

FloridaDentalBenefits



FDB Provider Portal Training

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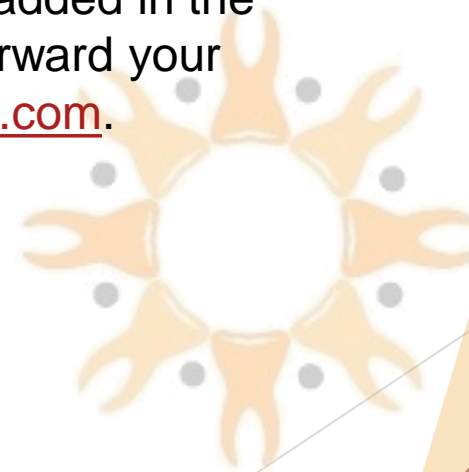


Welcome FDB Participating Providers!

We are excited to introduce the FDB Provider Portal. The Portal was designed with you in mind. You will now have online 24-hour access to member eligibility verification and claims history for FDB members.

This is the first phase of the Portal. Additional features will be added in the future. We are always happy to hear your feedback. Please forward your comments and suggestions to ProviderRelations@FDBenefits.com.

We value your participation and service to our members!



Provider Sign Up

1. Click on the link below to access the Provider Portal:
<https://provider.fdbenefits.com/>
2. Click on “PROVIDER SIGN UP”



SIGN-IN PROVIDER SIGN UP



Welcome Providers!

Access information and resources to help you and your staff care for our members.

Not a provider yet? If you are interested in joining our network, please email us at providerrelations@fdbenefits.com. A representative will reach out to you to explain our plans and provide you with a provider application and credentialing package.



Announcement

Welcome FDB Participating Providers! We are excited to have you join our provider portal where you will have 24/7 online access to member eligibility and claims history. Thank you for serving our members.

Provider Sign Up

Enter your office information, including:

- ❑ The provider's first and last name
- ❑ Email address
- ❑ Office name
- ❑ Tax Identification (you can add up to 10)
- ❑ National Provider Identifier
- ❑ Physical Address
- ❑ City, State and Zip code
- ❑ Office phone number

Note: Please agree to the terms and conditions as it will not allow you to proceed until you do so.

PROVIDER SIGN UP

First Name <input type="text"/>	Last Name <input type="text"/>
Email address <input type="text" value=" @fdbenefits.com"/>	Office Name <input type="text" value="Florida Dental Benefits"/>
Tax ID <input type="text" value="999999999"/>	NPI <input type="text" value="1234567891"/>
Physical Address 1 <input type="text" value="801 Arthur Godfrey RD"/>	Physical Address 2 <input type="text" value="Suite 300"/>
City <input type="text" value="Miami"/>	State <input type="text" value=""/>
Zip Code <input type="text" value="33140"/>	Office Phone number <input type="text" value="(786) 788-5458"/>

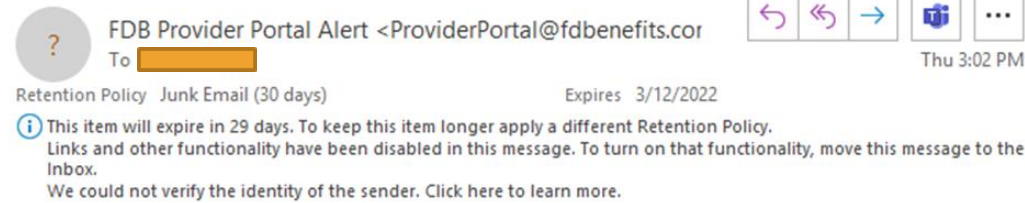
I agree to the FDBenefits [Terms and Conditions](#)

Provider Sign Up

Once the information has been submitted, you will receive an email notification with a verification code. Please make sure to check your “junk” or “spam” folder if you do not receive the email.

1. Click on the link provided.

FDB Provider Portal | Confirm your email address



FDB Provider Portal <<https://u25189772.ct.sendgrid.net/wf/open?upn=GwG6EtMoVQzYX7l4TrFgcxlqkE8kSRQYLO6bF0555jcvX6uaYpVcddcf4Ogo3tuczm8vgyCw8x-2BsuxvGguRzPDb-2Bqhemv4nZkRvvKRFhirED6fslaSJ5jPEn45-2FXqQGJUZOOnKYZ-2FalAoex7qvArzZ-2F0rqTEJ4nHF5rLypm1nBrwyA0zgsDu-2Bx-2F5hUjURPvyYkAh5Yvr9-2B07Kl0FDnfsXO8CclDKiNHnJV9i3tZrmKA-3D>>

2. Enter the verification code provided and click confirm.

A web form titled 'Verifying email' with the text 'we have sent you code on email Test@gmail.com'. It features an input field labeled 'Enter Code', a 'RESEND CODE' link, and 'Confirm' and 'Cancel' buttons. An orange arrow points to the 'Enter Code' field.

Provider Sign Up

FDB Provider Portal | Your Provider Signup Request Received



FDB Provider Portal Alert <ProviderPortal@fdbenefits.cor>

To [Redacted]



Thu 3:03 PM

Retention Policy Junk Email (30 days)

Expires 3/12/2022

i This item will expire in 29 days. To keep this item longer apply a different Retention Policy. Links and other functionality have been disabled in this message. To turn on that functionality, move this message to the Inbox.
We could not verify the identity of the sender. Click here to learn more.

Thank you for confirming your email address and completing the Provider Signup Request to access the FDB Provider Portal.

Once approved, you will receive your credentials via email.

FDB Provider Portal <<https://u25189772.ct.sendgrid.net/wf/open?upn=GwG6EtMoVQzsYX7I4TrFgcxlqkE8kSRQYLO6bF0555g3DKZ0FsbWjwVzNP1QM4vezmsvNy4RUbi8DusQiHC2v-2F9DmYV2E66cne6pSQQEPT0gn3zZgni8tryluZ5QRbqtQ-2FLmd9Nlzbww5KEM4SWrSkn0w6lZcyy-2BXJBq7GhVAVLgJsCZQkdRMAj7oyxcWE9A1Rh3Zklmtu9igTSGPEM2DZJ4vwOZK4DQkrKNBBk-2BaI-3D>>

You will receive an email confirmation once the verification code has been confirmed, as well as an email with your credentials once your Provider Sign Up Request has been approved. The timeframe for approvals is 24-48 hours.

Provider Sign Up

You will receive an email with your username and temporary password when you have been approved to access the FDB Provider Portal.

1. Click on the link provided



From: FDB Provider Portal Alert <ProviderPortal@fdbenefits.com>
Sent: Friday, February 11, 2022 1:09 AM
To: Fdb uat <fdb.uat@followoz.com>
Subject: FDB Provider Portal | Your Provider Signup Request Approved

Your request to access the FDB Provider Portal has been approved!

Please use following credentials to login to the portal.

URL: <https://fdb-app-portal.azurewebsites.net/>

Username:

Password: 4nVo8!4H

Administrator's Comments:

FDB Provider Portal

FloridaDentalBenefits 

2. Enter your Current Password (temporary password) and create your new password. Make sure that you read and follow the password requirements to ensure your password will be accepted.

Edit Profile

Change Password ▶



Change Password

Current Password

New Password

Confirm Password

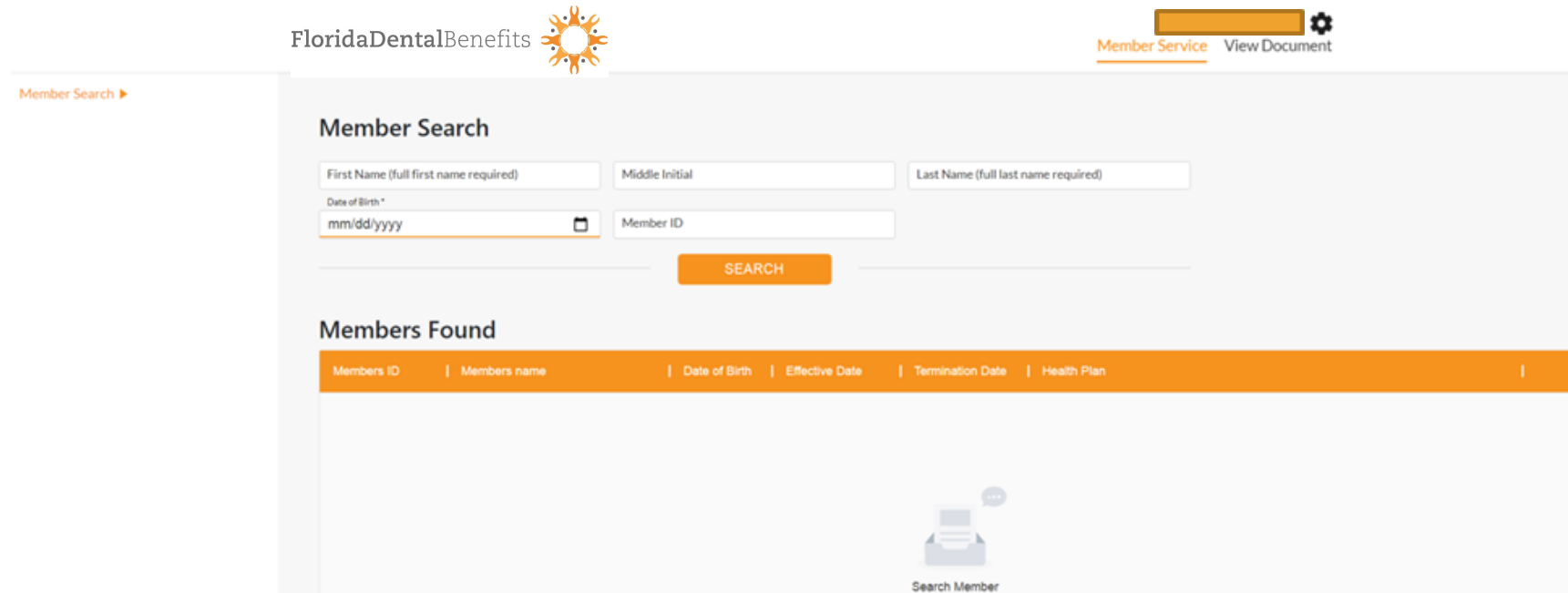
SUBMIT

- Password must contain at least 8 characters
- Including Upper/Lowercase
- Mixture of letters/numbers
- One special character

Member Verification

In this section we will review the steps to check member's eligibility and print a confirmation.

1. Click on the link below to sign in to the FDB Provider Portal provider.fdbenefits.com
2. Once logged in, the main page will appear with the "Member Search" screen.




The screenshot displays the FloridaDentalBenefits Member Search interface. At the top left, the logo "FloridaDentalBenefits" is visible. On the top right, there are links for "Member Service" and "View Document" next to a gear icon. A navigation menu on the left includes "Member Search" with a right-pointing arrow. The main content area is titled "Member Search" and contains several input fields: "First Name (full first name required)", "Middle Initial", "Last Name (full last name required)", "Date of Birth*" (with a calendar icon and the format "mm/dd/yyyy"), and "Member ID". Below these fields is an orange "SEARCH" button. Underneath the search section is a "Members Found" heading followed by a table with columns: "Members ID", "Members name", "Date of Birth", "Effective Date", "Termination Date", and "Health Plan". At the bottom center, there is a printer icon and the text "Search Member".

Member Verification

The required fields must be populated to receive a response

1. First Name (full first name)
2. Last Name (full last name)
3. Date of Birth

FloridaDentalBenefits  Member Service

Member Search

First Name (full first name required) Middle Initial Last Name (full last name required)

The FirstName is required *The LastName is required*

Date of Birth* Member ID

The Date of Birth is required


SEARCH



Members Found

Members ID	Members name	Date of Birth	Effective Date	Termination Date	Health Plan
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Member Verification

- ❑ If the member is “found” in the FDB system, the member will show in the “Members Found” area. Click “View” for the member’s details
- ❑ If the member is not “found” in the FDB system, it will say “Member Not found. Contact FDB at 877-674-7901”

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[Member Service](#)   [View Document](#)

Member Search

First Name (full first name required)

Middle Initial

Last Name (full last name required)

Date of Birth* 

Member ID

[SEARCH](#)

Members Found

Members ID	Members name	Date of Birth	Effective Date	Termination Date	Health Plan	
<input type="text"/>	<input type="text"/>	<input type="text"/>	1/1/2022		Bright Health Adult Plan	View



Member Verification



Once you click “View” the member validation screen will appear. In this area there are two required fields.


1. You must enter the “Date of Service”
2. Click on the “Office” drop down to select your office
3. Click “Validate”

Member Validation

Member name :	YISELLEAL	Member ID :	<input type="text"/>
Health Plan :	Bright Health Adult Plan	Date of Birth :	<input type="text"/>
Effective Date:	1/1/2022	Termination Date :	<input type="text"/>

Date of Service*  

Office  



Member Verification

The “Member Info” screen will appear. In this section you will be able to print the member’s eligibility confirmation.

1. Click “Print Member Profile” to obtain the member eligibility verification.
2. A second window will appear with the “Member Eligibility Verification”. This form will be in PDF format and can be printed.

The image shows a two-part screenshot of a web application. The top part is the 'Member Search' page, which has input fields for 'First Name (full first name required)', 'Middle Initial', 'Date of Birth' (with a calendar icon), and 'Member ID'. A 'SEARCH' button is located below these fields. Below the search bar, it displays 'Office Code : 99911 FDB' and 'Date of Service : 2022-02-10'. There are two tabs: 'Member Info' (selected) and 'Claim History'. A red box highlights a 'Print Member Profile' button with a printer icon, with an arrow and the number '1' pointing to it. The 'Member Info' section shows a table of member details: Member name, Member Id, Health Plan (Bright Health Adult Plan), Date of Birth, Effective Date (1/1/2022), Termination Date, Office Status (Active), and Plan Status (Active). The status is 'Active'. The bottom part of the screenshot shows a PDF document titled 'FloridaDentalBenefits' with a logo. The document content includes 'Member Eligibility Verification' with fields for Date (2/10/2022), Office # (99911), Office Name (FDB), Member Name, Member ID#, Member Effective Date (1/1/2022), Member Plan Type, and Group. A disclaimer at the bottom states: 'Please note verification of eligibility and/or benefit information is not a guarantee of payment. Payment will be determined based on the member's benefits, claims history and eligibility at the time of service and claims submission. This facsimile contains privileged and confidential information intended only for the use of the addressee named above. If you are not the intended recipient of this facsimile or the employee agent responsible for delivering it to the intended recipient, you are notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us by telephone and return the facsimile to us at the above address by mail.' An arrow and the number '2' point to the PDF document. The FloridaDentalBenefits logo is visible in the bottom right corner of the PDF.

Member Verification



The “Member Info” screen will also allow you to view the “Claim History” for the member selected by clicking on the “Claim History” tab.

Office Code :

Date of Service : 2022-06-23


Member Info | **Claim History** ←



Claim History

Claim#	...	PaymentDate	...	PreauthDate	DOS	B
154867	0...	04/05/2019	A...		2019-03-26...	\$
154867	0...	04/05/2019	A...		2019-03-26...	\$
154867	2...	04/05/2019	A...		2019-03-26...	\$
155738	0...	04/23/2019	D...		2019-03-26...	\$
155738	0...	04/23/2019	D...		2019-03-26...	\$
155738	2...	04/23/2019	D...		2019-03-26...	\$
162727	0...		A...	12/10/2019	2019-12-10...	\$
162727	3...		A...	12/10/2019	2019-12-10...	\$

Member Verification

1. In the “Claim History” tab for the member selected, you can sort the history by clicking on the arrow next to the criteria you would like to sort it by.
2. In this screen you will also be able to view the payment date and pre-authorization determination for the claim. If there is no payment date or determination generated, this means the claim has been received but the final determination is pending.

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Member Service   View Document

SEARCH

Office Code :

Date of Service : 2022-08-05

Member Info | Claim History

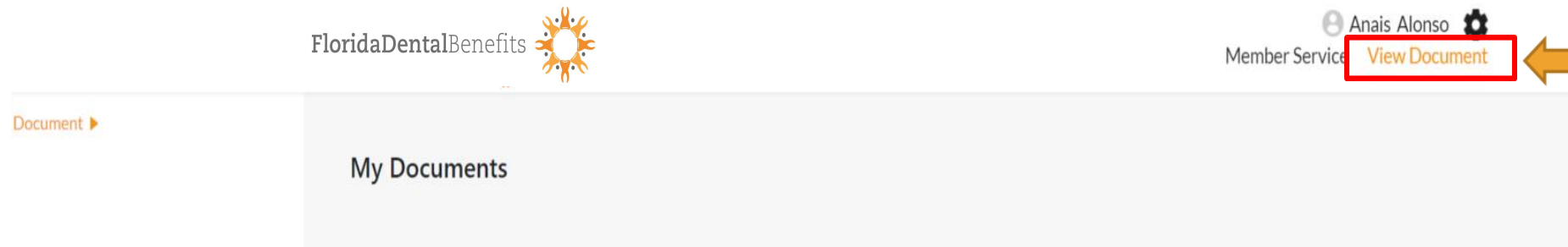
Claim History

Claim#	Procedur...	Paymen... ↑	PreauthDate	DOS	Sur...	Tooth	Billed	CoPayment	TotalPayment
162727	0140-Limited ...	A1-Approved	12/10/2019	2019-12-10...		30	\$ 0	\$ 0	\$ 0
162727	3348-Root ca...		12/10/2019	2019-12-10...		30	\$ 0	\$ 0	\$ 0
162727	0220-Periapic...	A1-Approved	12/10/2019	2019-12-10...			\$ 0	\$ 0	\$ 0
162727	0460-Pulp vit...	A1-Approved	12/10/2019	2019-12-10...			\$ 0	\$ 0	\$ 0
163583	0140-Limited ...	01/03/2020	A1-Approved				\$ 0	\$ 0	\$ 0
163583	0220-Periapic...	01/03/2020	A1-Approved			31	\$ 0	\$ 0	\$ 0
163583	0230-Periapic...	01/03/2020	D6-Non cover...			30	\$ 0	\$ 0	\$ 0
163583	0272-Bitewin...	01/03/2020	D6-Non cover...				\$ 0	\$ 0	\$ 0

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Member Verification

The “View Document” screen will allow you to view the “Provider Manual” and additional features to come.





1. Can multiple users sign up for the same office?
Yes, multiple users can sign up for the same office, but each user must provide a unique email for confirmation and approval.
2. Does the member have to be assigned to our office in order to view the member's verification and claims history?
No, the member does not have to be assigned to your office in order for you view this information.
3. Can I assign a member to my office from the provider portal?
No, you must contact our Customer Service team for assistance.
4. Can I make changes to my provider profile, such as my tax identification number, address, telephone number, etc.?
No, edits made to the address or contact information on the FDB Provider Portal will not be reflected in the FDB system. To make changes to the FDB system information, please contact Provider Relations via email: providerrelations@fdbenefits.com or by phone: 877-674-7901 X998.