

Quick Reference Guide to DASI (Delta Dental's Automated Service Inquiry)

With DASI, you're able to access eligibility, benefits and claims information 24 hours a day, 7 days a week* at **(800) 223-3104**.

What do you need to use the system?

Subscribers, customers, and other non-dental office callers need to provide the subscriber's member number (usually Social Security number), relationship of the patient to the subscriber, and the date of birth of the patient.

What information can you find on DASI?

With DASI, you can receive the following for any Delta Dental of Tennessee patient:

- Breakdown of benefits, complete or partial by category (endodontics, preventive, etc.)
- Eligibility
- Fax copies of benefits and eligibility, explanation of benefits, and predeterminations
- Time limitations and eligibility of specific benefits (such as examinations)
- Claim and predetermination status
- Check status for paid claims
- Maximums and deductibles, including amount met to date and services that apply
- Mailing address information
- Information on group waiting periods, if applicable
- Find DDS listing, fax or mail
- ID card by fax

**DASI may be temporarily unavailable during routine maintenance on Sundays.*

Our DASI system is quick and easy to use

To assist you in navigating the system most efficiently, the main menu is listed here. Listening to the entire menu is not necessary. Once you become familiar with the system and know what information you want, you can cut in and go directly to the data.

Call (800) 223-3104

At the greeting:

- SAY "SUBSCRIBER" or PRESS 2

DASI will then offer the following menu of choices:

- SAY "ELIGIBILITY"* or PRESS 1 for general eligibility, availability of benefits for exams, cleanings, full mouth series, bitewing X-rays, ID cards and FaxBack.
- SAY "BENEFITS"* or PRESS 2 for all benefits, one category of benefits, maximums, deductibles, and FaxBack.
- SAY "CLAIMS"* or PRESS 3 for claim and predetermination status, process dates, check date, check status, and fax copy of a processed claim or predetermination.
- SAY "FIND A DENTIST" or PRESS 4 for the names of participating dentists in your area.
- SAY "TOOLKIT SUPPORT"* or PRESS 5 to be transferred to a Subscriber Toolkit support advisor.
- SAY "DELTA DENTAL'S MAILING ADDRESS" or PRESS 6 to hear the mailing address for claims and inquiries.

**Member number and patient's date of birth required*