QUICK START | Process Web Dental Application Details

Purpose: This tutorial is meant to serve as a supplement to the Process Web Dental Application Details tutorial.

NOTE: Detailed explanations are required for most “Yes” responses throughout the application.

PART I–PROCESS APPLICATION DETAILS:
From the Practice/Billing Information page:

1. Type the applicant's password; first and last name; degree and birth date into the designated fields.
2. Type the applicant's practice and billing address, city, phone and fax number into the designated fields, if applicable.
3. Click on the **Next** button. The business structure page displays.
4. Click to select all business structure options that apply to the applicant.
5. Type the applicant's national provider ID number, incorporation date; legal entity and primary contact name into the fields.
6. Click to select “Yes” or “No” in response to the questions and on the **Next** button. The affiliations page displays.
7. Click to select “Yes” or “No” in response to the questions and type the dentist number, names and SSN’s into the fields.
8. Click on the **Next** button. The next affiliation page displays.
9. Click to select whether the applicant or their corporation is working with "non-employed dentists" without a written contract.
10. Type the number of dental units within the applicant’s office and click to select “Yes” or “No” in response to the questions.
11. Click on the **Next** button. The schooling/certification page displays.

From the Schooling/Certification page:

1. Type the applicant’s dental school into the field and click to select whether the applicant is "certified by an approved specialty board." **NOTE:** If “Yes,” type the certification date and additional board information into the designated fields.
2. Click on the **Next** button. The licensing page displays.
3. Type the patient percentage mix into the fields and click to select whether there is a physician or surgeon in the practice.
4. Type the applicant's state and license numbers into the designated fields, and click to select the related status, if applicable.
5. Type the applicant's narcotics/DEA, anesthesia permit, and National Provider ID number and last four digits of SSN into the fields.
6. Type the applicant's current insurer name and annual premium into the fields and click to select the limits from the menu.
7. Click to select whether the applicant has ever had a lapse in coverage and on the **Next** button. The procedures page displays.

From the Procedures page:

1. Click to select “Yes” or “No” in response to the questions.
2. Type the number of complex cases performed each year that cost more than $20,000 into the field. **NOTE:** If “1” or more, type an explanation into the field and click on the **Next** button. The anesthetics/analgesia page displays.
3. Click to select “Yes” or “No” in response to the questions. **NOTE:** If "Yes" to any, type the agent kind and how often they are used.
4. Click to select who administers the anesthesia and on the **Next** button. The other exposure information page displays.
5. Click to select if the applicant owns/operates a dental laboratory or another business. **NOTE:** If "Yes" to dental lab, type an estimated patient work percentage into the field.
6. For any signed, contractual agreements, type a description of services and identify parties in the designated field.
7. Click to select whether the applicant has agreed to hold any other party harmless for services performed.
8. Type a line entry into the fields to identify any additional insureds requesting to be named on the policy, if applicable.
9. Type an additional explanation into the designated field, if applicable, and click on the **Next** button. The consent page displays.

From the Consent page:

1. Type the number of patients examined or treated each day into the designated field.
2. Click to select whether the applicant obtains informed consent prior to each procedure and the type of consent.
3. Click to select “Yes” or “No” in response to the next three questions.
4. Click to select how often patient information is updated. **NOTE:** If selected "Occasionally," type an explanation into the field.
5. Click on the **Next** button. The claims and experience Information page displays.
6. Click to select “Yes” or “No” in response to the questions and provide explanations for “Yes” responses.
7. Click on the **Next** button. The next claims and experience information page displays.
8. Click to select “Yes” or “No” in response to the questions and on the **Next** button. The next claims and experience page displays.
9. Click to select “Yes” or “No” in response to the questions and type an explanation into the fields if applicable.
10. Click on the **Next** button. The additional insured’s page displays. **NOTE:** This page only applies if covering additional insureds.
11. Type the insured's name, address, city, and zip into the fields; click to select the insured type, state and on the Add button.
12. Click on the **Next** button. The professional liability quote indication page displays.