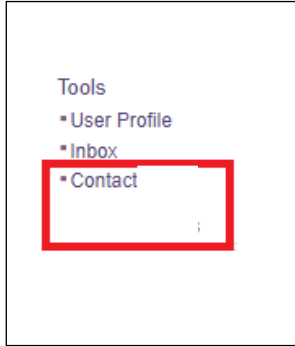


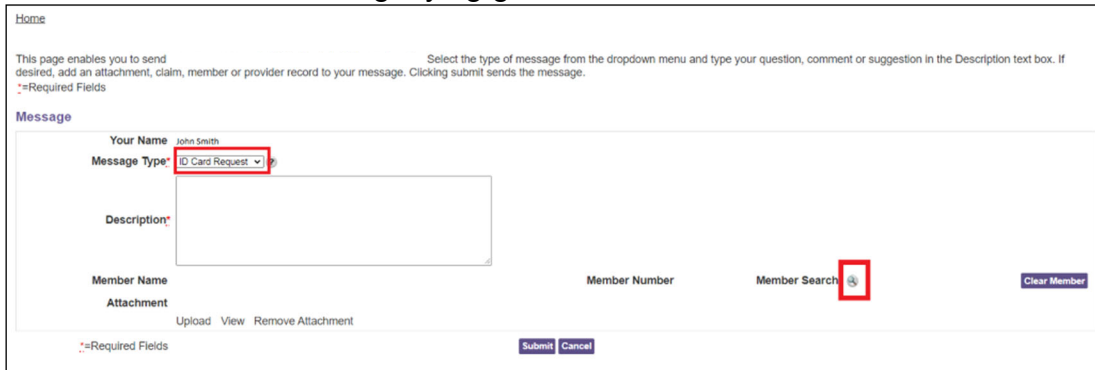
Job Aid – Request an ID Card

From the Employer Portal Home Page:

1. Click **Tools**.
2. Click **Contact DentaQuest**.



3. Select **ID Card Request** from the **Message Type** dropdown.
4. Click the **Member Search** magnifying glass icon.

A screenshot of a web application's message form. The form is titled 'Message' and includes fields for 'Your Name' (John Smith), 'Message Type' (ID Card Request), and 'Description'. There are also fields for 'Member Name', 'Member Number', and 'Member Search' with a magnifying glass icon. A 'Clear Member' button is visible. The 'ID Card Request' dropdown and the search icon are highlighted with red boxes. At the bottom, there are 'Submit' and 'Cancel' buttons and a legend for required fields (*).

5. Search for the subscriber you wish to request a card for. Cards are only sent with the name of the subscriber. All required fields are marked with a red asterisk (*).
 - a. You must enter either:
 - The **DOB** (date of birth) **or** *
 - The **Social Security Number** *
 - b. To narrow your results, you may enter the following:
 - **Service Date**. The results will default to today's date if a specific date is not entered.
 - **Member Number**.
 - **Member First Name**.
 - **Member Last Name**.

6. Click **Search**.

Home > Member Eligibility Search

Member Eligibility Search

This functionality will allow you to perform member eligibility checks. To check eligibility, please enter a Service Date, Date of Birth and either Member Number or Member's complete last Name and at least a partial first name.

If you feel a member is eligible for service but a check indicates the member is non-eligible or it is a non-participating provider, please contact a service representative.

All dates must be entered in the following format: MM/DD/YYYY. Slashes must also be entered. To navigate through the screen, please use the Tab Key, not the Enter Key.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Service Date: 08/13/2020 (MM/DD/YYYY)

Date Of Birth: 01/01/1980 (MM/DD/YYYY)

SSN: []

Member Number: [] (123456)

Member First Name: []

Member Last Name: []

Search

7. Click **Select** next to the name of the member. The member information will appear.

Home > Member Eligibility Search > Member Eligibility Search

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Results are for members who are/were eligible as of 08/13/2020

Download File Printer Friendly Format Add New Member

Select	Member Number	Date Of Birth	Member Name	Subgroup	Client Number	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
Select	123456789	02/04/1992	Sally Sample	ACME CORPORATION	000009901	Delta Dental Premier			

Download File

Ineligible

Select	Member Number	Date Of Birth	Member Name	Eligibility Effective Date	Eligibility Expiration Date
No Results Found					

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Search Again

8. Type "Please send card" in the **Description** box.

9. Click **Submit**. The member will receive a card within 7-10 days.

Home

This page enables you to send secure messages to [] Select the type of message from the dropdown menu and type your question, comment or suggestion in the Description text box. If desired, add an attachment, claim, member or provider record to your message. Clicking submit sends the message.

*=Required Fields

Message

Your Name: John Smith

Message Type: ID Card Request

Description: Please send card

Member Name: Sally Sample

Member Number: 123456789

Member Search: []

Attachment: Upload View Remove Attachment

Clear Member

Submit Cancel

*=Required Fields