How to create a claim in Open Dental

This guide shows you how to create a claim in Open Dental for a patient with single or dual insurance. You start from the patient's appointment, select unsent procedures, and create the claim in the Account module. You then review it, preview or print it, and send it. The guide also covers sending batched claims from the Manage module and finding procedures that have not yet been billed to insurance.

Prerequisites

Before you create a claim, make sure you have the following:

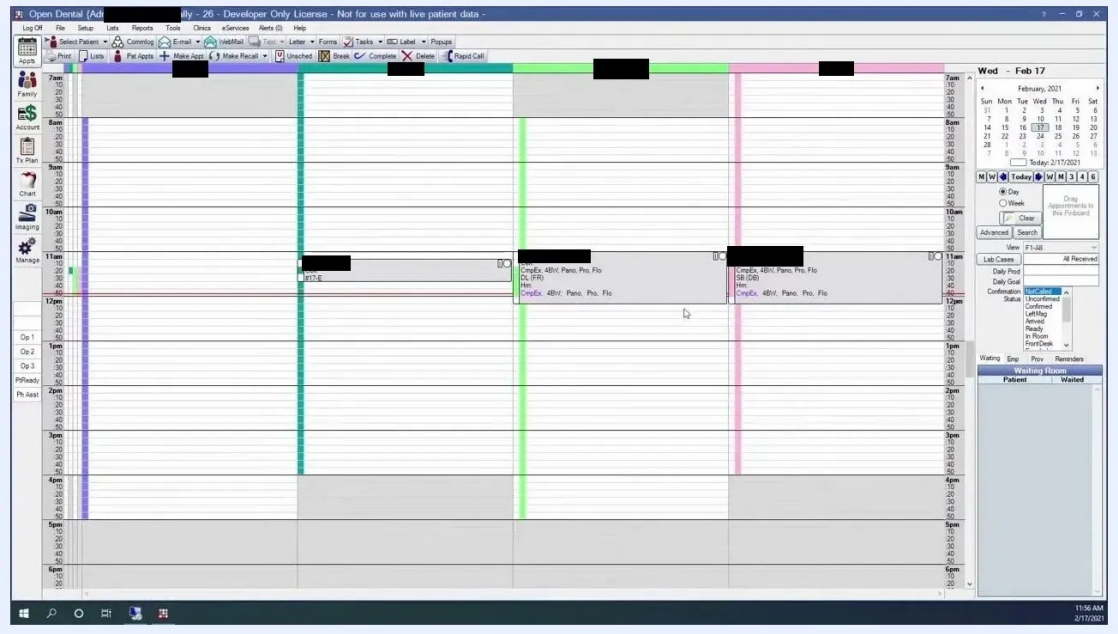
- Open Dental is open, and the patient appears in the appointment schedule.
- The patient has procedures with an "unsent" status in the Account module.
- The patient's insurance plans are listed in the Account module. For dual insurance, both the primary and secondary plans must appear.
- Medical claim setup is complete, if you plan to send medical claims. Medical claims can be sent from Open Dental but require additional setup. Refer to the web manual for configuration instructions.

Create a claim for a single patient

Step 1: Find the patient's appointment

1. Open Open Dental.
2. Locate the patient in the daily schedule grid. For example, find "Watkins, Sally."

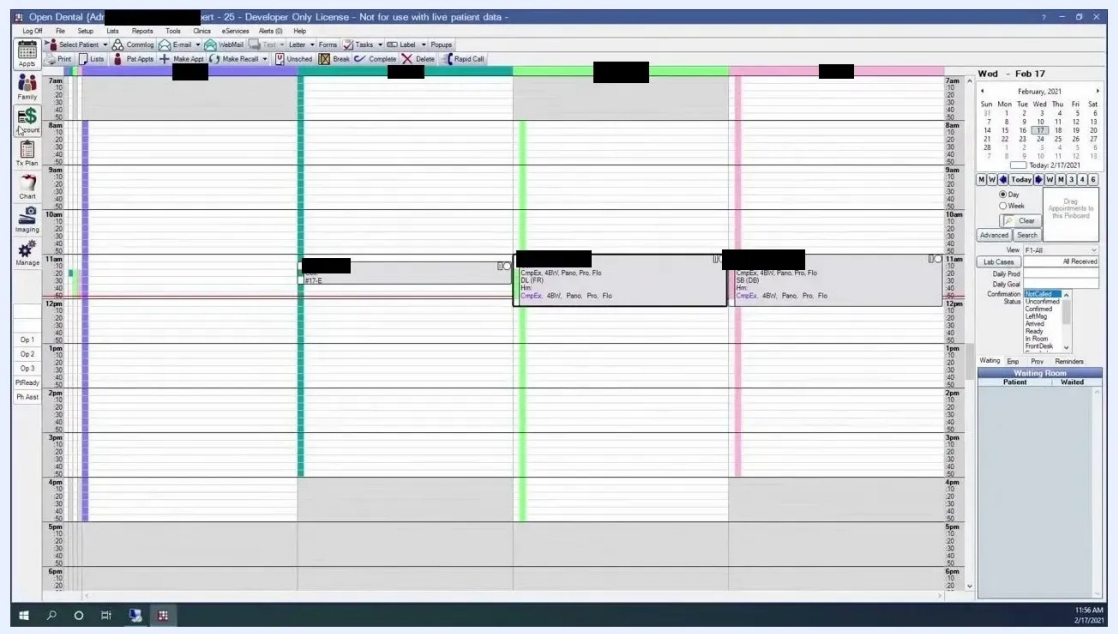
3. Confirm you are viewing the correct date and provider columns.



Open Dental appointment schedule with multiple providers and patient appointments visible, and a sidebar with Account, Tx Plan, Chart, Imaging, and Manage modules

Step 2: Open the Account module

In the left sidebar, click **Account** to open the selected patient's account. Make sure the correct patient is selected at the top of the screen.



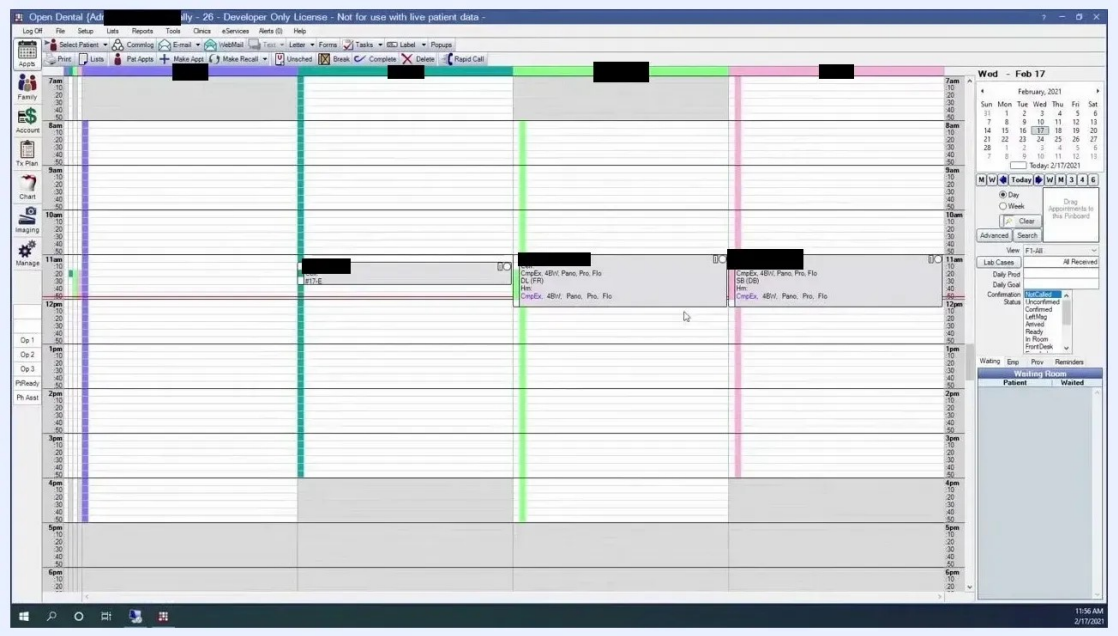
Open Dental schedule with the Account module button highlighted in the left sidebar

Step 3: Select the procedures for the claim

In the Patient Account window, review the list of procedures. Procedures with a status of "unsent" in the Description column are not yet attached to a claim. Examples include:

- Comprehensive oral evaluation (unsent)
- Bitewings (unsent)
- Panoramic radiographic images (unsent)
- Prophylaxis (unsent)
- Topical application of fluoride (unsent)

Note the charges, credits, and balances for each procedure. Then click to highlight the procedures you want to include in the claim.



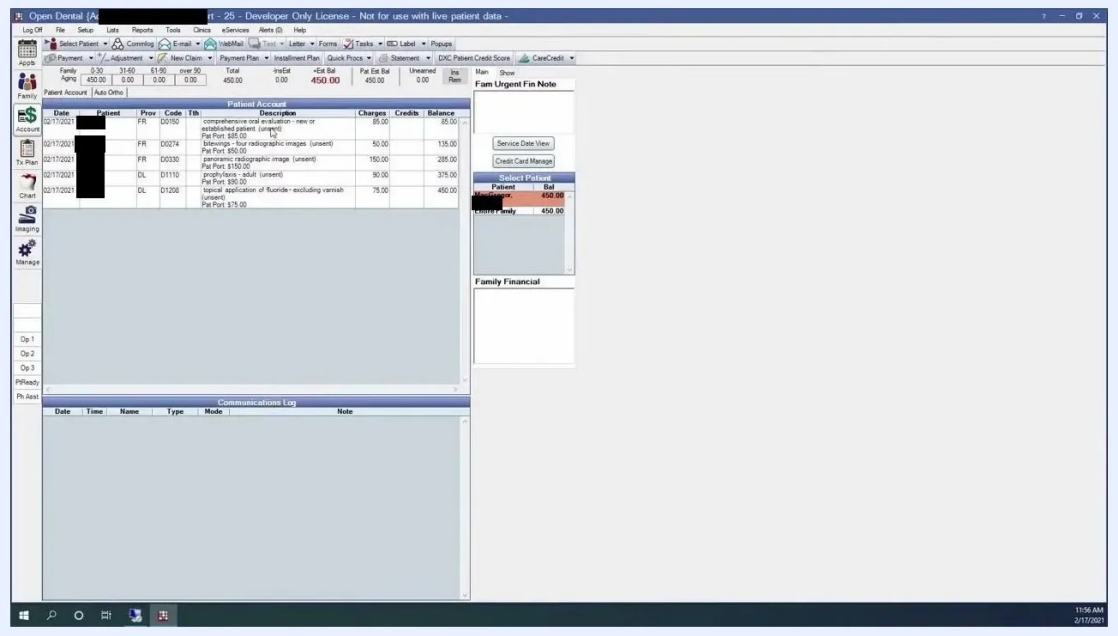
Patient Account window listing procedures with unsent status, including procedure codes, descriptions, charges, credits, and balances

Step 4: Start a new claim

To create the claim in Open Dental, locate the **New Claim** button at the top of the Patient Account window. Click the drop-down arrow next to it to view the claim type options:

- **Primary**
- **Secondary**
- **Medical**
- **Other** (for patients with three or more insurance plans)

Select the claim type that fits the patient's insurance situation.



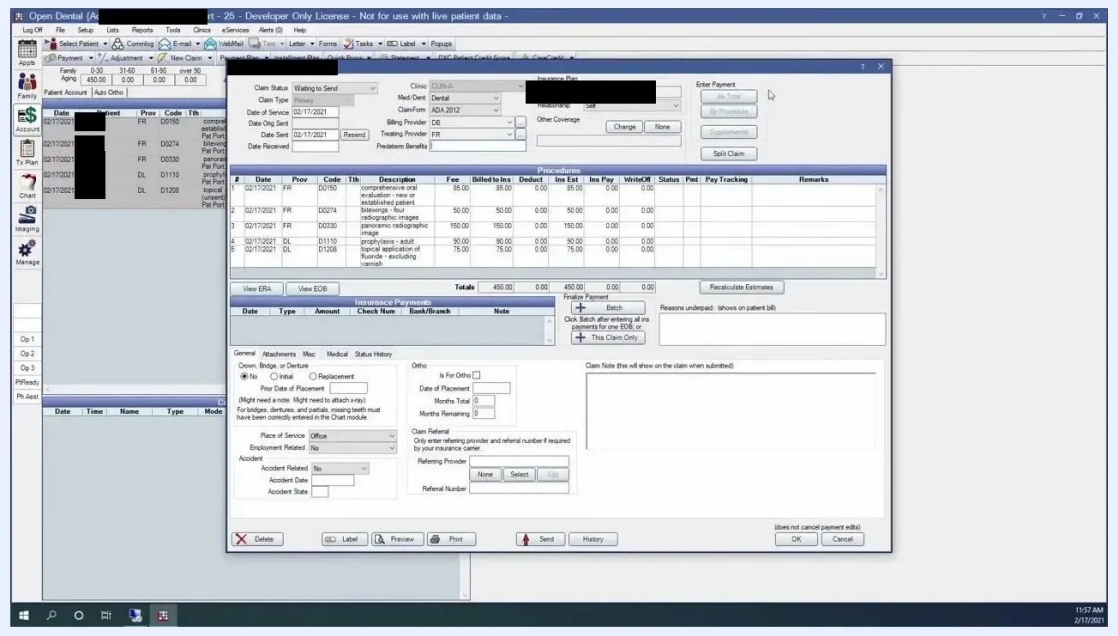
Patient Account window with the New Claim drop-down menu open, showing Primary, Secondary, Medical, and Other

Step 5: Review and edit the claim

The **Edit Claim** window opens. Review all claim details, including:

- Claim type, clinic, insurance plan, billing provider, treating provider, and claim form.
- Procedures in the claim, with date, provider, code, description, fee, billed to insurance, deductibles, and status.
- Insurance payments, if any.
- Additional claim information, such as place of service, accident details, claim notes, and attachments.

Make any necessary edits or add notes.



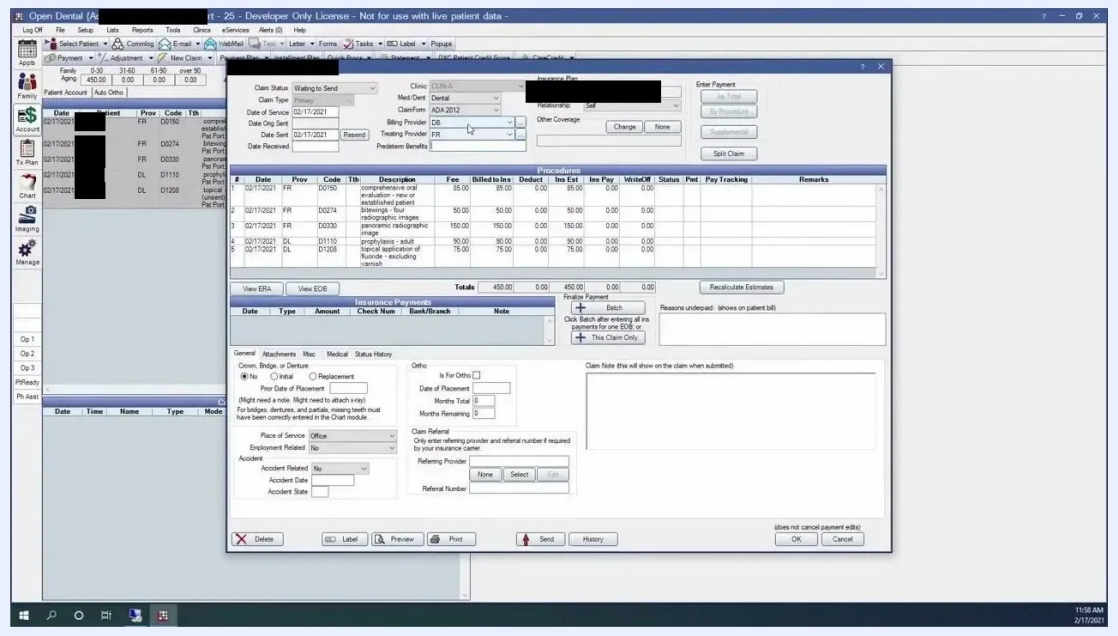
Edit Claim window showing claim details, procedures, insurance payments, and additional claim information fields

Step 6: Check the billing and treating providers

In the Edit Claim window, locate the **Billing Provider** and **Treating Provider** drop-downs.

- The Billing Provider is typically set to the default practice billing provider.
- The Treating Provider is automatically set to the provider on the last procedure in the claim that is not flagged as a secondary provider.

Adjust these fields if necessary to ensure accurate claim submission.

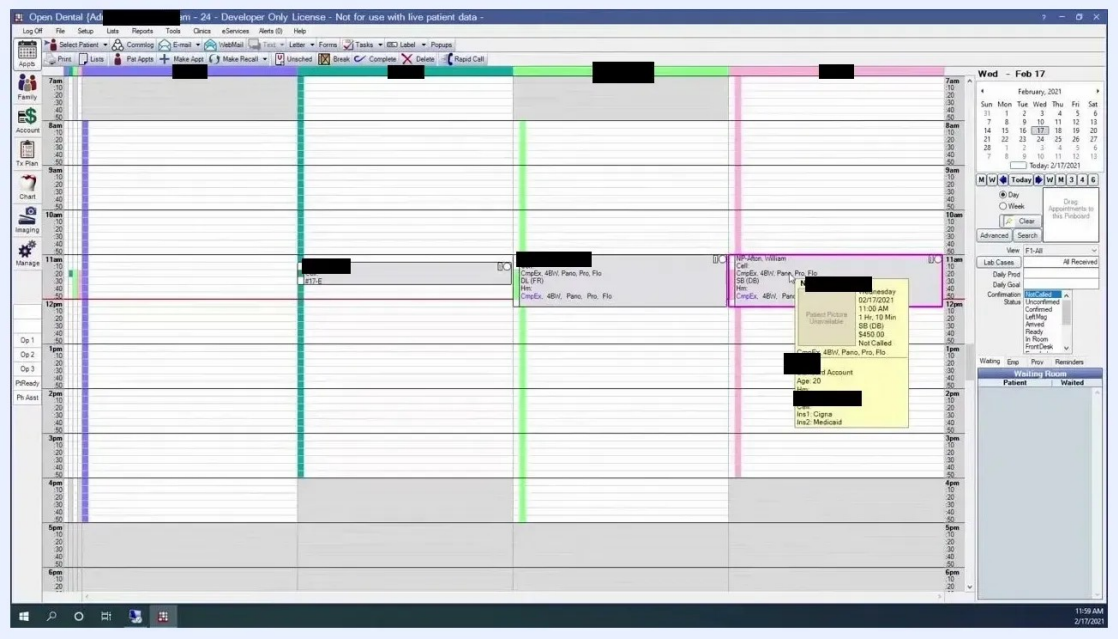


Edit Claim window showing the Billing Provider and Treating Provider drop-downs with provider codes visible

Create a claim for a patient with dual insurance

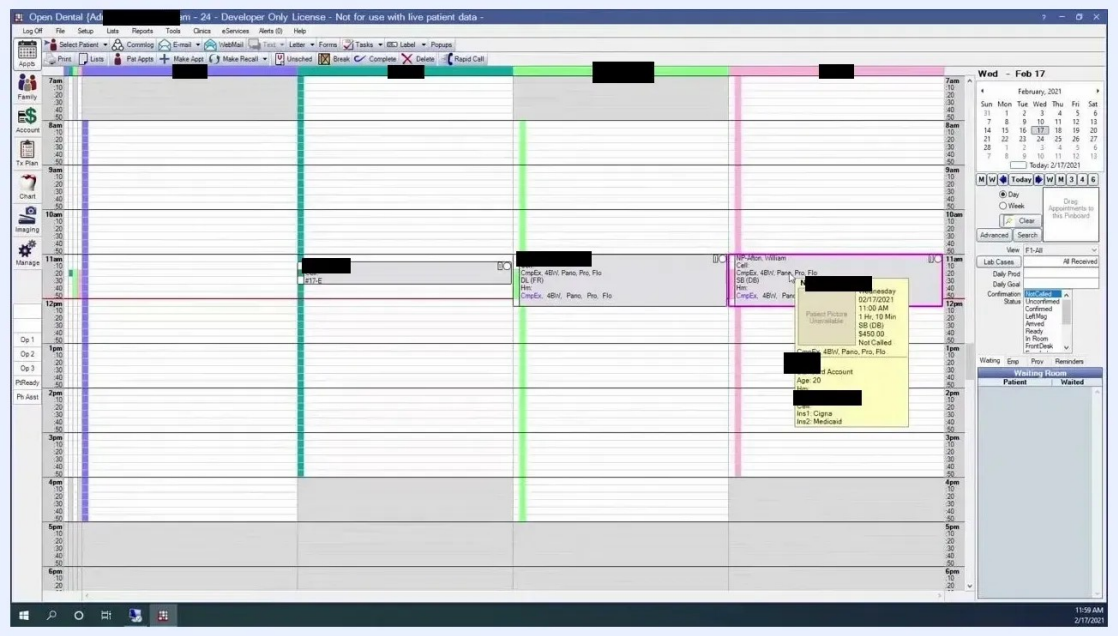
Step 7: Open the appointment and confirm both insurance plans

Creating a claim for a patient with dual insurance is nearly identical to creating one for a patient with a single plan. Start by accessing the patient's appointment from the schedule as usual.



Open Dental appointment schedule with a tooltip showing patient and insurance details for a selected appointment

Then review the patient's insurance information in the **Account** module. Confirm that both the primary and secondary plans are listed.



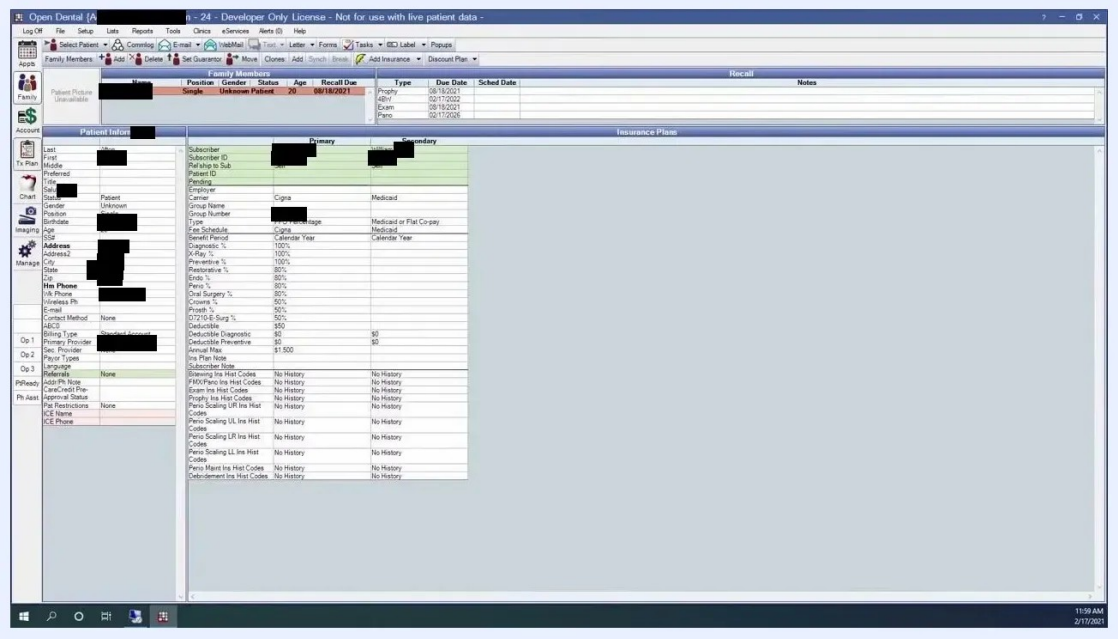
Patient Information and Insurance Plans screen showing primary (Cigna) and secondary (Medicaid) insurance details

Step 8: Verify the ledger entries

After you generate the claim and click **OK**, check the patient's ledger. You should see two claim entries:

- One for the primary insurance (for example, Cigna).
- One for the secondary insurance (for example, Medicaid).

Both entries have a status of "Waiting to Send." The secondary claim also shows "Hold until Pri received," which means it is not processed until the primary claim is resolved.

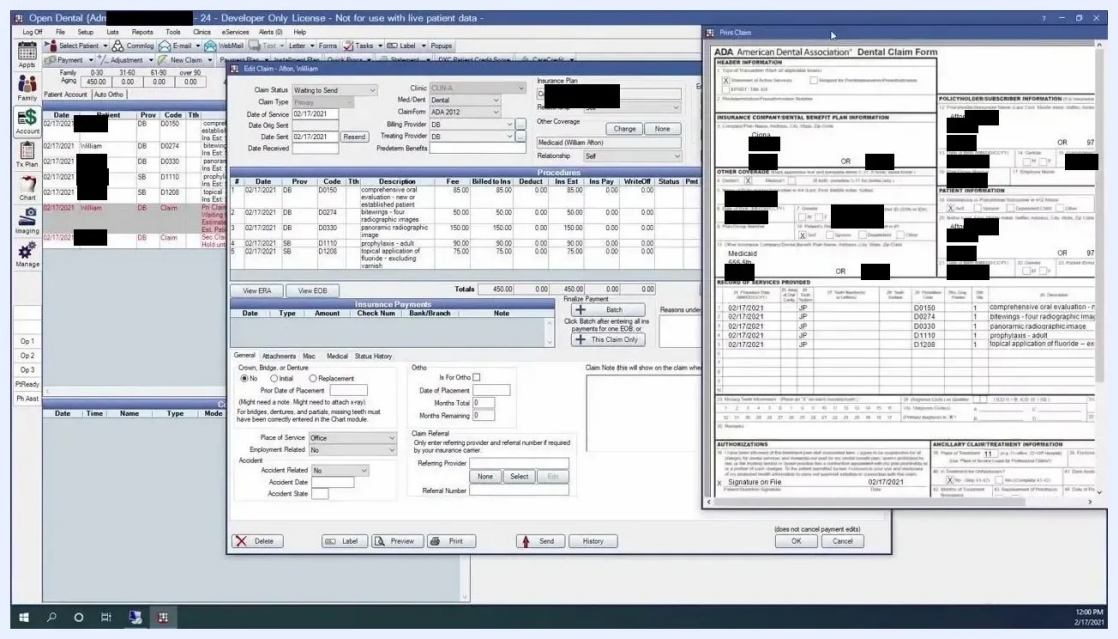


Patient Account window showing a primary (Cigna) and a secondary (Medicaid) claim entry with Waiting to Send and Hold until Pri received statuses, and pending claims in red text

Preview, print, and send the claim

Step 9: Preview the claim

In the Edit Claim window, find the **Preview** and **Print** buttons at the bottom center, just to the left of the **Send** button. Use them to review or print the claim before sending.



Edit Claim window with the cursor over the Preview button, and the Preview, Print, Send, OK, and Cancel buttons visible at the bottom

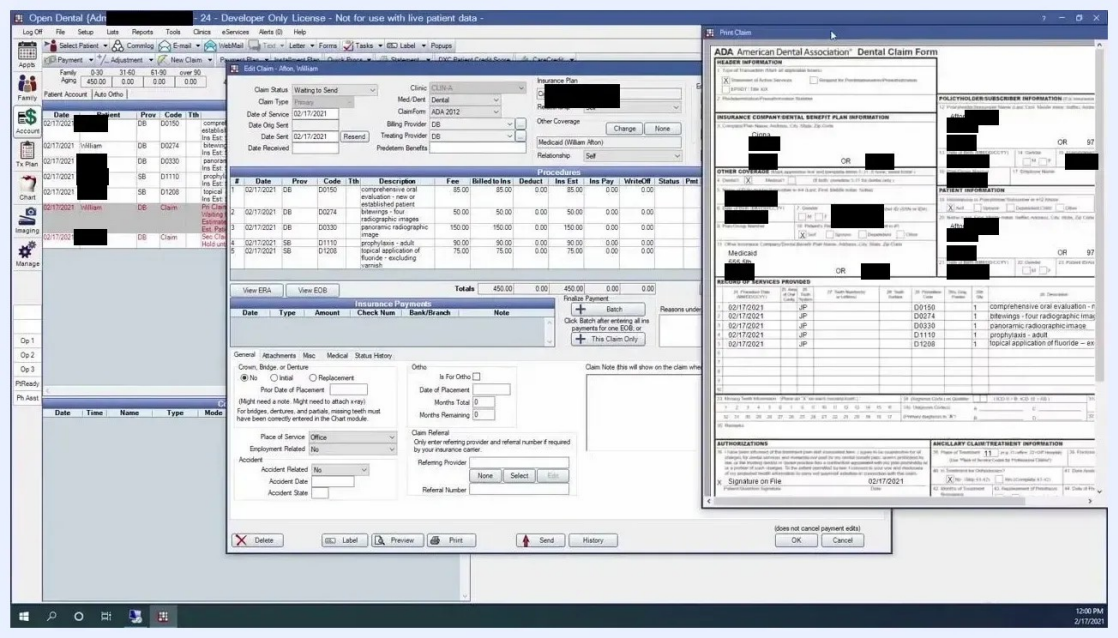
Click **Preview** to open a window showing the printed version of the claim. The ADA Dental Claim Form includes:

- Header information, such as the insurance company, subscriber, and patient details.
- Record of services provided, including dates, procedure codes, descriptions, and fees.
- Authorizations and ancillary claim information.

Use the preview to verify all information before printing or mailing.

Step 10: Print the claim directly

If you do not need to preview the claim, click **Print** to print it immediately. You can use the printed claim for mailing to the insurance company.



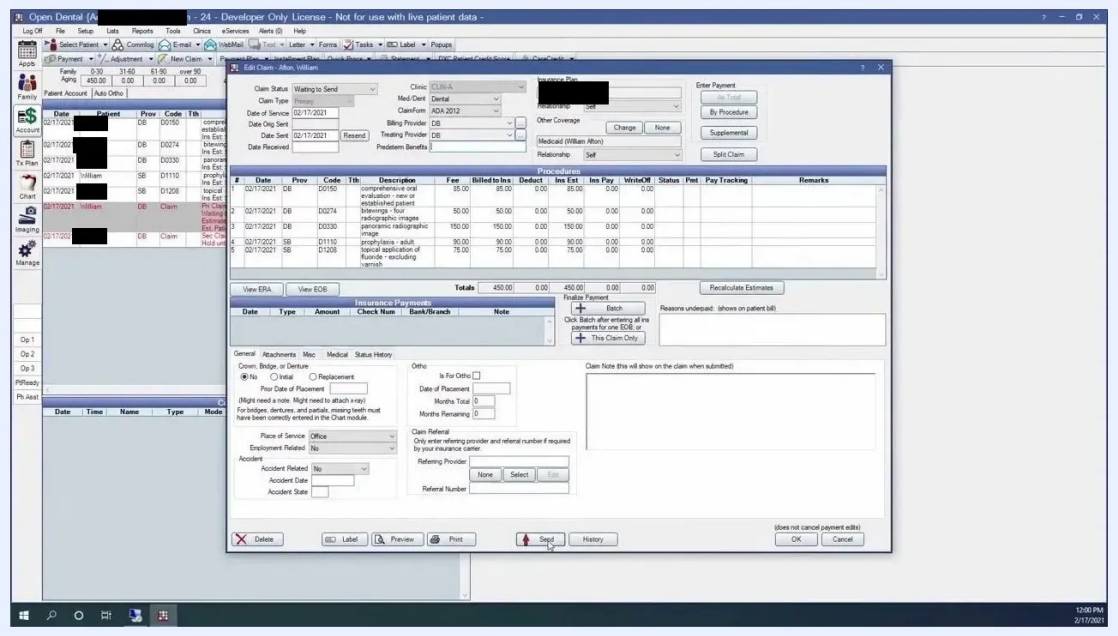
Edit Claim window after the preview is closed, with focus on the Print button

Step 11: Choose how to send the claim

In the Edit Claim window, you have three options for sending the claim:

- **Batch for later:** Click **OK** to batch the claim for sending at a later date.
- **Immediate send:** Click **Send**, at the bottom center, to transmit the claim to the clearinghouse right away.

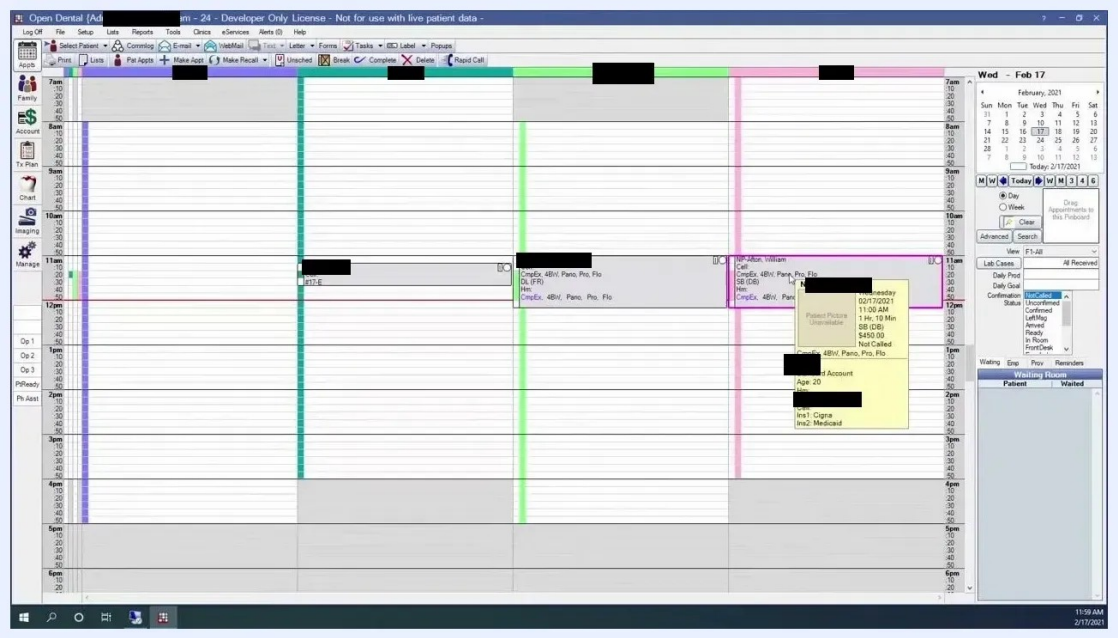
- **Other options:** Use the additional buttons as needed for supplemental or split claims.



Edit Claim window with the cursor over the Send button, and claim details, procedures, and insurance payment sections visible

Step 12: Save the claim and confirm its status

After you review all claim details, click **OK** at the bottom right of the Edit Claim window. The claim appears in the patient's ledger as a red entry, which indicates it is pending.



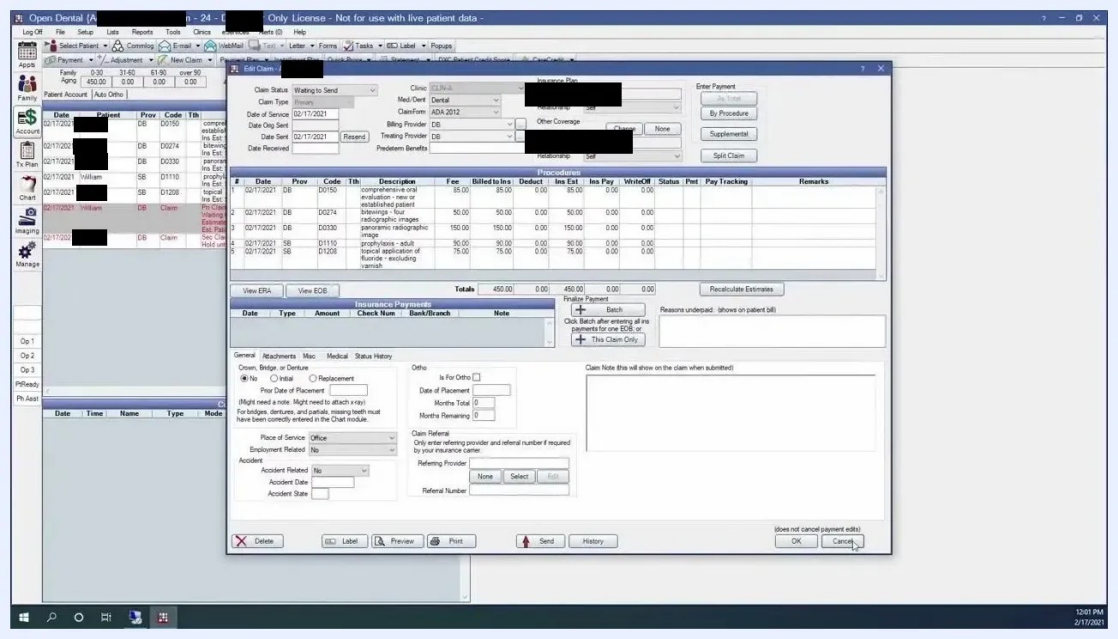
Edit Claim window with the cursor over the OK button, and the Patient Account in the background showing procedures and claim entries

After sending, check that the claim status updates in the patient's ledger. Claims sent immediately are marked as sent. Batched claims remain pending until processed.

Send batched claims from the Manage module

Step 13: Open the claims management window

If you batched the claim, exit the Edit Claim window. Then go to the **Manage** module from the left navigation panel and click **Send Claims** in the Daily section.

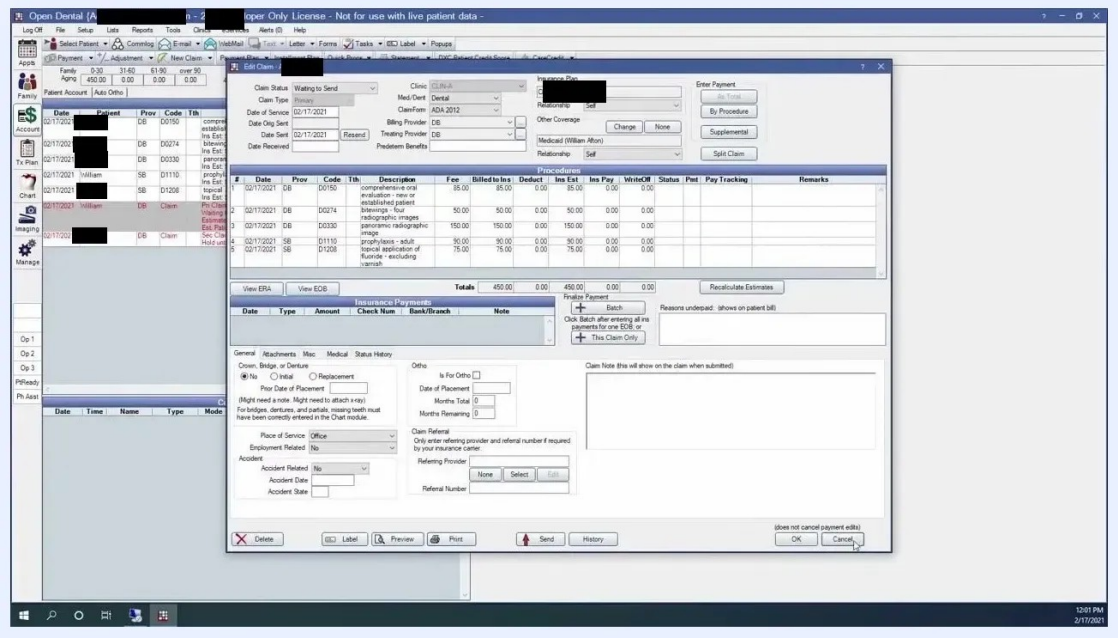


Edit Claim window with the cursor over the Cancel button, ready to exit and open the Manage module

The claims management window lists all claims waiting to be sent. Each row shows:

- Date of service
- Patient name
- Carrier name
- Clinic
- Provider
- Clearinghouse
- Warnings and missing info
- Procedure codes

Use the filters at the top to specify a clinic or date range if needed.



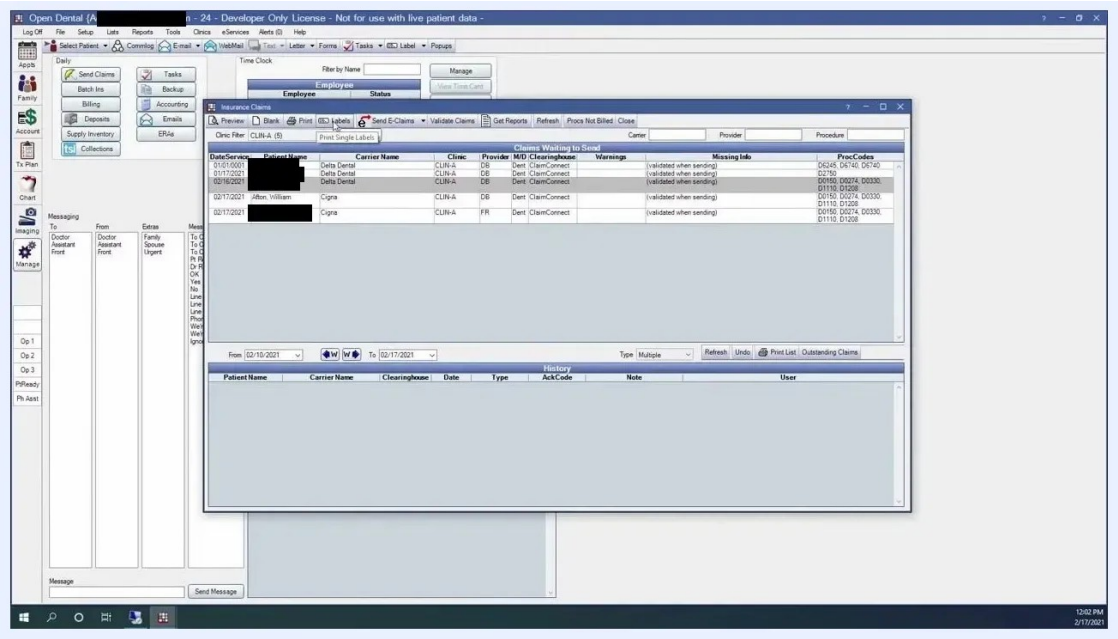
Claims management window listing claims waiting to be sent, with columns for patient, carrier, provider, clearinghouse, warnings, missing info, and procedure codes

Step 14: Select the claims to send

Click a row to select an individual claim. To select multiple claims, hold the Ctrl key and click additional rows. You can send one claim or several at once.

Step 15: Send the claims electronically

Click **Send E-Claims** at the top of the claims management window. Open Dental transmits the selected claims to the clearinghouse for electronic processing. Confirm that the claims are removed from the "waiting to send" list, or check their updated status.



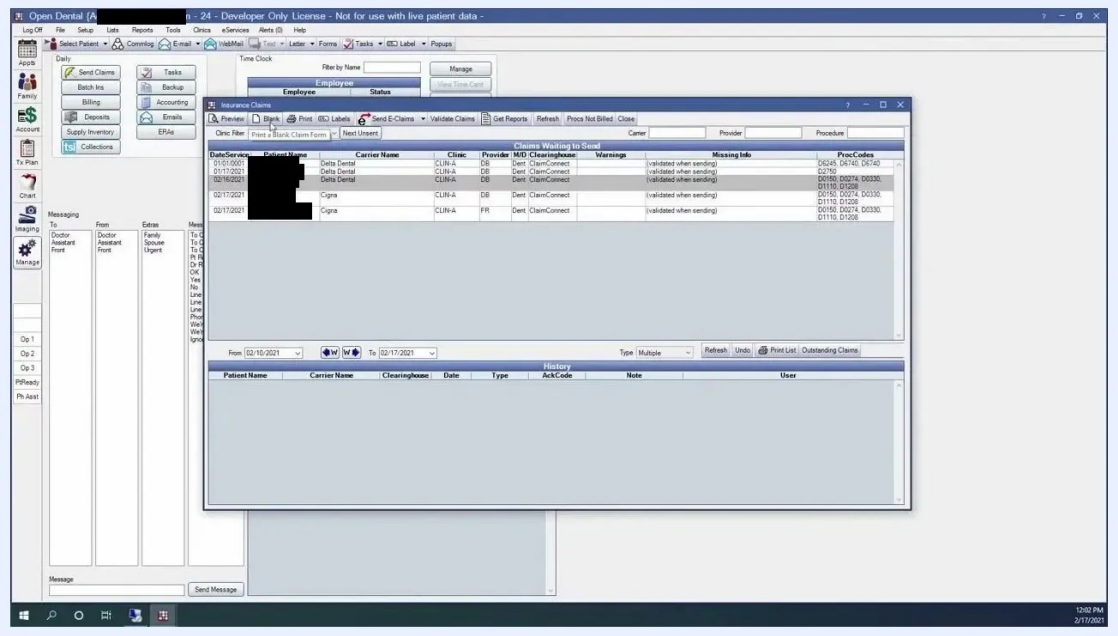
Claims management window with claims selected and the Send E-Claims button highlighted

Step 16: Use the other claims management actions

The claims management window also includes these options:

- **Preview:** View a printable version of the selected claim.
- **Blank:** Print a blank claim form.
- **Print:** Print the selected claims for mailing.
- **Labels:** Print address labels for insurance companies.
- **Validate Claims:** Check for missing information before sending.
- **Get Reports:** Retrieve reports from clearinghouses.
- **Refresh:** Update the list of claims.

- **Procs Not Billed:** Find procedures not yet billed to insurance.

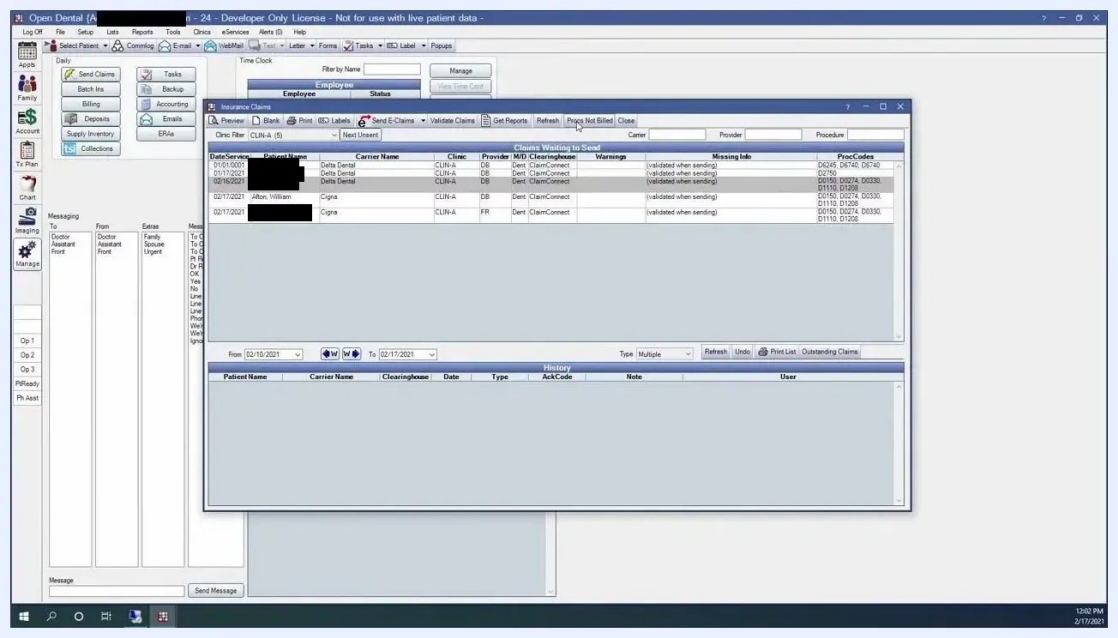


Claims management window with the Preview, Blank, Print, Labels, Send E-Claims, and Validate Claims buttons visible

Find procedures not billed to insurance

Step 17: Open the Procs Not Billed window

At the top of the Insurance Claims window, in the row of action buttons above the claims list, click **Procs Not Billed**.



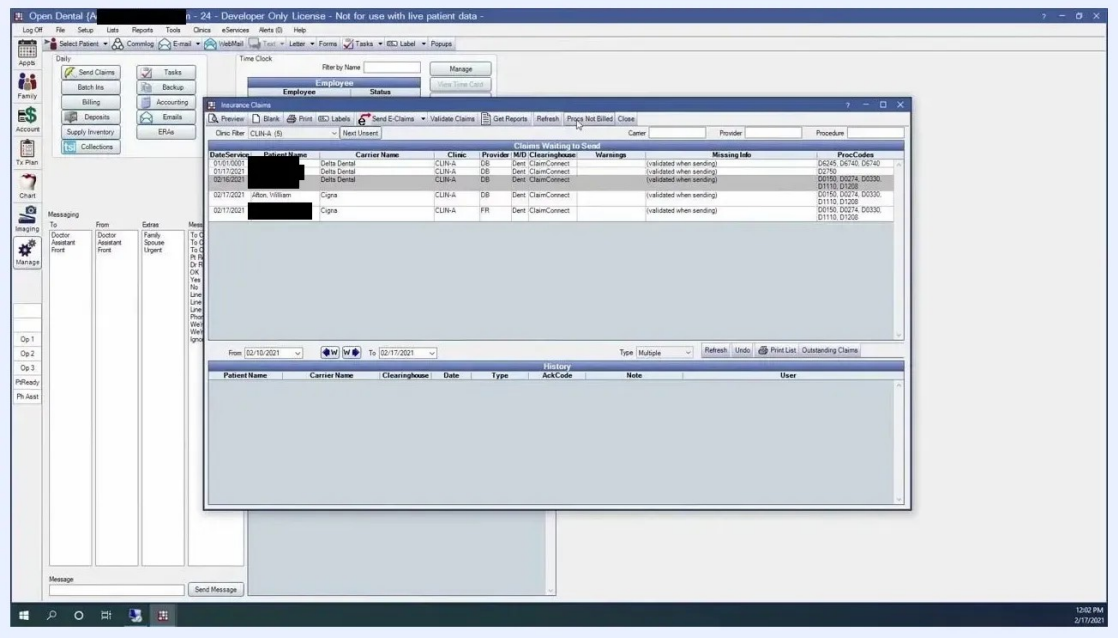
Cursor hovering over the Procs Not Billed button in the Insurance Claims window

Step 18: Set the date range and clinic

When prompted, specify a date range and select a clinic if necessary.

1. Use the **From** and **To** date pickers to set the range. For example, use 02/01/2021 to 02/17/2021.
2. Select the clinic from the **Clinics** drop-down menu.
3. Optionally, check or uncheck filters such as **Show Procedures Completed Before Insurance Added** or **Show Procedures In Process**.

4. Click **Refresh** to update the list.

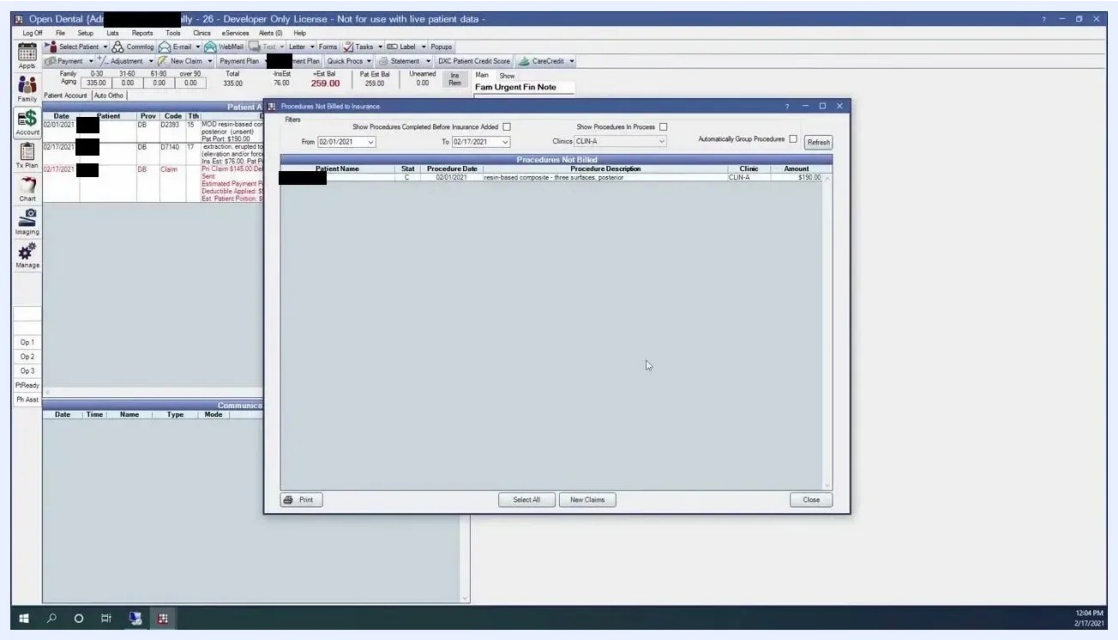


Procedures Not Billed to Insurance window with date pickers, clinic selection, and filter options

Step 19: Review the unbilled procedures

The Procedures Not Billed to Insurance window shows columns for Patient Name, Status, Procedure Date, Procedure Description, Clinic, and Amount. For example, the list can show Sally Watkins, Status C, Procedure Date 02/01/2021, resin-based composite – three surfaces, posterior, Clinic CLIN-A, Amount $190.00.

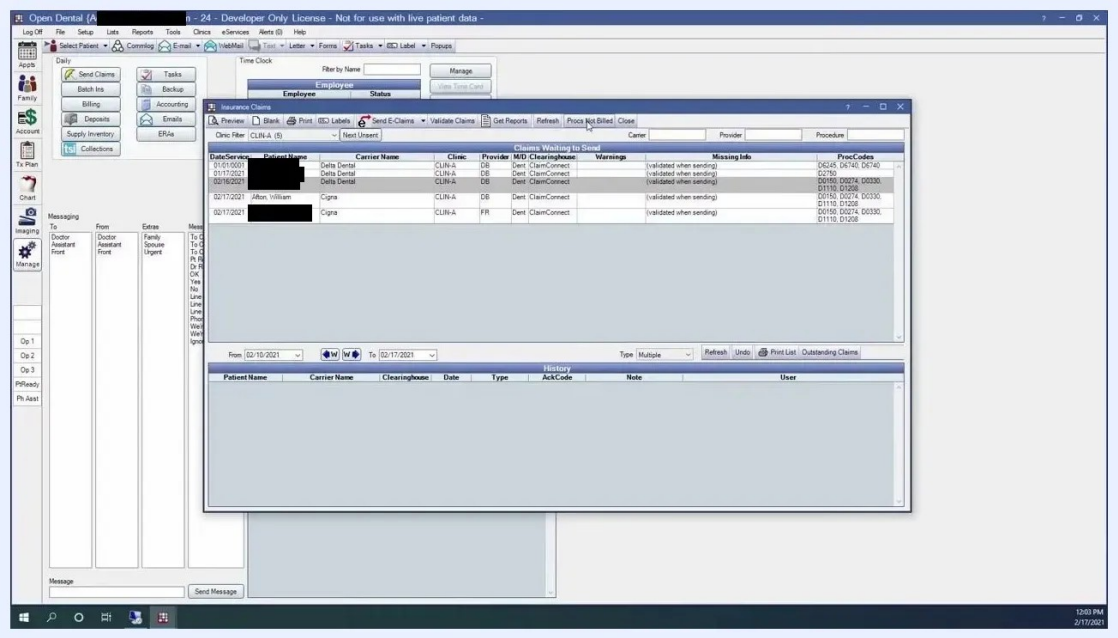
Use the filters at the top to adjust the date range, select a clinic, or show procedures completed before insurance was added or procedures in process. Click **Refresh** after changing filters. The buttons at the bottom are **Print**, **Select All**, **New Claims**, and **Close**. Click **Close** when you finish reviewing.



Procedures Not Billed to Insurance window with procedure details, filters, and action buttons, and the cursor on the Close button

Step 20: Create claims for the unbilled procedures

To create a claim in Open Dental for these procedures, highlight them in the list. Then click **New Claims** at the bottom of the window to automatically generate claims for the selected procedures.



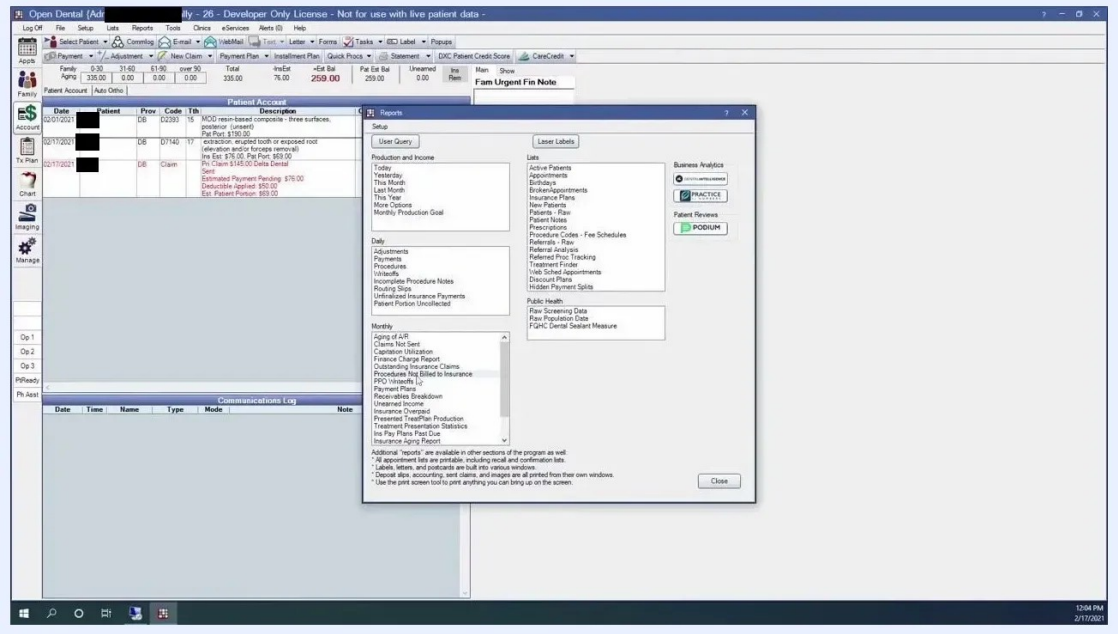
Procedures Not Billed to Insurance window with a procedure highlighted and the New Claims button visible

Step 21: Use the Reports menu as an alternative

You can also find unbilled procedures from the Reports window.

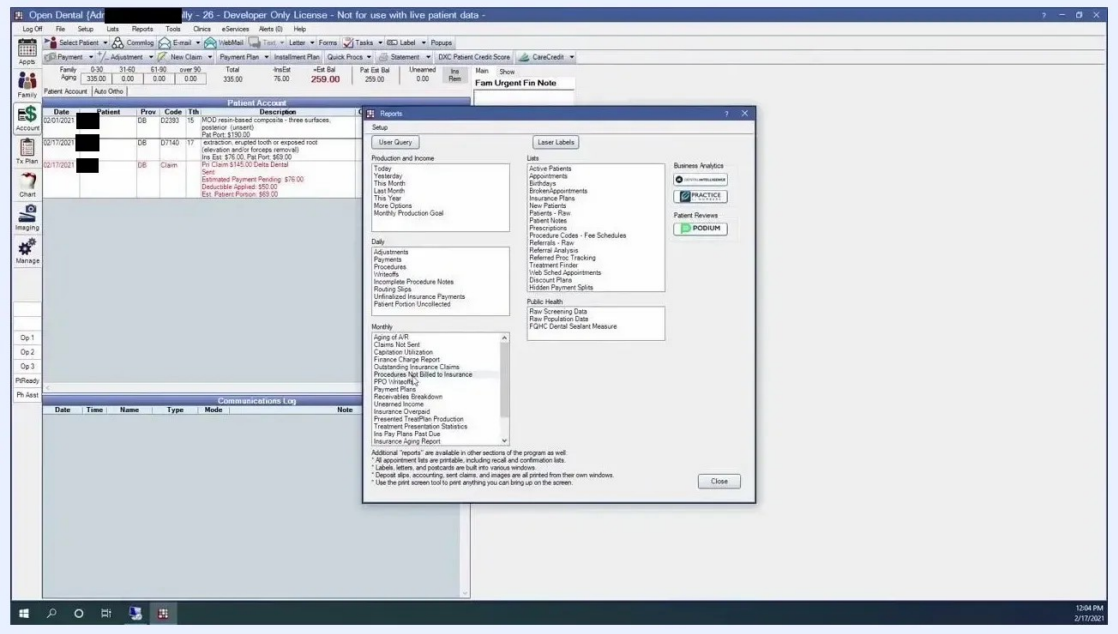
1. Open the Reports window from the main navigation.
2. In the **Monthly** section, select **Procedures Not Billed to Insurance**.

3. Click to run the report.



Reports window with Procedures Not Billed to Insurance selected in the Monthly section

Running this report opens the same Procedures Not Billed to Insurance window described above. You can filter, review, and create claims from it as needed.



Reports window with Procedures Not Billed to Insurance highlighted

Summary

You now know how to create a claim in Open Dental for patients with single or dual insurance. You can also preview, print, and send claims immediately or in a batch, and find procedures that have not yet been billed to insurance. Use the sending method that best fits your workflow, whether you mail paper claims or submit them electronically through a clearinghouse.

What's next

- Set up medical claims if you plan to send them. Refer to the web manual for configuration instructions.
- Use **Validate Claims** in the claims management window to check for missing information before you send.
- Use **Get Reports** to retrieve reports from clearinghouses after you send claims.