

Find underpayments without your fee schedule

Most offices can't lay their hands on every PPO fee schedule. Owedex no longer needs them to spot an underpayment. It learns what each insurer usually allows for each code from your own payment files, and flags the payments that came in below it.

No fee schedule needed

Add your insurer payment files (835). Owedex learns each insurer's usual amount per code.

Careful by design

Flags only clear outliers: at least 4 payments agree, and a lower amount paid 3+ times counts as a second plan, never a mistake.

Ready to send

The letter quotes the insurer's own usual amount, never a contract it hasn't seen. You check, you approve.

Before you start: create your free account at app.owedex.com (Guide 0, about 2 minutes). You land in Owedex's demo office, **Bluebonnet Family Dental (made up)**. Every patient, claim and dollar in it is made up, so you can try everything without your own data.

The pictures were taken on Wednesday, October 7, 2026. The demo's dates move with today's date, so your dollar amounts and dates will be different. The steps and screens are the same.

In this guide

1. Start the free check
2. Add one payment file
3. See the four leaks
4. Share it with the owner
5. See why a payment was flagged
6. Draft the letter

Step by step

1

Start the free check

In the grey demo bar, click **Run the free check on your own report** . Type your office's name and click **Next: add your files** .

2

Add one payment file

On **Insurer payment files (835)** , choose **era-no-fee-schedule.835** from **Sample files (made up)** . It is one insurer, 39 payments, and no fee schedule anywhere.

✓ **era-no-fee-schedule.835** · 1 payment · matched 0 claims: 0 paid and closed, 0 denied · 2 below the insurer's usual pay (\$131.00) · 1 downcoded (add your fee schedule to see the dollars)

Owedex says what it found: era-no-fee-schedule.835 · 1 payment · matched 0 claims: 0 paid and closed, 0 denied · 2 below the insurer's usual pay (\$131.00) · 1 downcoded (add your fee schedule to see the dollars)

3

See the four leaks

Click **Today** . **Your free check is done** now opens with four numbers: paid too little, downcoded, denied and not appealed, and card fees.

PAID TOO LITTLE

\$131

2 claims · 2 below the insurer's usual pay

DOWNCODED

1 claim

paid as a cheaper code

DENIED, NOT APPEALED

None found

every denial is being worked

CARD FEES

None found

no virtual-card payments

With the sample file: **\$131** paid too little on 2 claims, and 1 downcode.

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Share it with the owner

The summary under it is ready to copy into an email. Totals only, no patient names.

Your free check is done

Share the result with your dentist or office owner. Totals only: no patient names.

Owedex free check for Pecan Grove Family Dental (made up) (Oct 7, 2026)
Insurers owe \$131 across 3 open claims. Owedex can likely recover \$79.
Paid below what the insurer usually pays for the same code: \$131 on 2 claims (learned from your own payment files; check your contract).
Downcoded (paid as a cheaper code than you billed): 1 claim.
Checked privately in the browser: the files never left this computer. No patient names in this summary.

Copy the summary

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See why a payment was flagged

Click **Work queue** and open the **D2740** claim. The yellow box says what this insurer usually allows for the code, how many of its payments that rests on, and what this one allowed.

Paid below what this insurer usually allows

Lone Star Dental Plan (Made Up) usually allows \$1,152.00 for D2740 (on 8 of its other 8 payments for it in the year around this one). This one allowed \$1,035.00. Check your contract, then ask the insurer to reprocess at the usual amount.

Learned from your own payment files, with no fee schedule needed. Check your contract for this code before you send the letter.

Here: usually **\$1,152.00** (8 of its other 8 payments that year), this one **\$1,035.00**, short **\$117.00**.

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Draft the letter

Click **Draft the letter**. It quotes the insurer's own usual amount and asks it to reprocess. Check your contract for the code, then approve.

Reprocessing request Written from Owedex's rules · nothing is sent until approved

Lone Star Dental Plan (Made Up)
Provider Services / Claims Reconsideration

Re: Claim LRN0009 · Procedure D2740

The procedure above was allowed at \$1,035.00. On 8 other recent claims from our office for D2740, you allowed \$1,152.00. Please review this claim against our participating agreement, reprocess it at the correct allowed amount of \$1,152.00, and remit the difference of \$117.00 in allowed amount.

Sincerely,

Billing Office
Pecan Grove Family Dental (made up)

Approve **A**

Approving records your name and the time in the activity log.

Why so careful? One insurer name can cover more than one plan (for example a PPO and a premier plan), each with its own fees. So Owedex flags a payment only when at least 4 payments for that code agree on a usual amount, those make up 70% or more of them, and the low amount is one the insurer paid no more than twice. In the sample, the \$44 exams (paid 3 times) and the two-plan D4341 cleanings are left alone.

How Owedex works this out

- The usual amount is the middle of the biggest group of near-equal allowed amounts (within \$1 or 1%) for that insurer and code, from the year around the payment, leaving the payment itself out.
- Expected = the lesser of the usual amount and your charge, so Owedex never asks for more than you billed.
- A code with a contracted fee on file is checked against the contract instead; downcodes are always reported. Every flag is a lead for a person: nothing goes to an insurer until you approve it.