

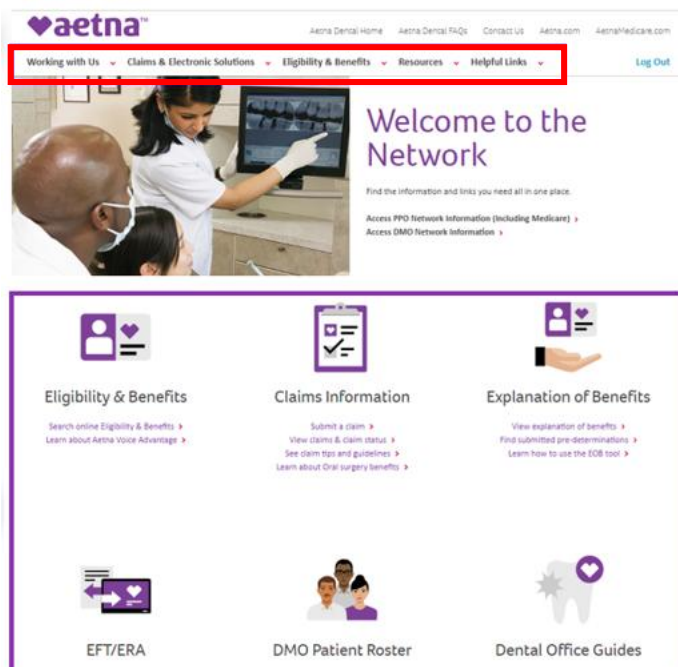
Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

Aetna Dental® portal home page



Helpful hint: If there is more than one provider in the practice, you should register as a group practice.

For help with registration, simply call our E-Tech line by dialing **1-800-225-3375**, Monday to Friday, 8 AM to 6 PM



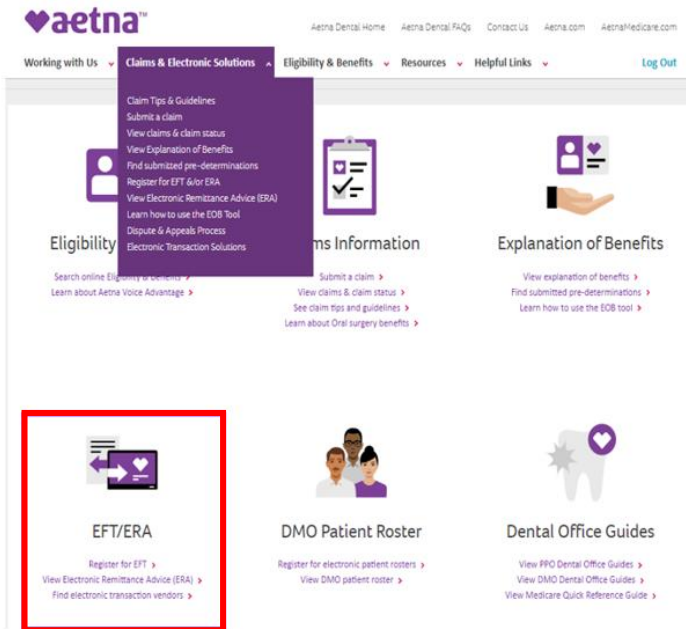
Use the primary navigation bar at the top of the page or the navigation icons in the middle of the page to access all tools and resources.

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<APN>

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

Click on “Claims and Electronic Solutions” and “Register for EFT/ERA”



Use the primary navigation bar at the top of the page or the navigation icons in the middle of the page to begin the enrollment process, or to update your preferences.

Requests submitted electronically typically take up to 30 business days to process.

You'll also find a list of approved vendors to use for your electronic remittances.

You are now leaving the Aetna Dental website.

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its subsidiary companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

[Continue >](#)

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

As soon as you click on “EFT/ERA”, you will be taken to Optum Payer Enrollment to register for EFT and ERA enrollments:

- a. Create a log-in and a One Healthcare ID (if you don't already have one).
- b. An email will be sent to the provider to verify the One Healthcare ID.
- c. Log onto the portal to submit your enrollment.
- d. Create your enrollment by filling out the Provider Information, Contact Information, Bank Information, and Enrollment Information.
- e. Submit your enrollment and you will receive an email notification confirming submission to Optum.
- f. Log in to the Provider Portal to check the status of your enrollment.

For help with any issues you might encounter, you can contact the Optum Support Team at 800-956-5190, Monday through Friday, 8 AM to 5 PM CST.

EOBs can be accessed via the EOB tool located on AetnaDental.com

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

Accessing the EOB tool on AetnaDental.com

The EOB tool can be accessed through the Claims & Electronics Solutions tab or the Explanation of Benefits tile

The screenshot shows the AetnaDental.com homepage. At the top is the Aetna logo and a navigation bar with links: Aetna Dental Home, Aetna Dental FAQs, Contact Us, and Aetna.com. Below this is a secondary navigation bar with dropdown menus for Working with Us, Claims & Electronic Solutions, Eligibility & Benefits, Resources, and Helpful Links. A Log Out link is on the right. A banner image shows a person in a dental chair. Below the banner are three main service tiles: Eligibility & Benefits, Claims Information, and Explanation of Benefits. A red arrow points from the Claims Information tile to the Explanation of Benefits tile. The Eligibility & Benefits tile has links for 'Search online Eligibility & Benefits' and 'Learn about Aetna Voice Advantage'. The Claims Information tile has links for 'Submit a claim', 'View claims & claim status', 'See claim tips and guidelines', and 'Learn about Oral surgery benefits'. The Explanation of Benefits tile has links for 'View explanation of benefits', 'Find submitted pre-determinations', and 'Learn how to use the EOB tool'.

Claim Explanation of Benefits (EOB)

- [About Claims EOB](#)
- [EOB Search](#)
- [Claim Search](#)

About Claims EOB

This tool is for external usage only and allows dentists and office staff to access Claim Explanation of Benefits (EOBs) statements online.

Claim EOB provides:

- a daily list of EOBs by Tax ID Number (TIN)/Provider ID Number (PIN)
- the ability to search for any claim EOB
- an EOB statement for any finalized claim

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Access EOB List:

- TIN is required and can be selected from the drop-down box.
- Only one TIN can be selected at a time.
- Once the TIN is selected, click submit to retrieve the list of EOB Statements.



Contact Us

Claim Explanation of Benefits - Access EOB List

Please select a TIN and click the Submit button to view the associated EOB list.

*** required information**

Select one TIN from the drop-down box and Submit

Note: if you are associated with one TIN only, it will be pre-populated

Protected Health Information (PHI) that Aetna makes available to participating providers is subject to the provisions of the federal HIPAA Privacy and Security Regulations. PHI made available to participating providers may only be used or disclosed for purposes that are permitted by the HIPAA Privacy Rule. Recipients of the PHI made available through this website must protect the information with the administrative, technical and physical safeguards required by the HIPAA Security Rule.

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Claim Explanation of Benefits - Access EOB List

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Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Access EOB List Results:

- a. A calendar is provided to search for a different day's EOB list.
- b. The EOB statement is viewable by clicking the "View EOB" link.
- c. The statement will be provided in Adobe Acrobat PDF format.

If you don't have Adobe Acrobat software, you can access and download the software via the link provided at the top of the EOB list screen.

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide



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Claim Explanation of Benefits - EOB List Results

The EOB documents below are provided in PDF format. Acrobat Reader 4.0 or higher is required to view documents provided in PDF format. [Download Acrobat Reader.](#)

EOBs displayed below are as of the prior business day. To view another day's EOBs, select a date using the month, day and year fields below and click the Go button.

To view or print the EOBs, click the View EOB link. The selected EOB(s) will open in one PDF file. To print the EOB, click the printer icon accessible within the PDF file.

† Note: 1) Claim EOBs issued prior to May 20, 2006 are not available online.
2) HMO EOBs are available to TIN Owners only (for additional information, please reference Tool Help below).

Access EOB List	Search by Claim	Search by Patient	Search by Payment	Search by Provider	Tool Help ?
From Date: 08/03/2023 To Date: 08/03/2023					PIN:
View another day's EOBs: August 03 2023 Go					
† EOB	EOB Date	Paid Provider Name	Check Number/EFT Trace Number	EFT Settlement Date	Total Payment Amount
View EOB	08/03/2023			08/08/2023	\$46.00
View EOB	08/03/2023			08/08/2023	\$1163.00

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Claim Explanation of Benefits - EOB List Results

The EOB documents below are provided in PDF format. Acrobat Reader 4.0 or higher is required to view documents provided in PDF format. [Download Acrobat Reader.](#)

EOBs displayed below are as of the prior business day. To view another day's EOBs, select a date using the month, day and year fields below and click the Go button.

To view or print the EOBs, click the View EOB link. The selected EOB(s) will open in one PDF file. To print the EOB, click the printer icon accessible within the PDF file.

† Note: 1) Claim EOBs issued prior to May 20, 2006 are not available online.
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Access EOB List	Search by Claim	Search by Patient	Search by Payment	Search by Provider	Tool Help ?
From Date: 08/03/2023 To Date: 08/03/2023					PIN:
View another day's EOBs: August 03 2023 Go					
† EOB	EOB Date	Paid Provider Name	Check Number/EFT Trace Number	EFT Settlement Date	Total Payment Amount
View EOB	08/03/2023			08/08/2023	\$46.00
View EOB	08/03/2023			08/08/2023	\$1163.00

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Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Search by Claim:

This function allows you to search for an EOB statement for a specific claim(s). Up to five (5) claim IDs can be entered per search or a date of service range can be entered.

aetna Contact Us

Claim Explanation of Benefits - Search by Claim

Please complete the fields below to initiate your claim search. Click on the Submit button to access your search results.

*** required information**

Access EOB List **Search by Claim** **Search by Patient** **Search by Payment** **Search by Provider** **Tool Help**

Provider Information:

*** TIN:** You are about to unmask a potential SSN value. Your action will be logged. [View SSN/TIN](#)

Servicing Provider ID Number:

*** Claim Information** -- Please enter claim date and claim type **OR** Aetna Claim ID:

Date of Service: (Maximum 31 Days)

For Dental predeterminations please enter a 'From' date to indicate when the predetermination was submitted to Aetna and a 'To' date to indicate the current date.

Claim Type:

☐ Hospital/Facility ☐ Professional/Physician Services ☐ Dental ☐ Dental Predetermination

Claim Status: (Optional)

☒ All Claims ☐ Completed- Paid/Denied/Dental Predetermination ☐ Pending ☐ Completed- Denied ☐ In Process ☐ Not Accepted

- OR -

Aetna Claim IDs:

Note: Claim search cannot accommodate a search request consisting of a 9 character claim ID combined with an 11, 12 or 14 character claim ID within the same search request.

1.

2.

3.

4.

5.

Fields marked with an * asterisk are required to perform an EOB search. You must enter the TIN and claim information including date of service and claim type.

Select a TIN from the drop-down menu and then select the claim information to search.

Narrow the search parameters by claim status.

Enter claim IDs up to a maximum of 5

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Search by Patient:

This function allows you to search for an EOB by patient with several options: patient's last name, first name and date of birth. When searching for claims on SUBSCRIBER, you may use Member ID only **OR** First Name, Last Name and Date of Birth. For claims on DEPENDENTS – you **must** use First Name, Last Name and Date of Birth



Contact Us 

Claim Explanation of Benefits - Search by Patient

Please complete the fields below to initiate your patient search. Click on the Submit button to access your search results.

* required information

Access EOB List	Search by Claim	Search by Patient	Search by Payment	Search by Provider	Tool Help ?
PIN:					
Provider Information:					
* TIN: You are about to unmask a potential SSN value. Your action will be logged.					
Serving Provider ID Number:					
* Claim Information:					
Date of Service: (Maximum 31 Days)					
For Dental predeterminations please enter a "From" date to indicate when the predetermination was submitted to Aetna and a "To" date to indicate the current date.					
Claim Type: ☐ Hospital/Facility ☐ Professional/Physician Services ☐ Dental ☐ Dental Predetermination					
* Patient Information: Please enter either Aetna Member ID OR Patient Last Name, First Name and Date of Birth.					
* Member ID:					
- OR -					
Last Name: First Name:					
Date of Birth:					
Optional Additional Search Criteria:					
Service Code: (CPT, REVENUE CODE, HCPCS, ADA/CDT)					
Patient Account #:					
Cancel Reset Submit					

Fields marked with an * asterisk are required to perform an EOB search. You must enter the TIN, claim information including date of service and claim type and patient information.

Select a TIN from the drop-down menu and then select the claim and patient information to search on date of service and claim type.

Required fields include Member ID or patient last name, first name and date of birth.

Optional fields for service code or patient account number can also be used.

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Search by Payment:

Search by Payment allows you to search for an EOB by payment date or payment ID. You can enter up to five checks or EFT trace numbers.



Contact Us

Claim Explanation of Benefits - Search by Payment

Please complete the fields below to initiate your payment search. Click on the Submit button to access your search results.

* required information

[Access EOB List](#) [Search by Claim](#) [Search by Patient](#) [Search by Payment](#) [Search by Provider](#) [Tool Help ?](#)

PIN:

Provider Information:

* TIN: You are about to unmask a potential SSN value. Your action will be logged.

Servicing Provider ID Number:

* Payment Information (Please enter payment date OR check number/EFT trace number):

Payment Date: (Maximum 31 Days) / / to / / (mm/dd/yyyy)

- OR -

Check Number/EFT Trace Number: 1.
2.
3.
4.
5.
(Maximum of 5)

Fields marked with an *asterisk are required to perform an EOB search. You must enter the TIN and payment information.

Select a TIN from the drop-down menu and then select the payment date or enter the check/EFT trace number(s).

Note: the results for this search will be viewable on the Search Payment Results screen since all EOBs should be finalized if searching by payment.

Enter Check/EFT trace number, maximum 5.

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

How to Search by Provider:

This search allows you to search for an EOB at the servicing provider level by provider ID number. You may search for up to five dentists. For assistance with the provider ID number, select the DocFind link.



Contact Us

Claim Explanation of Benefits - Search by Provider

Please complete the fields below to initiate your provider search. Click on the Submit button to access your search results.

*** required information**

[Access EOB List](#) [Search by Claim](#) [Search by Patient](#) [Search by Payment](#) [Search by Provider](#) [Tool Help ?](#)

PIN:

Provider Information:

*** TIN:** [View SSN/TIN](#) You are about to unmask a potential SSN value. Your action will be logged.

*** Date of Service:** (Maximum 31 Days)
For Dental predeterminations please enter a 'From' date to indicate when the predetermination was submitted to Aetna and a 'To' date to indicate the current date.
 / / to / / (mm/dd/yyyy)

*** Claim Type:** ☐ Hospital/Facility ☐ Professional/Physician Services ☐ Dental ☐ Dental Predetermination

*** Servicing Provider ID Number** (Maximum of 5)
*** Please Select:** Note: Please enter the Provider ID Number (PIN) for non-HMO claims or Provider Number (PVN) for HMO claims, not both. This search cannot accommodate searching PIN and PVN within one request.

1. (Look up Provider IDs using [DocFind®](#))
2.
3.
4.
5.

This search is for TIN Owners Only

Fields marked with an * asterisk are required to perform an EOB search. You must enter the TIN, Date of Service, Claim Type and Servicing Provider ID Number.

Select a TIN from the drop-down menu and then select the date of service and claim type.

Select PIN and enter the Servicing Provider ID number (PIN), maximum 5.

Note: DocFind is available to search for Provider PINs.

Electronic Fund Transfer (EFT) Registration and Explanation of Benefits (EOB) Access Guide

Dental Claim List screen (Results)

The Claim List screen displays claim results associated with a requested search by claim, patient or provider. Results consist of real-time claim-level information extracted from the Aetna® claim system.

Once the provider claim(s) are finalized, a partial or page-level EOB statement is available in PDF format by clicking the “View EOB link” under the Action column. The EOB tool will generate the specific page(s) of the EOB based upon the location of the requested claim information.

The View Claim Details link is provided to give you more robust details about the claim.

The Reconsider Claim link is provided under the Action column to submit a request to reconsider/Day-to-Day-Rework (DDR) a claim electronically. (See Reconsider a claim section for more information). If any of the Actions are not accessible, the link will be grayed out.

Contact Us 

Claim List

 The EOB documents below are provided in PDF format. Acrobat Reader 4.0 or higher is required to view a PDF file. [Download Acrobat Reader.](#)

To view or print an EOB/Claim, click the corresponding View EOB link. The selected EOB/Claim will open in PDF format. To print the EOB, click the printer icon accessible within the PDF file.

To view the claim details, click on the Claim Detail link corresponding to that claim.

To submit a request to have a claim reconsidered, click on the Reconsider Claim link corresponding to that claim.

† Note: 1) Claim EOBs issued prior to May 20, 2006 are not available online.
2) HMO EOBs are available to TIN Owners only (for additional information, please reference Tool Help below).

Access EOB List

Search by Claim

Search by Patient

Search by Payment

Search by Provider

Tool Help 

DOS From Date: 08/01/2023

DOS To Date: 08/12/2023

Claim Type: DENT

Claim Status: Claims

PIN:

Action 	Type	Date of Service	Claim ID	Patient Name	Product	Servicing Provider Name	Claim Status	Total Submitted	Total Provider Payment	Payment Issue Date	Check Number / EFT Trace Number	EFT Settlement Date
View EOB View Claim Details Reconsider Claim	Claim	08/11/2023			DMO		Pended	\$1457.00	\$0.00	08/24/2023		N/A
View EOB View Claim Details Reconsider Claim	Claim	08/11/2023			DMO		Completed	\$1457.00	\$539.00	09/14/2023		09/19/2023
View EOB View Claim Details Reconsider Claim	Claim	08/11/2023			Dental PPO		Completed	\$341.00	\$46.00	08/24/2023		08/29/2023
View EOB View Claim Details Reconsider Claim	Claim	08/04/2023			Dental PPO		Completed	\$1835.00	\$986.40	08/24/2023		08/29/2023
View EOB View Claim Details Reconsider Claim	Claim	08/01/2023			Dental PPO		Completed	\$1871.00	\$1198.60	08/10/2023		08/15/2023

When available:

View the EOB by clicking the “View EOB” link.

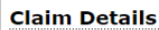
View Claim Details by clicking the “View Claim Details” link.

Reconsider claim by clicking the “Reconsider Claim” link.

Check Claim Status in real-time.

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Claim Details screen:



Member ID:	W
Patient Name:	
Servicing Provider Name:	
Type:	N/A
Payment Issue Date:	09/14/2023
Adjudication Date:	09/11/2023
Check / EFT Trace Number:	
Reason Codes:	N/A

You'll find more robust claim details with an explanation at a claim line level, detailing service code and revenue codes.

Additional Detail															
Service Date	Type	Service Code	Revenue Code	Submitted Amount	Negotiated Amount	Allowed Amount	Discount Amount	Remarks	COB Paid	Paid Amount	Copay Amount	Coinsurance Amount	Deductible	Total Patient Responsibility	
08/11/2023 - 08/11/2023	Claim	D3310 - ENDODONTIC THERAPY ANTERIOR	N/A	\$1345.00	\$650.00	\$650.00	\$695.00		\$0.00	\$520.00	\$0.00	\$130.00	\$0.00	\$130.00	
08/11/2023 - 08/11/2023	Claim	D0230 - INTRAORAL-PERIAPICAL-EA ADD	N/A	\$36.00	\$14.00	\$0.00	\$22.00	More Info	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
08/11/2023 - 08/11/2023	Claim	D0230 - INTRAORAL-PERIAPICAL-EA ADD	N/A	\$36.00	\$14.00	\$0.00	\$22.00	More Info	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
08/11/2023 - 08/11/2023	Claim	D0220 - INTRAORAL-PERIAPICAL-FIRST	N/A	\$40.00	\$19.00	\$19.00	\$21.00		\$0.00	\$19.00	\$0.00	\$0.00	\$0.00	\$0.00	

Print

Close

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If you have questions, call us at **1-800-451-7715**.

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