** Enter the insurance carrier (for example, Delta Dental, Aetna, or United Health Care).
- **Group Plan:** Enter the group plan name, which is often tied to the employer or a specific plan name. If you don't know it, use the employer name.
- **Employer:** Link the patient's employer. This saves time when several patients work at the same company.

- **Street Address, City, State, Zip:** Enter the insurance company's contact address.
- **Phone, Fax, Contact:** Enter the phone number, fax, and contact person for the insurance company.
- **Group #:** Enter the exact group number. This is critical for claim approval.
- **Web Page, E-Mail:** Enter the insurance company's website and email if available.
- **Claim Format:** Select the appropriate claim format (for example, DX2007).
- **Fee Schedule, Payor ID, National Plan ID, Source of Payment:** Enter these details as provided or as your office requires.
- **Insurance Claim Options:** Check or uncheck options to match your office's billing practices. Examples are **Do Not Bill to Dental Insurance** and **Print Name for Provider's Signature on Claims**.



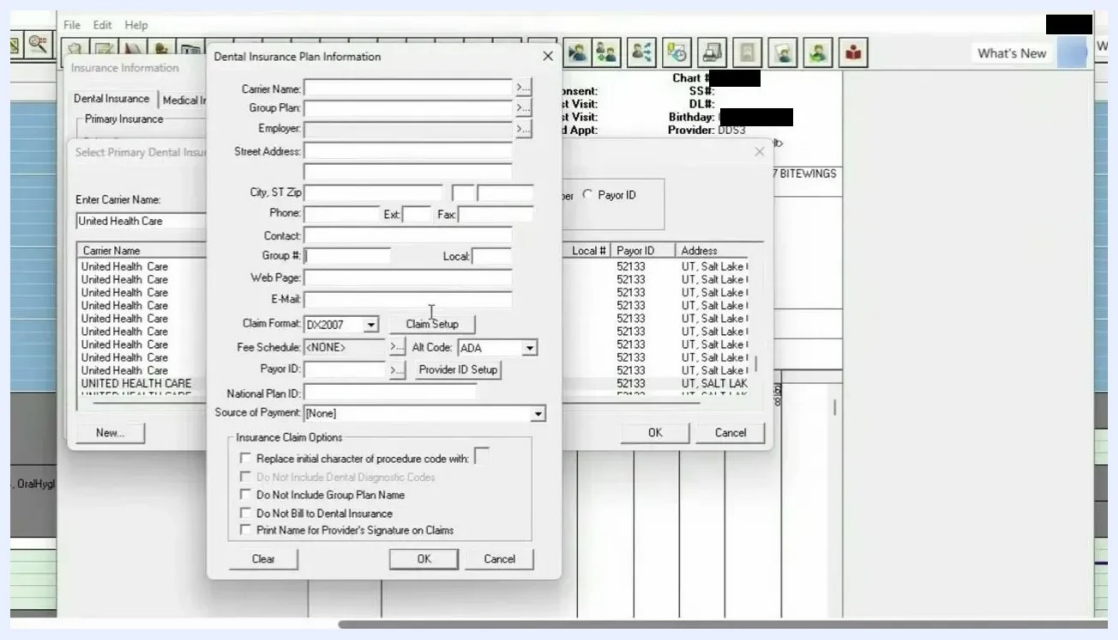
Dental Insurance Plan Information window with all fields visible for manual entry, including carrier, group plan, employer, address, phone, group number, and claim options

Step 8: Add the web page and email (optional)

Enter the insurance company's web page and email address if you have them. These fields are optional but helpful for online benefit verification.

Step 9: Set the claim format

1. In the **Claim Format** dropdown, select your standard claim format (for example, DX2007). This determines whether claims are printed or sent electronically.
2. If you need to adjust advanced claim formatting, click the **Claim Setup** button.



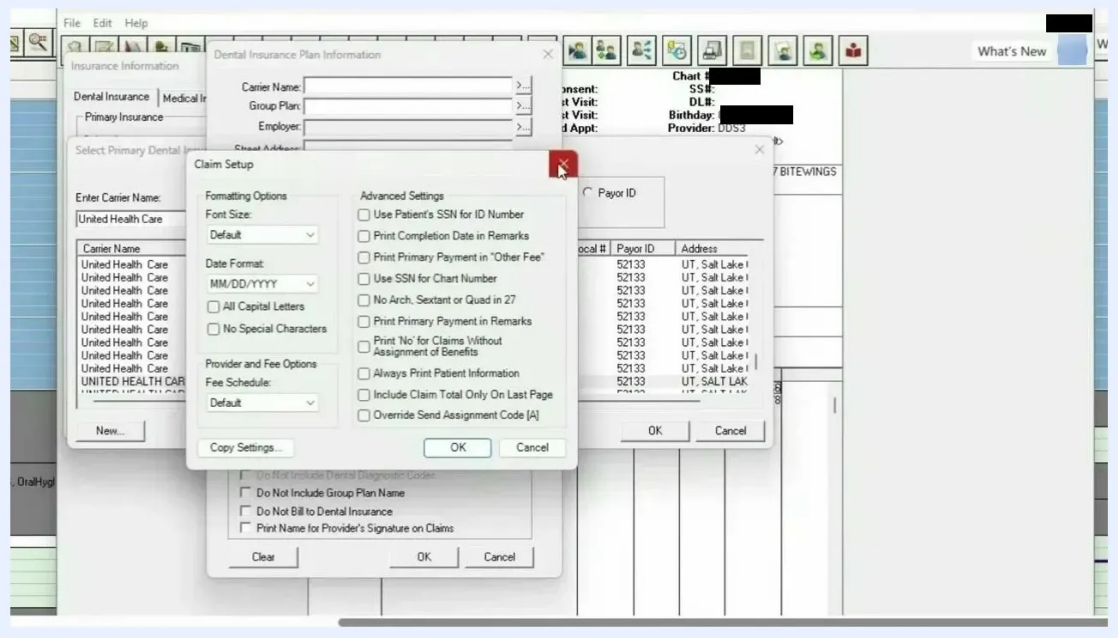
Dental Insurance Plan Information window with Claim Format set to DX2007 and the Claim Setup button highlighted

Step 10: Configure advanced claim setup options (optional)

In the **Claim Setup** window, adjust the following as needed:

- **Formatting Options:** Set the font size and date format, use all capital letters, or exclude special characters.
- **Provider and Fee Options:** Select a default fee schedule for claims.
- **Advanced Settings:** Choose options such as using the patient's SSN for ID, printing completion dates, or always printing patient information.

Click **OK** to save your claim setup changes.



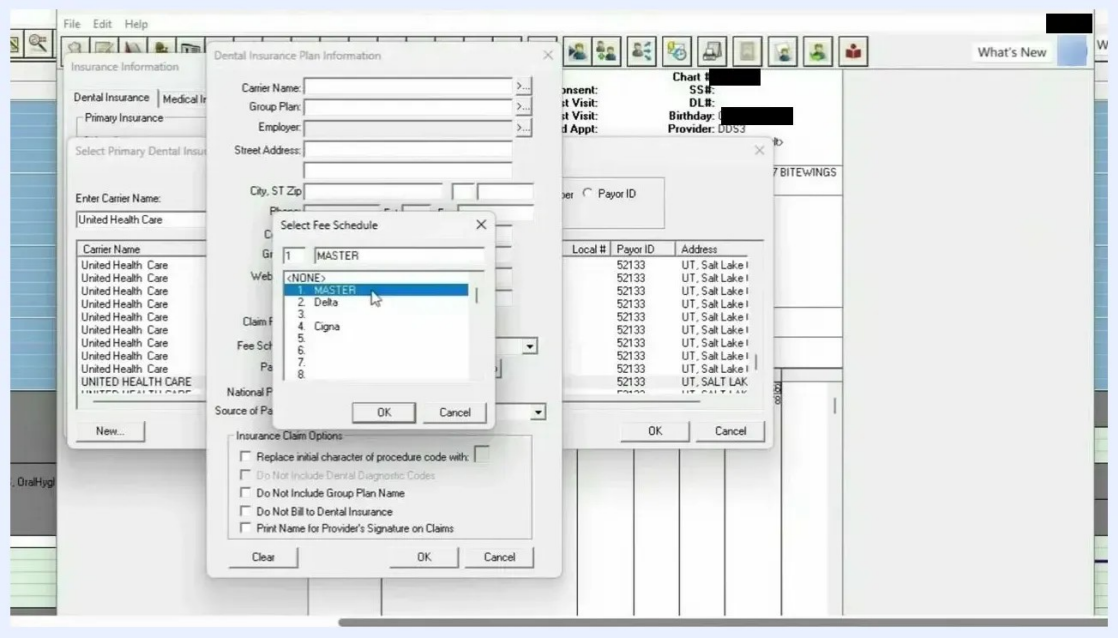
Claim Setup window showing formatting options, provider and fee options, and advanced settings

Step 11: Select the fee schedule

In the **Fee Schedule** dropdown, choose the correct fee schedule for the insurance plan. Keep these rules in mind:

- If the plan has a specific fee schedule, select it here.
- If the patient has a fee schedule assigned in their family file, that schedule overrides this setting.
- If you select no fee schedule, Dentrix uses the provider's default fees.

To see more options, click the **...** button next to the **Fee Schedule** field to open the **Select Fee Schedule** window. Choose an available option (for example, MASTER, Delta, or Cigna). Select **<NONE>** if you want to use office fees.



Select Fee Schedule window with options such as MASTER, Delta, and Cigna visible

Step 12: Set the Payor ID

If you submit electronic claims, enter the insurance company's Payor ID. An incorrect or missing Payor ID causes electronic claims to fail.

When you configure the claim format and fee schedule carefully, claims are submitted in the correct format and payments are calculated using the appropriate fee structure. This reduces claim denials and keeps billing accurate.

Step 13: Configure provider-specific settings (optional)

This step is useful for offices with multiple providers or specialists. Click the **Provider ID Setup** button to open a dialog where you can manage provider IDs for claims.

Step 14: Save the new insurance plan

After you enter all required information, click **OK**. Dentrix saves the new plan and attaches it to the patient's file.

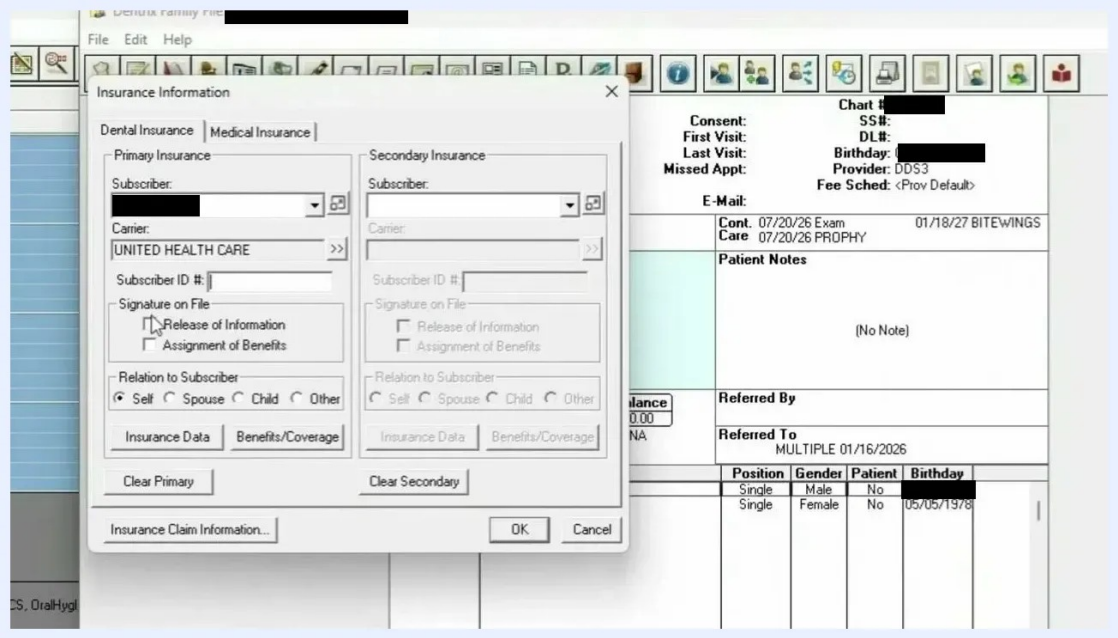
Enter the patient's insurance information

Step 15: Enter the subscriber ID

In the **Insurance Information** window, enter the subscriber's ID number in the **Subscriber ID #** field.

Step 16: Select Release of Information

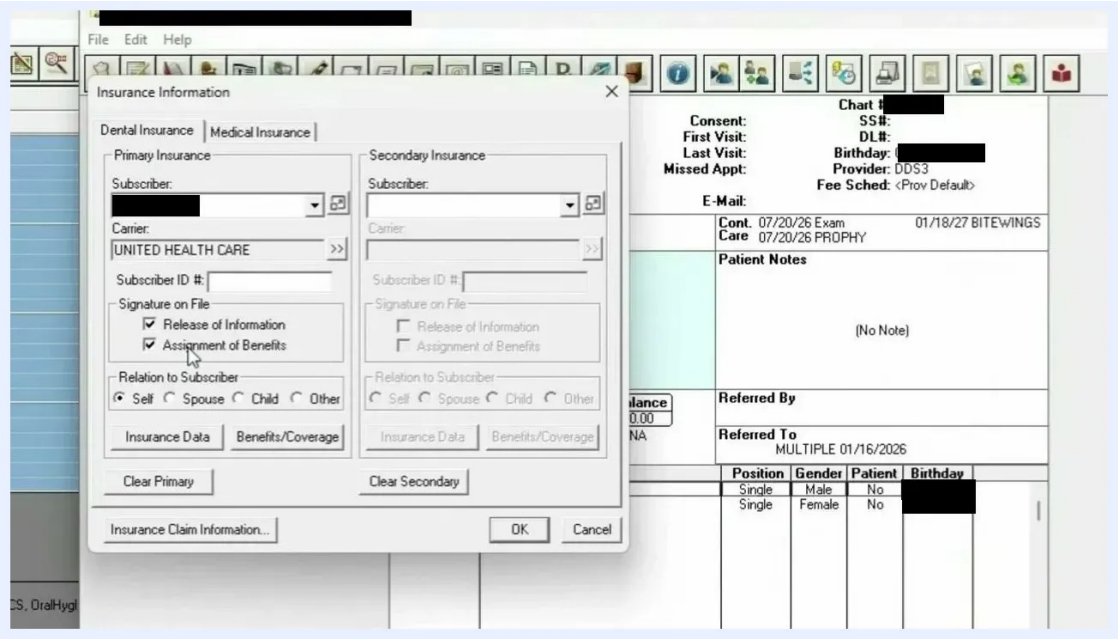
Under **Signature on File**, check the **Release of Information** box. Insurance companies typically require this.



Insurance Information window with the Release of Information checkbox selected under Signature on File

Step 17: Select Assignment of Benefits

Check the **Assignment of Benefits** box if you want insurance payments to go directly to the provider. If you leave it unchecked, payments go directly to the patient. Make sure it is checked if your office receives insurance checks directly.

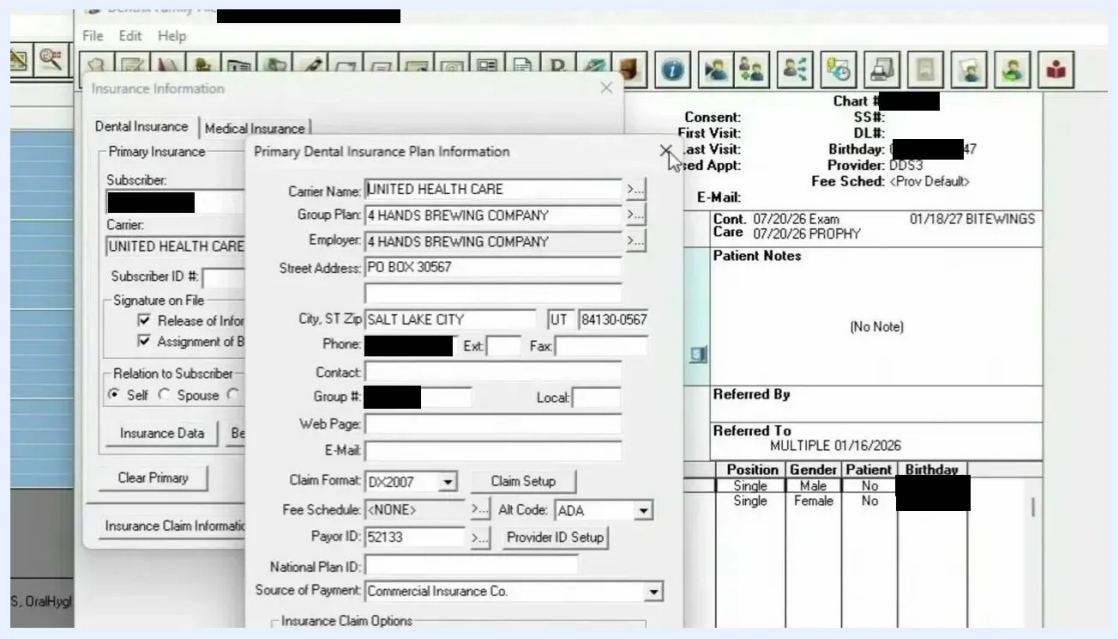


Insurance Information window with both Release of Information and Assignment of Benefits checkboxes selected

Step 18: Specify the relationship to the subscriber

Under **Relation to Subscriber**, select **Self**, **Spouse**, **Child**, or **Other**. For example, select **Self** if the patient is the subscriber.

The window also shows fields for primary and secondary insurance. You can enter the subscriber, carrier, subscriber ID, and signature on file in these fields.



Insurance Information window with the Relation to Subscriber options (Self, Spouse, Child, Other) and the cursor selecting Self

Step 19: Save the patient's insurance information

Click **OK** to save the patient's insurance information.

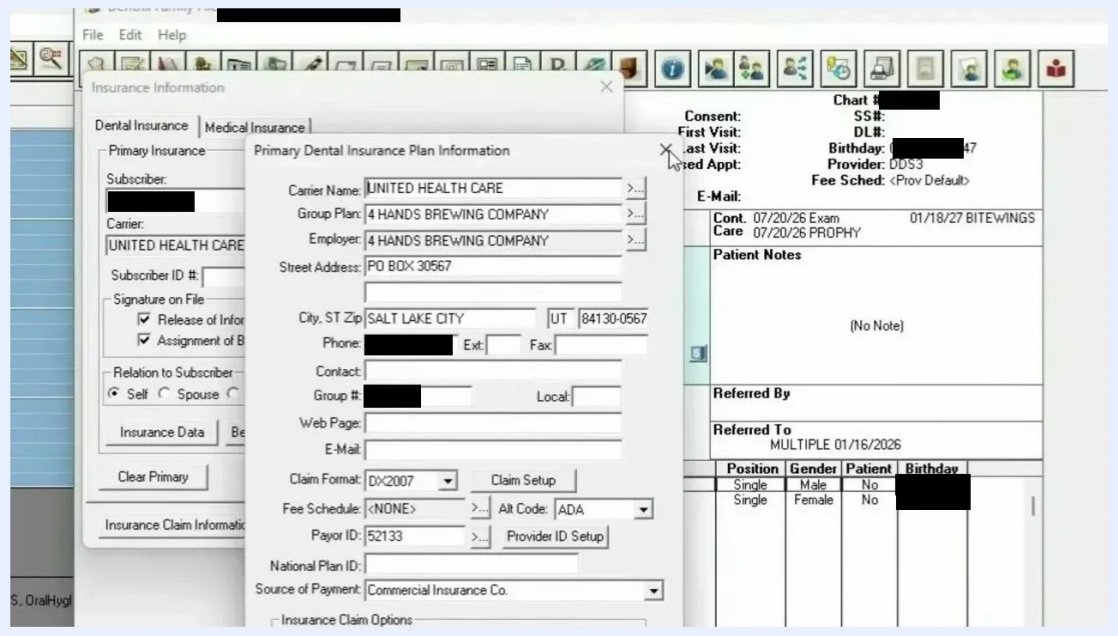
Verify the insurance details

Step 20: Review the family file

Return to the main Dentrix **Family File** window and confirm that the **Primary Dental Insurance** section lists the correct information. In this example, it shows:

- Company: UNITED HEALTH CARE
- Group Plan: 4 HANDS BREWING COMPANY
- Group #: 1830720
- Coverage: $1000.00
- Used: $0.00
- Eligible: Oth E
- Deductible S/P/O: 50/0/0
- Met: 0/0/0

Also verify the patient's name, status, and other demographic information.



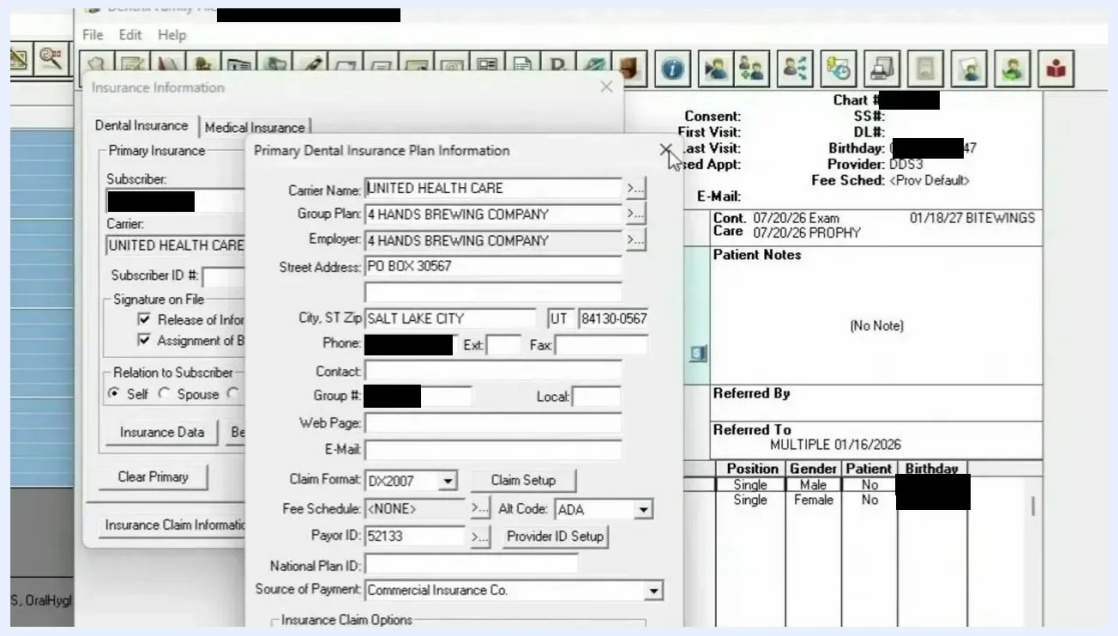
Dentrix Family File window showing the patient summary and Primary Dental Insurance details, including company, group plan, group number, coverage, and deductible information

Step 21: Review or edit the plan details

To view or edit detailed plan information, click the **Insurance Data** button in the **Insurance Information** window. The Primary Dental Insurance Plan Information dialog opens. Review or update fields as needed. In this example, they are:

- Carrier Name: UNITED HEALTH CARE
- Group Plan: 4 HANDS BREWING COMPANY
- Employer: 4 HANDS BREWING COMPANY
- Street Address: PO BOX 30567
- City, ST Zip: SALT LAKE CITY, UT 84130-0567
- Phone: (800)822-5353
- Group #: 1830720
- Claim Format: DX2007
- Fee Schedule: <NONE>
- Alt Code: ADA
- Payor ID: 52133

- Source of Payment: Commercial Insurance Co.



Primary Dental Insurance Plan Information dialog with fields for carrier, group plan, employer, address, phone, group number, claim format, payor ID, and source of payment

Review and adjust benefits and coverage

Step 22: Open Benefits/Coverage

Click the **Benefits/Coverage** button in the **Insurance Information** window. The Dental Insurance Benefits and Coverage window opens.

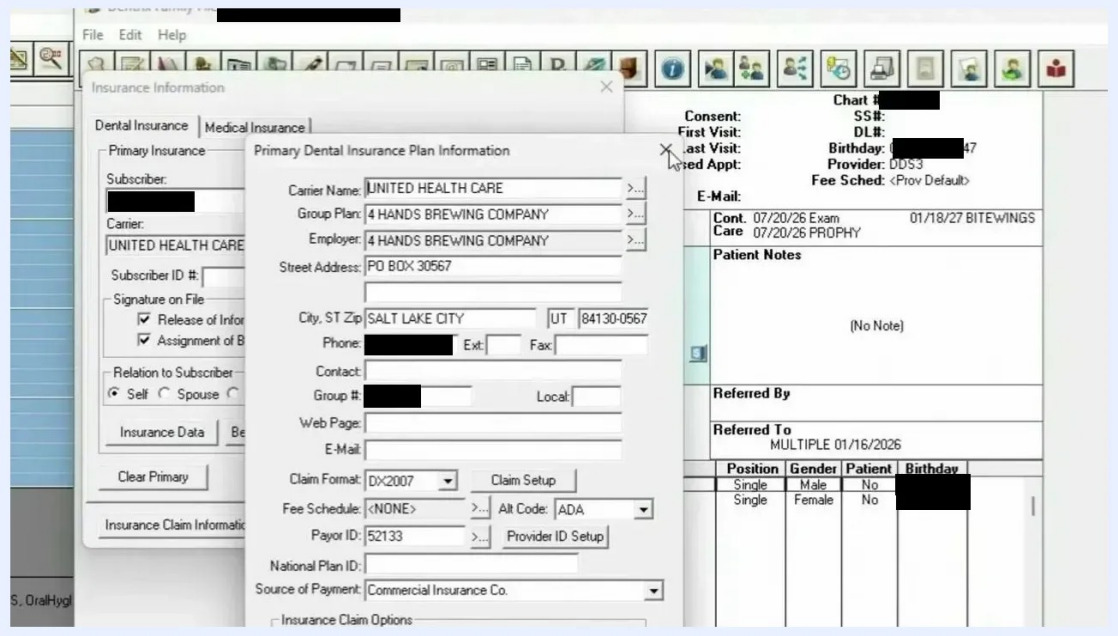
The tabs on the left are:

- Insurance Plan
- Deductibles/Maximums
- Coverage Table
- Exceptions
- Insurance Plan Notes
- Payment Table & Allowed Amounts
- Out-Of-Network Deductibles/Maximums
- Out-Of-Network Coverage Table
- Out-Of-Network Exceptions
- Out-Of-Network Payment Table & Allowed Amounts

The **Coverage Table** tab displays:

- Procedure code ranges (Beg Proc, End Proc)
- Category (for example, Diag/Preventive, Basic Restor, Crowns, Endodontics, Periodontics)
- Coverage percentage (Cov%)
- Deductible type (Preventive, Standard)
- Co-Pay amount
- Pre-Auth Required checkbox

For example, D0100–D0999 (Diag/Preventive) is covered at 100%, D2000–D2699 (Basic Restor) at 80%, and D2700–D2899 (Crowns) at 50%.



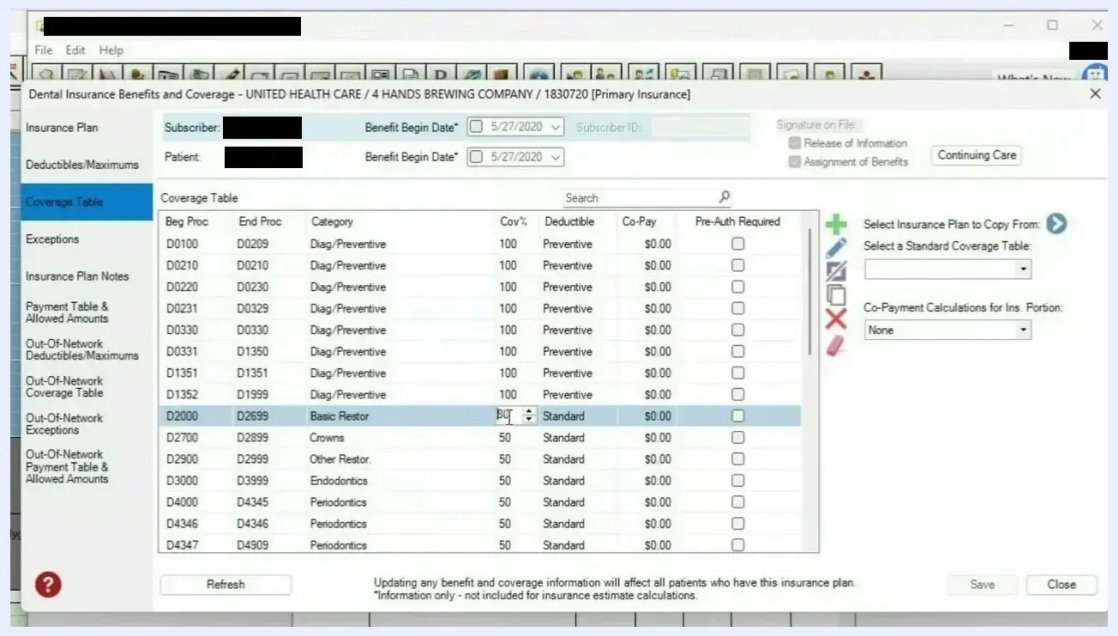
Dental Insurance Benefits and Coverage window on the Coverage Table tab, showing procedure code ranges, categories, coverage percentages, deductibles, co-pays, and pre-auth required checkboxes

Step 23: Adjust coverage percentages if needed

Use this step if the plan's coverage differs from what the table shows. For example, the plan might cover only 50% for restorative procedures.

1. Locate the relevant row in the Coverage Table (for example, D2000–D2699, Basic Restor).
2. Click in the **Cov%** column and enter the correct percentage (for example, 50).
3. Make any other necessary changes directly in the table.

4. Click **Save** to apply your changes.



Coverage Table with the Basic Restor row selected and the coverage percentage being edited

Step 24: Close the window

When you finish, click **Close** to exit the Benefits and Coverage window.

Summary

You now know how to add insurance in Dentrix from start to finish. You searched for an existing plan, created a new one when needed, and configured claim and provider settings. You also entered the patient's subscriber details and reviewed benefits and coverage. Each plan is unique, complete, and ready for claims processing. Claims can be sent electronically, and payments are routed correctly.

What's next

- Review the patient's **Primary Dental Insurance** section in the family file to confirm the details are accurate.
- Reopen **Insurance Data** or **Benefits/Coverage** at any time to update plan details or coverage percentages.