

How to Send Claims in Dentrix: Creating, Batching, and Posting Insurance Payments

This guide shows you how to send claims in Dentrix using the Ledger and Office Manager. You'll learn how to create insurance claims for posted procedures, batch and transmit them electronically, verify that no procedures were missed, and post insurance payments once an Explanation of Benefits (EOB) arrives.

Prerequisites

- You are working in the patient's ledger within Dentrix.
- All procedures performed during the visit (for example, exam, bitewings, prophy) have already been posted to the ledger.

For a general overview of Dentrix Ledger or guidance on posting procedures, refer to part one of this series.

Create insurance claims

Step 1: Confirm posted procedures before creating a claim

Before you create a claim, confirm that every procedure from the visit has been posted to the patient's ledger. In this example, the following procedures were posted for provider HYG3:

- D0120 – Periodic oral evaluation – \$72.00
- D0274 – Bitewing Four Image – \$84.00

- D1110 – Healthy Cleaning-Adult – \$121.00

Date	Name	Tooth	Surface	Check #	Code	Description	N	R	D	M	Amount	Prov	Ins	Balance
04/09/2026	Testy Tester				D0120	Periodic oral evaluation					72.00	HYG3	No	72.00
04/09/2026	Testy Tester				D0274	Bitewing Four Image					84.00	HYG3	No	156.00
04/09/2026	Testy Tester				D1110	Healthy Cleaning-Adult					121.00	HYG3	No	277.00

Dentrix Ledger screen showing posted procedures for patient "Testy Tester" with codes D0120, D0274, D1110, their descriptions, amounts, and provider HYG3

Step 2: Open the Insurance menu

Go to the top toolbar and click the **Insurance** menu. From here you can see all the available claim-creation options, including:

- Today's Procedures
- Selected Procedures
- Today's Procedures - Batch
- Selected Procedures - Batch
- Today's Procedures - Send Electronically
- Selected Procedures - Send Electronically
- Today's Procedures - Direct Print

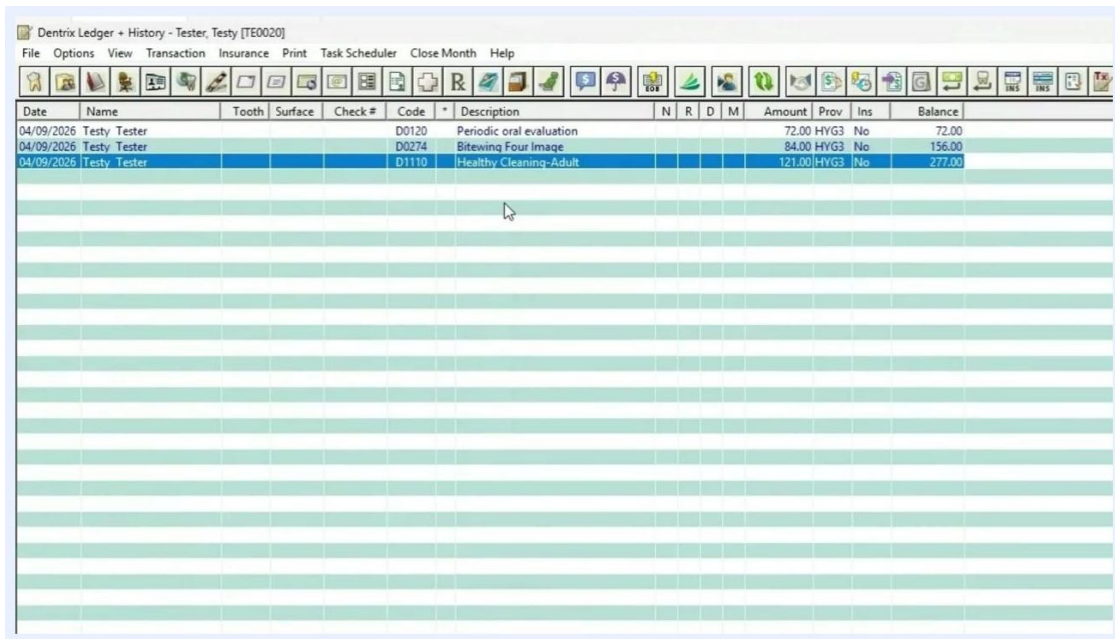
- [illegible]

Step 3: Choose how to create the claim

You can also use the toolbar icons for quicker access:

- Generated with docsie.io

- **Ins. Selected Proc.** creates a claim limited to the procedure(s) you've selected.



The screenshot shows the Dentrix Ledger application window. The title bar reads "Dentrix Ledger - History - Tester, Testy [TE0020]". The menu bar includes "File", "Options", "View", "Transaction", "Insurance", "Print", "Task Scheduler", "Close Month", and "Help". The toolbar contains various icons, with the "Ins. Selected Proc." icon (a green square with a white 'I') highlighted by a mouse cursor. Below the toolbar is a table with the following data:

Date	Name	Tooth	Surface	Check #	Code	Description	N	R	D	M	Amount	Prov	Ins	Balance
04/09/2026	Testy Tester				D0120	Periodic oral evaluation					72.00	HYG3	No	72.00
04/09/2026	Testy Tester				D0274	Bitewing Four Image					84.00	HYG3	No	156.00
04/09/2026	Testy Tester				D1110	Healthy Cleaning-Adult					121.00	HYG3	No	277.00

Toolbar with mouse hovering over "Ins. Selected Proc." icon, showing tooltip and posted procedures highlighted

Step 4: Create and batch the claim

If you only want to bill a single procedure (for example, just the exam), select that procedure in the ledger and click the **Ins. Selected Proc.** icon. In this example, a claim is created for all of today's procedures instead, using the appropriate toolbar icon or menu option.

Once the claim is created, a new line appears in the ledger reading "Pr Dental Claim - Batched 277.00," confirming the claim has been batched. Double-click this new entry to review the claim details, including the patient, carrier, group plan, procedures, codes, and total billed amount.

Dentrix Ledger - History - Testy, Testy [TE0020]

File Options View Transaction Insurance Print Task Scheduler Close Month Help

Date	Name	Tooth	Surface	Check #	Primary Dental Insurance Claim (04/09/2026) Batched	Balance
04/09/2026	Testy Tester					72.00
04/09/2026	Testy Tester					156.00
04/09/2026	Testy Tester					277.00
04/09/2026	Testy Tester					277.00

Primary Dental Insurance Claim (04/09/2026) Batched

File Create Secondary Create Medical Enter Payment Remarks Submit

Benefits/Cov Help

Patient: Testy, Testy
Subscriber: Testy, Testy
Employer: [Release of Info/Assign of Benefits]
eClaims Ready: (43090)

Carrier: Delta Dental of MO
Group Plan: WASHINGTON UNIV IN STL-ACTIVED

Billing Provider: f
Rendering Provider: f
Pay-To Provider: f

Claim Information: Standard
Diagnostic Codes:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning-Adult	04/09/2026	D1110	121.00	0.00
		Bitewing Four Image	04/09/2026	D0274	84.00	0.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

Total Billed: 277.00
st Ins Portion: 0.00
emized Total: 0.00
Total Paid: 0.00
tal Credit Adj: 0.00
otal Chrg Adj: 0.00
Ded S/P/O: 0/0/0

Create: 04/09/2026 **Sent:** 04/09/2026
Partial Payment:
Claim Status: [Add/Edit Status]
 04/09/2026 Batched
 04/09/2026 Created

Insurance Plan Note:
 -Wed - Apr 28, 2021 - gmc
 COB Bday
 Ex (0120/0150/0180) 2 x cy share

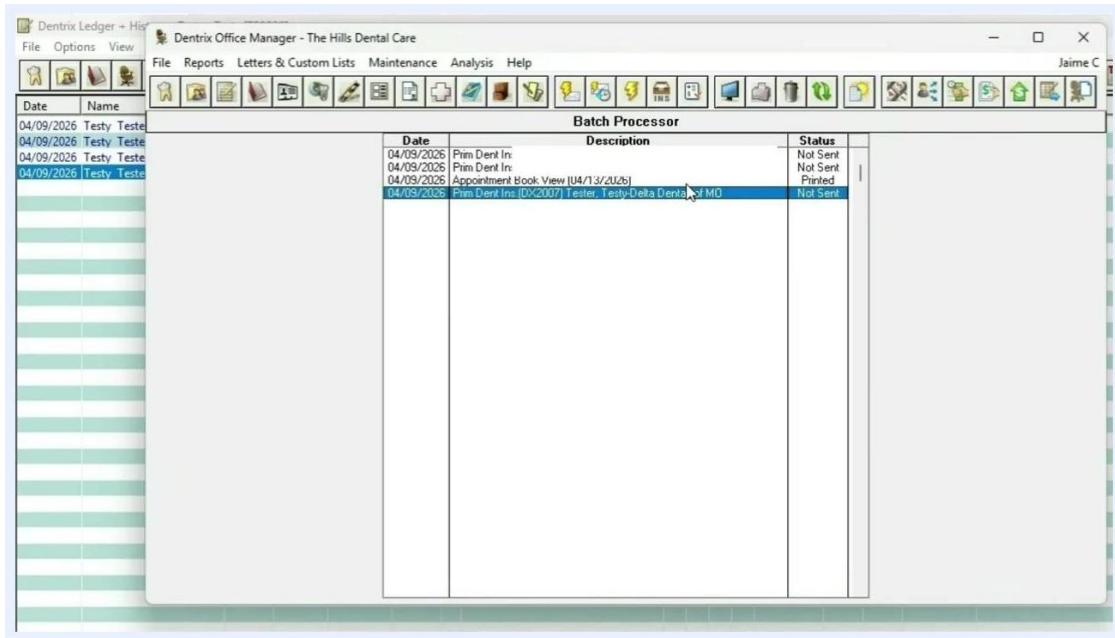
Remarks for Unusual Services:
 (No Note)

Dentrix Ledger showing new batched insurance claim entry for all procedures, with claim details window open displaying patient, carrier, group plan, procedures, codes, and total billed amount

Batch and send claims electronically

Step 5: Open the Office Manager to review batched claims

At the end of the day, open the **Office Manager** to batch all claims for electronic submission. Click the **Office Manager** icon in the toolbar, then locate the **Batch Processor** section. Confirm that the claim you just created appears in the list with the status "Not Sent."



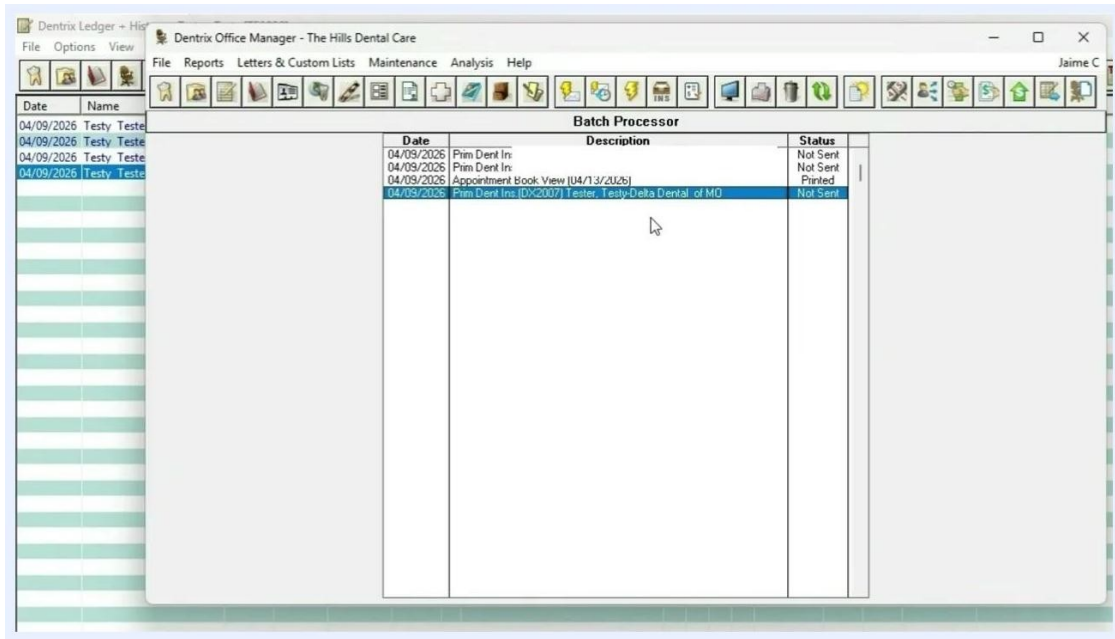
Dentrix Office Manager window open, Batch Processor section visible, showing insurance claim for "Tester, Testy" with status "Not Sent"

Step 6: Send the claim electronically

To send claims, click the **lightning bolt icon** labeled "Electronic Claim Submission" in the Office Manager toolbar. This opens the **Electronic Claims Submission** dialog, where you choose a sending option:

- Select **Selected Dental Claim Forms** to send only the highlighted claim.
- Select **All Dental Claim Forms** to send every claim currently in the batch processor.

Click **OK** to submit the selected claims electronically.



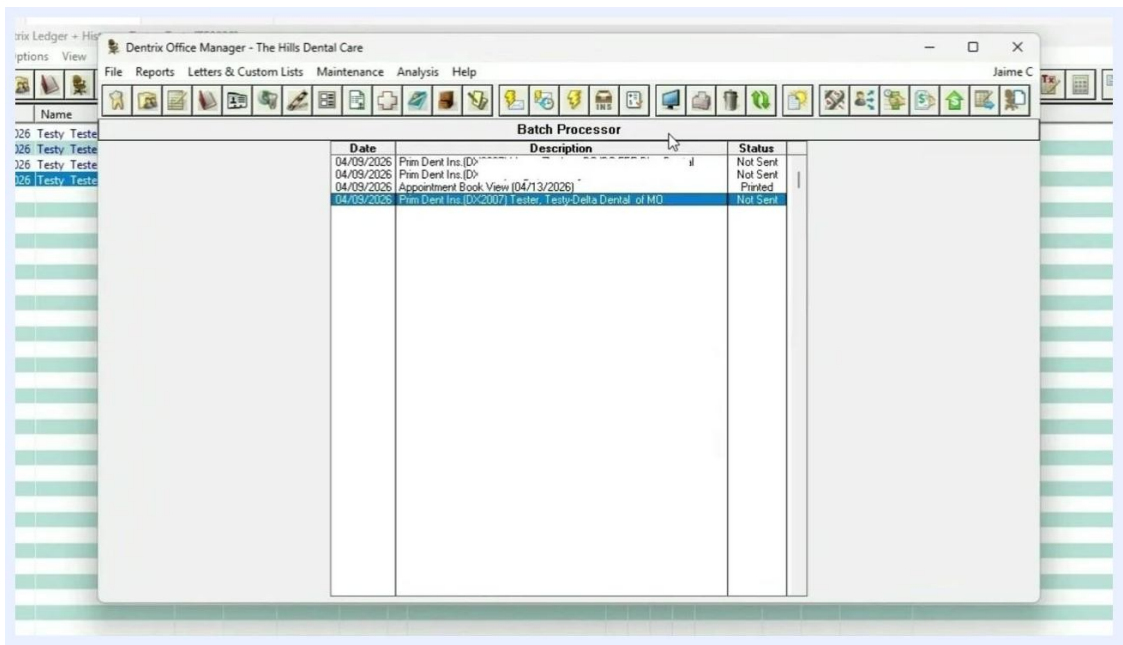
Electronic Claims Submission dialog open, showing options for sending all or selected dental/medical claim forms, with "All Dental Claim Forms" selected



Note: Repeat this workflow for each patient as they come in. At the end of the day, use the Office Manager to batch and send all claims electronically for efficient processing. If you need help setting up electronic claims, consult your Dentrix documentation.

Step 7: Print claims for mailing (if not sending electronically)

If you're not submitting claims electronically, select the claim in the batch processor list and click the **Print** icon (printer symbol) in the toolbar. Use the printed claim to mail it to the insurance carrier.

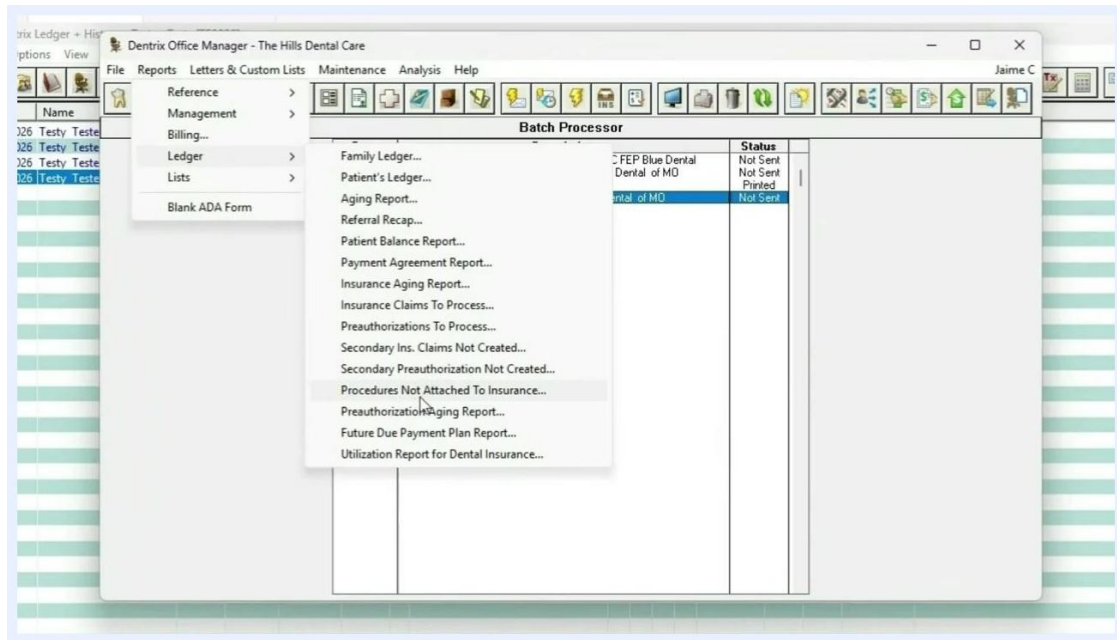


Dentrix Office Manager Batch Processor with claim selected and cursor over Print icon, "Print Report(s)" tooltip visible

Check for procedures not attached to insurance claims

Step 8: Run the "Procedures Not Attached To Insurance" report

To make sure all procedures are properly batched to claims, run a report that flags any missed items. In the **Office Manager**, click **Reports**, hover over **Ledger**, and select **Procedures Not Attached To Insurance**.



Dentrix Office Manager, Reports > Ledger menu open, "Procedures Not Attached To Insurance" highlighted

Step 9: Set the date range and generate the report

When prompted, Dentrix automatically selects the last seven days as the default date range. Adjust this range if needed—for example, set it to today's date for a daily check—then click **OK** to run the report.

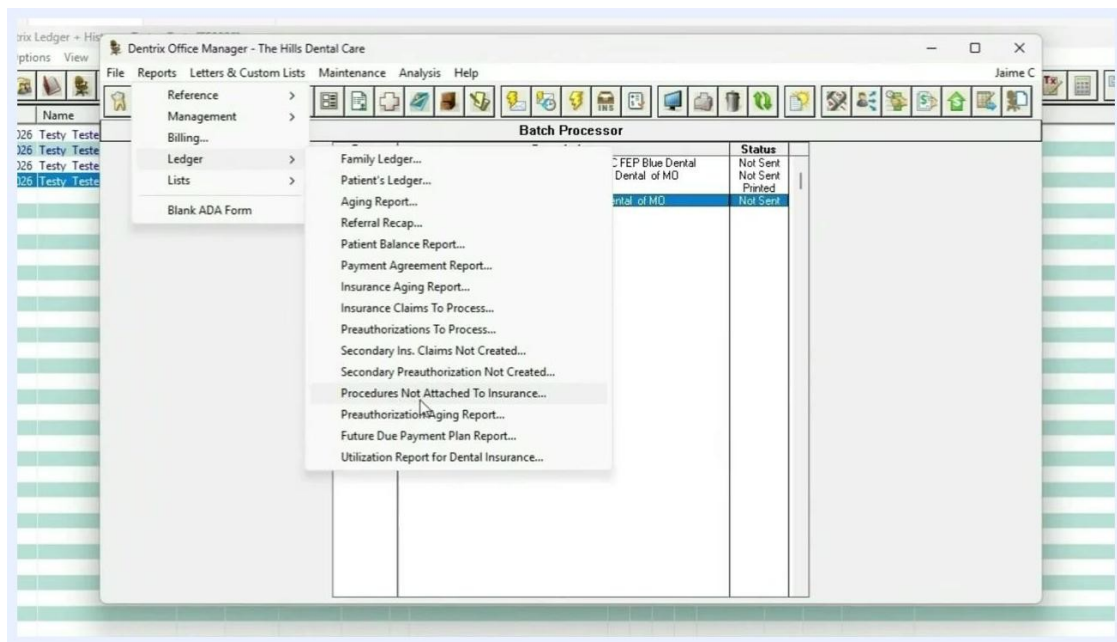
Step 10: Review the report results

After the report generates, locate the new entry in the batch processor list labeled **Procedures Not Attached To Insurance Claims** and double-click it to open the report. It lists every procedure completed within the selected date range that isn't attached to a claim, including:

- Patient name
- Date
- Tooth (if applicable)

- Procedure code
- Description
- Amount
- Expiration date

Use this report to double-check your work, especially at the end of the day or week, to make sure no procedures are missed.



Dentrix Print Preview window showing "Procedures Not Attached To Insurance Claims" report with procedure details and totals

Enter and adjust insurance payments

Step 11: Itemize payment by procedure

Once you're ready to post an insurance payment, open the **Primary Dental Insurance Claim** window, click **Enter Payment** on the top toolbar, and select **Itemize by Procedure** from the dropdown. This opens a detailed entry screen so you can apply payment to each procedure on the claim.

The claim window shows patient and subscriber information, a list of procedures with dates, codes, descriptions, and fees, the insurance paid amounts (initially \$0.00), totals for billed amount, insurance portion, and adjustments, plus the claim status and plan notes. Use this screen to match each procedure with the payment shown on the Explanation of Benefits (EOB).

Primary Dental Insurance Claim (04/09/2026) Batched

File Create Secondary Create Medical Enter Payment Remarks Submit

Benefits/Cov Help

Patient: Testy, Testy
Subscriber: Testy, Testy
Employer: Gro

eClaims Ready: (43090)

Billing Provider: Claim Information: Standard

Rendering Provider: Diagnostic Codes:

Pay-To Provider:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning-Adult	04/09/2026	D1110	121.00	0.00
		Bitewing Four Image	04/09/2026	D0274	84.00	0.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

	Pmt Date	Pmt Amt	Description	Prov
Total Billed:		277.00		
st Ins Portion:		0.00		
emized Total:		0.00		
Total Paid:		0.00		
tal Credit Adj:		0.00		
otal Chrg Adj:		0.00		
Ded S/P/O:		0.00/0		

	Adj Date	Adj Amt	Type	Prov

Create: 04/09/2026 Sent: 04/09/2026 Insurance Plan Note
Partial Payment: Wed - Apr 28, 2021 - gmc
COB Bday
Ex (0120/0150/0180) 2 x cy share

Claim Status: Add/Edit Status

04/09/2026 Batched
04/09/2026 Created

Remarks for Unusual Services
(No Note)

Dentrix Primary Dental Insurance Claim window with "Enter Payment" menu open and "Itemize by Procedure" highlighted, showing claim details, procedures, and payment fields

Tip: Always use "Itemize by Procedure" to ensure payments are distributed correctly across all procedures, preventing errors in patient balances and insurance records.

Step 12: Enter payment details for the first procedure

In the Itemize Payment window, enter the figures from the EOB for the selected procedure:

- **Amount Paid:** the amount insurance paid (for example, 0.00)
- **Payment Table:** the payment table value, if applicable (for example, 0.00)

- **Allowed Amount:** the allowed amount per the EOB (for example, 85.00)

Click **OK** to proceed.

Primary Itemize Payment X Batched

Amount Paid: 0.00

Payment Table: 0.00

Allowed Amount: 85.00

OK Cancel

Enter Payment Remarks Submit

Carrier: Delta Dental of MD

Plan: WASHINGTON UNIV IN STL-ACTIVE

Ready: (43090)

Claim Information: Standard

Diagnostic Codes:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning-Adult	04/09/2026	D01110	72.00	0.00
		Bleewing Four Image	04/09/2026	D00274	84.00	0.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

Total Billed: 277.00

st Ins Portion: 0.00

omized Total: 0.00

Total Paid: 0.00

tal Credit Adj: 0.00

otal Chrg Adj: 0.00

Ded S/P/O: 0.00

Create: 04/09/2026 Sent: 04/09/2026

Partial Payment:

Claim Status: Add/Edit Status

Insurance Plan Note

- Wed - Apr 28, 2021 - gmc

COB Bday

Ex (01/20/0150/0180) 2 x cy share

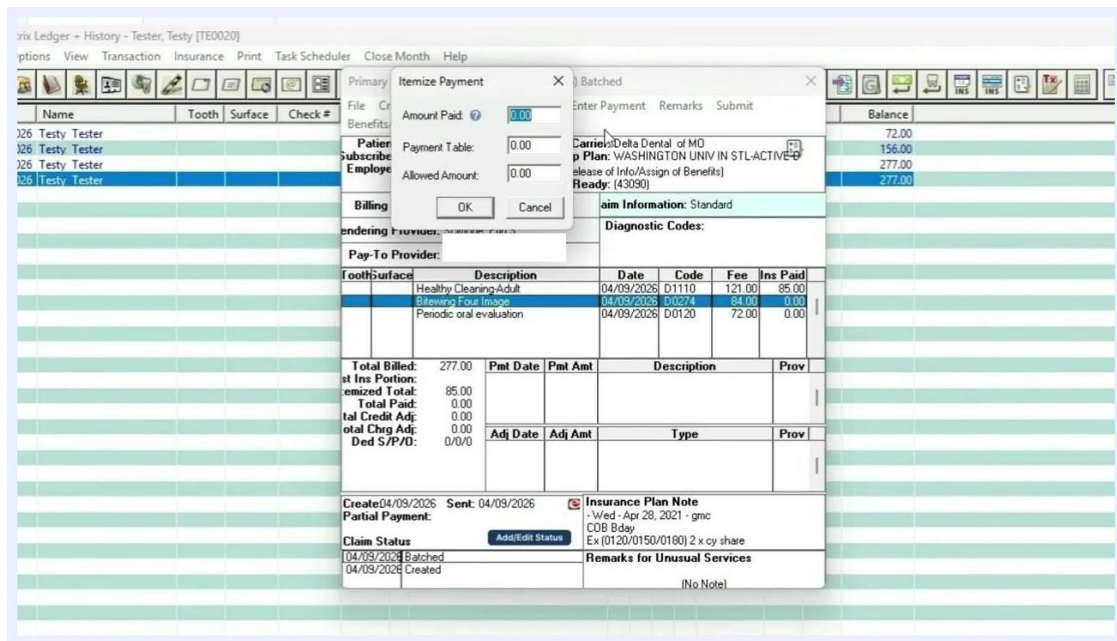
Remarks for Unusual Services

(No Note)

Itemize Payment window with fields for Amount Paid, Payment Table, and Allowed Amount. The procedure "Healthy Cleaning-Adult" is selected, and the Allowed Amount is set to 85.00.

Step 13: Itemize payment for the next procedure

Dentrix automatically highlights the next procedure (for example, "Bitewing Four Image"). Enter the payment details shown on the EOB—for example, Amount Paid: 75.00 and Allowed Amount: 70.00—then click **OK** to confirm.



Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning-Adult	04/09/2026	D1110	121.00	85.00
		Bitewing Four Image	04/09/2026	D0274	84.00	0.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

Total Billed:		Pmt Date	Pmt Amt	Description	Prov
277.00					

Total Ins Portion:		Adj Date	Adj Amt	Type	Prov
85.00					

Total Paid:					
0.00					

Total Credit Adj:					
0.00					

Total Chrg Adj:					
0.00					

Ded S/P/O:					
0/0/0					

Create:		Sent:		Insurance Plan Note	
04/09/2026		04/09/2026		Wed - Apr 28, 2021 - gmc	

Partial Payment:		Remarks for Unusual Services	

Claim Status		Remarks for Unusual Services	
04/09/2026 Batched			

04/09/2026 Created			

Itemize Payment window now highlights "Bitewing Four Image" with Amount Paid and Allowed Amount fields ready for input.

Step 14: Review the payment summary

After you've entered payments for all procedures, a summary appears showing the insurance paid amount for each. Confirm the figures are correctly reflected—for example, "Bitewing Four Image" should show an Ins Paid amount of 75.00.

The screenshot shows the 'Itemize Payment' window in a dental software application. The window is titled 'Itemize Payment' and has a close button. It contains a table with columns: Name, Tooth, Surface, Check #, and a 'Balance' column. The table lists three entries for 'Testy Tester' with a balance of 277.00. Below the table, there is a 'Total Billed' section showing a total of 277.00. The 'Payment Summary' table shows the following data:

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning Adult	04/09/2026	D1110	121.00	85.00
		Bitewing Four Image	04/09/2026	D0274	84.00	75.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

The 'Total Billed' section shows a total of 277.00. The 'Payment Summary' table shows the following data:

Pmt Date	Pmt Amt	Description	Prov

The 'Insurance Plan Note' section shows the following information:

Create: 04/09/2026 Sent: 04/09/2026 Insurance Plan Note
Partial Payment: Add/Edit Status
Claim Status: 04/09/2026 Batched 04/09/2026 Created
Remarks for Unusual Services: (No Note)

Payment summary showing updated insurance paid amounts for each procedure.
"Bitewing Four Image" now shows Ins Paid as 75.00.

Step 15: Select the payment type

In the **Total Insurance Payment** window, choose a payment type from the dropdown:

- Check Payment
- Electronic Payment
- Credit Card Payment

Enter the check number or bank/branch number if applicable.

The screenshot shows the 'Itemize Payment' window in a dental software application. The window is titled 'Primary Itemize Payment' and has a 'Batched' tab selected. It contains various input fields for patient information, payment details, and a table for itemized charges. The 'Payment Type' dropdown is expanded, showing options for Check Payment, Electronic Payment, and Credit Card Payment.

Name	Tooth	Surface	Check #
326 Testy Tester			
326 Testy Tester			
326 Testy Tester			
326 Testy Tester			

Amount Paid	Payment Table	Allowed Amount
0.00	0.00	0.00

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Healthy Cleaning-Adult	04/09/2026	D1110	121.00	85.00
		Bitewing Four Image	04/09/2026	D0274	84.00	0.00
		Periodic oral evaluation	04/09/2026	D0120	72.00	0.00

Total Billed	st Ins Portion	emized Total	Total Paid	tal Credit Adj	otal Chrg Adj	Ded S/P/O
277.00		85.00	0.00	0.00	0.00	0/0/0

Pmt Date	Pmt Amt	Description	Prov

Adj Date	Adj Amt	Type	Prov

Create: 04/09/2026 Sent: 04/09/2026 Insurance Plan Note
Partial Payment: Add/Edit Status
Claim Status: 04/09/2026 Batched 04/09/2026 Created
Remarks for Unusual Services: (No Note)

Total Insurance Payment window with Payment Type dropdown expanded, showing options for Check Payment, Electronic Payment, and Credit Card Payment.

Step 16: Choose the calculation method

Select whether the payment should calculate according to **Family Balance** or **Patient Balance**, based on your office policy, and confirm the correct radio button is selected.

The screenshot shows the 'Total Insurance Payment' window in a dental software application. The window is titled 'Total Insurance Payment' and has a 'Patient Balance' radio button selected. The window displays a table of insurance payments with columns for Date, Code, Fee, and Ins Paid. The total billed is 277.00, and the total insurance portion is 160.00. The window also includes a 'Claim Status' section with 'Batched' and 'Created' status indicators.

Date	Code	Fee	Ins Paid
04/09/2026	D1110	121.00	85.00
04/09/2026	D0274	84.00	75.00
04/09/2026	D0120	72.00	0.00

Total Billed: 277.00
Total Ins Portion: 160.00
Total Paid: 0.00
Total Credit Adj: 0.00
Total Chrg Adj: 0.00
Ded S/P/O: 0.00/0

Claim Status: Batched, Created

Total Insurance Payment window with "Patient Balance" radio button selected.

Step 17: Enter deductible information

Input any deductible amounts applied to the claim under the appropriate categories: **Standard**, **Preventive**, or **Other**. For example, enter 50.00 under Standard if applicable.

The screenshot shows the 'Total Insurance Payment' window in a dental software application. The window is titled 'Total Insurance Payment' and has a close button (X) in the top right corner. It contains several sections for entering payment information:

- Enter Insurance Payment:** Includes fields for Date (04/09/2026), Payment Type (Check Payment), Check #, and Bank/Branch #.
- Provider Amounts:** A table showing amounts for different providers and services.
- Claim Totals:** A summary of the claim, including PreAuth Number, Coverage Amount, Total Amount Billed, Itemized Total, and Total Amount Paid.
- Enter Adjustment:** Fields for adjustment type and amount.
- Deductible Applied For Claim:** A table with columns for Standard, Preventive, and Other deductibles.

Prov	Itemized	Balance - Amt Paid = New Bal
HYG3	230.00	277.00 230.00 47.00
DDS1	0.00	0.00 0.00 0.00

Deductible Applied For Claim	Standard	Preventive	Other
04/09/2026	0.00	0.00	0.00

Deductible fields for Standard, Preventive, and Other are visible at the bottom of the payment window.

Step 18: Make adjustments if needed

In the **Enter Adjustment** section, select an adjustment type (for example, Write-Off), enter the total adjustment amount (for example, 47.00), and specify whether it's a dollar amount or a percentage. Select the adjustment reason from the dropdown (for example, Acct Audit Adju).

Primary Dental Insurance Claim (04/09/2026) Batched

File Create Secondary Create Medical Enter Payment Remarks Submit
Benefits/Cov Help

Patient: Tester, Testy Carrier: Delta Dental of MO

Total Insurance Payment

Enter Insurance Payment
Date: 04/09/2026
Payment Type: Check Payment
Check #:
Bank/Branch #:
Provider Amounts:
Calculate according to:
☐ Family Balance ☒ Patient Balance

Prov	Itemized	Balance - Amt Paid = New Bal
HYG3	230.00	277.00 230.00 47.00
DDS1	0.00	0.00 0.00 0.00

Payment Total: 230.00
Add Edit Re-apply Amt Paid using FIFO

Deductible Applied For Claim
Standard: 50.00 Preventive: 0.00 Other: 0.00

Claim Totals:
PreAuth Number:
Coverage Amount: 0.00
Total Amount Billed: 277.00
Itemized Total: 230.00
Total Amount Paid: 230.00

Enter Adjustment:
Adjustment Type: Write-Off (\$) Type: Acct Audit Adju
Total Amount: 47.00
☐ Split Adjustment by Provider Prov Amts:
☐ Claim is partially paid
Delete
OK/Post
Cancel

Adjustment section filled with Write-Off selected, Total Amount 47.00, and adjustment type set.

Step 19: Split the adjustment by provider (optional)

If needed, check the **Split Adjustment by Provider** box to allocate the write-off or adjustment across multiple providers. Dentrix will distribute the amount automatically.

Prov	Itemized	Balance	- Amt Paid	= New Bal
HYG3	230.00	277.00	230.00	47.00
DDS1	0.00	0.00	0.00	0.00

Split Adjustment by Provider option is visible and can be selected.

Step 20: Review all entered details before posting

Before posting, confirm every field in the Total Insurance Payment window, including:

- **Date:** 04/09/2026
- **Payment Type:** Check Payment
- **Check #** and **Bank/Branch #**, if applicable
- **Provider Amounts:** for example, HYG3 – Itemized 230.00, Balance 277.00, Amt Paid 230.00, New Bal 47.00
- **Deductible Applied for Claim:** Standard 50.00, Preventive 0.00, Other 0.00
- **Claim Totals:** Total Amount Billed 277.00, Itemized Total 230.00, Total Amount Paid 230.00
- **Enter Adjustment:** Write-Off (-), Total Amount 47.00, Type Acct Audit Adju
- **Split Adjustment by Provider:** checked if the adjustment should be distributed across providers

- **Claim is partially paid:** checked if only part of the claim is being paid

The screenshot shows the 'Total Insurance Payment' window in Dentrix. The window is titled 'Total Insurance Payment' and contains several sections:

- Enter Insurance Payment:**
 - Date: 04/09/2026
 - Payment Type: Check Payment
 - Check #:
 - Bank/Branch #:
- Provider Amounts:**
 - Calculate according to: ☐ Family Balance ☒ Patient Balance
 - Table:

Prov	Itemized	Balance - Amt Paid = New Bal
HYG3	230.00	277.00
DDS1	0.00	0.00
- Claim Totals:**
 - PreAuth Number:
 - Coverage Amount: 0.00
 - Total Amount Billed: 277.00
 - Itemized Total: 230.00
 - Total Amount Paid: 230.00
- Enter Adjustment:**
 - Write-Off (-):
 - Total Amount: 47.00
 - ☐ Split Adjustment by Provider
- Bottom Section:**
 - ☐ Claim is partially paid
 - Buttons: Add, Edit, Re-apply Amt Paid using FIFO, Delete, OK/Post, Cancel

Total Insurance Payment window with all fields completed, including payment, deductible, and adjustment details. The OK/Post and Cancel buttons are visible at the bottom.

Step 21: Post the payment

Click **OK/Post** at the bottom right of the Total Insurance Payment window to finalize the payment. This updates the patient ledger and reflects the payment, deductible, and adjustment entries.

What's next

Now that you know how to send claims in Dentrix—from creating and batching claims to verifying nothing was missed and posting insurance payments—repeat this workflow for each patient as they come in. At the end of each day, use the Office Manager to batch and send all outstanding claims electronically. For additional details on posting procedures or a general ledger overview, refer to part one of this series.