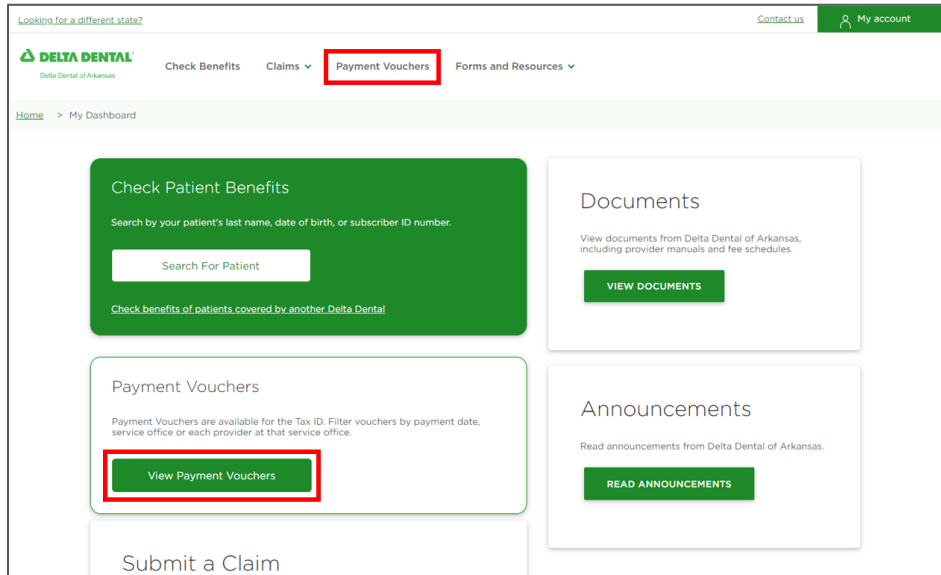




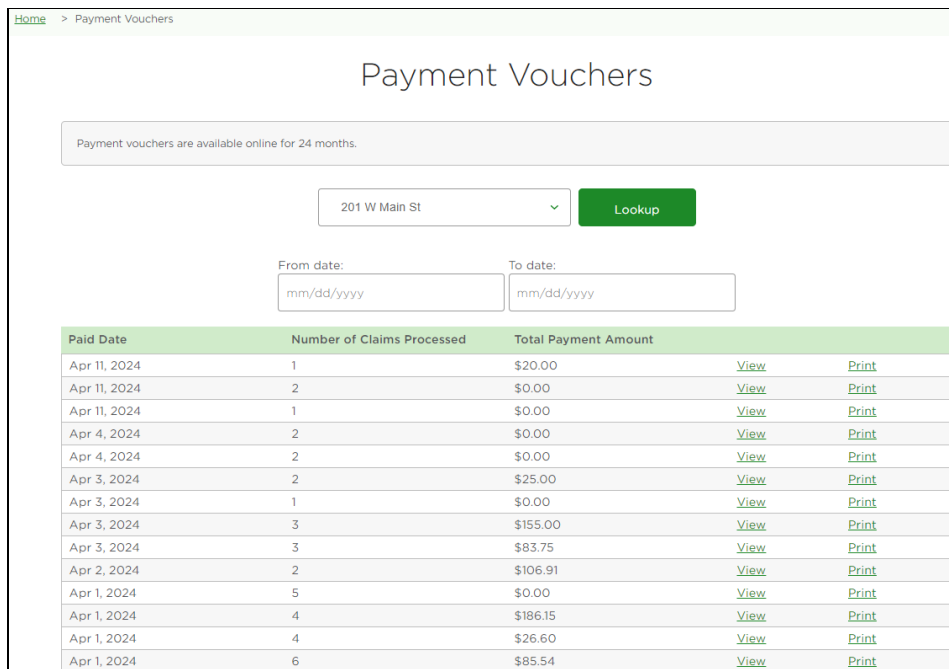
# Find Your Payment Vouchers in the Dentist Portal (July 26, 2024)

“Payment Vouchers” are documents detailing claim payments made by Delta Dental of Arkansas to dental offices. To find Payment Vouchers for your practice office(s), begin by logging in to the Dental Portal.

Once logged in, click on “View Payment Vouchers” on your dashboard or “Payment Vouchers” in the top navigation.




On the Payment Vouchers page, you can look up vouchers by office location and within a date range. A 24-month history of payment vouchers will be maintained in the Dentist Portal.



To view each voucher, click “View” to see details in the Dentist Portal OR click “Print” to generate and download a PDF.

Paid date Mar 6, 2024

**Bulk Check Payment Voucher**  
**Example**



Delta Dental of Washington

Payee: [REDACTED]  
 TIN: [REDACTED]  
 Payment Number: [REDACTED]

Previous Balance: \$0.00  
 New Claims: \$1,180.00  
 Corrections: \$0.00  
**Total Payment: \$1,180.00**

Our EFT payment numbers start with 1 and our physical checks start with 2. EFT payments are deposited weekly (Thursdays), and paper checks are mailed once monthly on the 22nd, unless it falls on a weekend or holiday, will be mailed the Friday prior.

Filter By: 201 W Main St [REDACTED] **Total Paid: \$1,180.00** [Back of Voucher](#) [Print Full Voucher Details](#)

| Name | Member ID   | Claim Number    | Service Office | Provider       | Processing Policies | Claim Type | Interest | Patient Responsibility | Paid Amount |
|------|-------------|-----------------|----------------|----------------|---------------------|------------|----------|------------------------|-------------|
| E    | XXXXXXXX202 | 202403055100040 | 201 W Main St  | RONALD HUBBARD | 001 001 001         | NEW        |          | \$10.00                | \$290.00    |
| R    | XXXXXXXX201 | 202403056300005 | 201 W Main St  | RONALD HUBBARD |                     | NEW        |          | \$10.00                | \$110.00    |
| M    | XXXXXXXX901 | 202403056300006 | 201 W Main St  | RONALD HUBBARD |                     | NEW        |          | \$10.00                | \$110.00    |
| S    | XXXXXXXX202 | 202403056300008 | 201 W Main St  | RONALD HUBBARD |                     | NEW        |          | \$0.00                 | \$45.00     |
| S    | XXXXXXXX271 | 202403056300001 | 201 W Main St  | RONALD HUBBARD | 115                 | NEW        |          | \$10.00                | \$110.00    |
| E    | XXXXXXXX201 | 202403056300002 | 201 W Main St  | RONALD HUBBARD | 115                 | NEW        |          | \$10.00                | \$110.00    |
| D    | XXXXXXXX201 | 202403056300004 | 201 W Main St  | RONALD HUBBARD | 921                 | NEW        |          | \$0.00                 | \$45.00     |
| R    | XXXXXXXX201 | 202403056300003 | 201 W Main St  | RONALD HUBBARD |                     | NEW        |          | \$10.00                | \$110.00    |
| D    | XXXXXXXX101 | 202312017800200 | 201 W Main St  | RONALD HUBBARD | 00015               | NEW        |          | \$0.00                 | \$250.00    |

Each voucher shows the payee, the claim number(s) included in the payment, the paid amount, and the amount owed by the patient. Also on this screen are links to view the back of the voucher and to print the voucher.

Clicking the claim number will provide you with details on that claim.

Home > Claims > Patient Claims Status Details

[Back to Claims Search Results](#)

## Claim Number: 202409330001100

Member Name: [REDACTED]

Patient Name: [REDACTED]

Patient Date of Birth: Apr 29, 1980

Today's date: Apr 12, 2024

Provider: [REDACTED]

Member ID: [REDACTED]

| Amount Submitted | Amount Paid | Claim Status | Date Paid   | Check Number |                       |
|------------------|-------------|--------------|-------------|--------------|-----------------------|
| \$10.00          | \$0.00      | Paid         | Apr 3, 2024 | [REDACTED]   | <a href="#">Print</a> |

| Tooth | Procedure | Date of Service | Submitted | Paid   | Processing Policies |
|-------|-----------|-----------------|-----------|--------|---------------------|
|       | D1110     | Mar 29, 2024    | \$10.00   | \$0.00 |                     |

**Procedure Codes**

D1110      Prophylaxis - Adult

**DISCLAIMER:** The information shown is not a guarantee of coverage, payment or preauthorization. Payment is subject to plan provisions and patient eligibility at the time services are actually incurred. Information shown may not reflect the most recent claims submitted for payment.