LIBERTY DENTAL PLAN

ON-LINE VENDOR PORTAL USER GUIDE







70546NJPENAGP

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Getting Started

System Requirements

- Internet Connection (Internet Explorer 7 or later)
- Adobe Acrobat Reader

Office Number, Vendor Number and Access Code

All contracted network dental offices are issued a unique **Office Number, Vendor Number, Tax ID (EIN) Number** and **Access Code**. Your Office Number can be found on your Welcome Letter from LIBERTY Dental Plan. The Vendor Number and Access Code can be requested from your assigned Network Manager with LIBERTY Dental Plan at (888) 700-0643. All of the above are required to register your office on LIBERTY's On-Line Vendor Portal.

New Vendor Registration

- 1. To register a new Vendor, enter the following website address into your browser: www.libertydentalplan.com
- 2. Click on Register



A designated Office Administrator should be the user to set up the account on behalf of all providers / staff. The Office Administrator will be responsible for adding, editing and terminating additional users within the office.

1. Select **Vendor** as the **TYPE** of user

me	
inc	
gon	Create an Account
	1.Choose the TYPE of user you would like to create an account for: Vendor Select
	2.Enter the following account information below:
	Vendor Number:
	Access Code:
	Tax ID:
	Account User First Name:
	Account User Last Name:
	Account User Name:
	Account Password:
	Confirm Password:
	Email Address:
	Questa Associat

- 2. Fill out all necessary information. Enter your **Vendor Number** (include leading zero's). The Vendor Number and Access Code can be requested through your Network Manager.
- 3. Create an Account User Name * [Note: the Office User Name and the Vendor User Name must be different, the system will not allow the same User Name to be created for both portals.]
- 4. Create a password. The password must be 8 characters or more, and 3 out of 4 of the following: 1 Uppercase, 1 lowercase, 1 Alpha or Special Symbol (ex.!@#\$%^*)
- 5. Click Create Account

My Preferences

After initial set-up, you will be directed to Preferences

1. Select your Vendor's various **Preferences**

(endor Vendor's Claims My Checks My Providers & Offices My Profile My Preferences	1. How many chec 2. How many day 3. How many clain	ks to display per s back for checks ms to display per	r page: : lookup: r page:			50 V Last Mon 50 V	th 🔽		
Check Eligibility	 How many days Select provider 	s back for claims and office	lookup:			Last Mon	th 🔽		
alk To Us Ianage Users	NPI Selected All	Provider #	Provider Name All	Office Name	Office Number	Office Address	City	State Zip	Contact Phone
esources goff				1	PHI Information				
					Continue			, ,	

*[Note: the Evidence of Payment (EOP) is sent to providers and Evidence of Benefits (EOB) is sent to members.]

2. Click Save

Your office's preferences can be updated any time by visiting the **My Preferences** tab on the left of the screen.

Add a New User

The Administrator can add additional users by:

1. Click on the Manage Users tab on the left of screen

Vendor	ERT	Y de	NTAL PI	LAN				
Vendor's Claims	1	User Name	First Name	Last Name		User Status	Change Status	
My Checks My Providers & Offices	Edit				View Roles	Active	Disable	
My Profile				1			1	
My Preferences	Add a U	ser						
Check Eligibility								
Talk To Us								
Manage Users								
Resources								
Logoff								
Copyright © 1999 - 2	014 Health S	olutions Plus Vo	ersion 10.1.2					

2. Click Add User

Vendor's Claims Add	ing additional use <u>r to Al</u>			
My Checks		so Park Dental(0042	265)	
*Use:	r Name:			
My Providers & Offices *Pass	word:]	
My Profile *Con	firm Password:]	
My Preferences *Firs	t Name:		7	
Check Eligibility	Namo			
Talk To Us	. Ivanie :			
Manage Users Midd	le Initial:			
Resources *Ema	ail Address:			
ogoff Ad	d User			

- 3. Input a unique User Name, Password, First Name, Last Name, and Email Address. All fields marked with an asterisk (*) are required.
- 4. Click Add User

My Profile

You can view your Vendor's information as it is currently in our system by clicking **My Profile** in the left tab. This information can only be updated by contacting your Network Manager.

dor									
ndor's Claims	Vendor Properties								
Checks	Name:		view m	ар					
Providers & Offices	Address:		ALISO VIEIO, CA. 92656	3047 US					
Profile	Contact Name:		NONE						
Preferences	Contact Email:								
ck Eligibility	Phone #:								
To Us	Corporation Properties Name:			view map					
age Users	Address:								
ources	Contact Name:		Aliso Viejo, CA 92656 L NONE	IS					
f	Contact Email:		None						
	Phone #:								
	EIN:								
	Mapped Providers and Offi	Ces	Office Name	Office Number	Office Address	City	State Zin	Country Code	Contact Dhono
				PHI	nformation				

My Checks

You can view a list of all Checks linked to your office in our system by clicking **My Checks** on the left side of the screen.

- 1. Search by Date Range or Check Number
- 2. Under "Check Type "use the drop down menu to look at a Claims, Supplemental or Capitation checks
- 3. Click "Refresh" once you've entered the search criteria you would like to see



Checks that are submitted as paper or through Electronic Funds Transfer (EFT) will be identified under "Method of Payment"

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Vendor Vendor's Claims	A Sanach bu Data 🖉 Sanach bu Chack Number	
My Checks My Providers & Offices My Profile	Check Type: Claim V From: 5/13/2014 🗞 To: 6/13/2014 🗞	_
My Preferences Check Eligibility Talk To Us Manage Users	2 of 2 Check(s) found. Check # Check Type Amount Check Date Method of Payment Record ID Provider Paper Check Paper Check Yee	Detail PDF
Resources Logoff		
Copyright© 1999 - 2	2014 Health Solutions Plus Version 10.1.2	
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To view your Evidence of Payment (EOP)

- 1. Locate **"Detail PDF"** and click YES to the EOP you would like to view
- 2. You will be asked to "Open or Save" the document in order to view it