

Weeks later: the money comes in, and Owedex learns what wins

An office that just started with Owedex has recovered \$0, and Owedex says so: it counts only money an insurer pays on a claim you worked. This guide fast-forwards a few weeks. You send letters and tick what went with each one. The insurers answer with payment files, the owner report fills in by itself, and Owedex starts telling you what actually wins with each insurer.

Proven by the insurer

A dollar counts only when the insurer's own payment file pays a claim you sent. Never estimated, never typed in.

Credited by name

The person who approved the letter gets the credit on the owner report.

Learns what wins

Every answer is matched to what you sent. Next time Owedex shows what got paid, from your own letters.

In this guide

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Step by step

1 Open your test office and add the kit

In the admin console, under **Test as an office** , pick **Office manager** , click **Start over with an empty test office...** , then **Start over** . In **Add files** , add from **2 - Bluebonnet clinic kit** , in this order: **1** on PPO fee schedule, **2** on Outstanding claims report, every file in folder **3** at once on Insurer payment files, **4** on Bank statement. Use a kit made the same day: an insurer payment dated before your letter went out is the insurer paying on its own, and never counts as recovered.

Test as an office

Open **Bluebonnet Family Dental (test)**, your own made-up office, and work it exactly as an office would: the same screens, permissions and checks. Made-up files only (the Bluebonnet test kit). Come back here any time from the bar at the top.

Sign in to it as

Office manager

Open as office manager

Works the claims, adds files, invites staff. Can't connect Open Dental or change owner settings.

[Start over with an empty test office...](#)

2 Results says \$0, and that is right

Click **Results** . Nothing has been worked yet, so nothing has been recovered. Old payment files never count as money you brought in.

BLUEBONNET FAMILY DENTAL (TEST)

Owner report: October 2026 so far
As of Oct 9, 2026. Totals only, no patient names: safe to share with your accountant.

Month

October 2026 (so far)

Send to the owner

Copy summary

Print

Recovered this month so far

\$0

Nothing on the ledger yet for this month.

Still pending

\$0

0 claims sent, waiting on insurers

Likely recoverable

\$65,681

452 claims still open to work

Underpayments found

\$1,701

68 payments below your contract

Card fees found

\$54

estimate: 3% of \$1,797 paid by virtual card

Time saved

66 h

estimate

Denials

163 rules learned

Before-you-send checks not counted yet - 7 repeat denials this month

Most owed by

1. Delta Dental of Texas

220 claims

\$49,791

2. Cigna Dental

77 claims

\$19,072

3. BCBS of Texas Dental

86 claims

\$17,959

Insurer to watch: Delta Dental of Texas: most money over 90 days (\$27,331.59) (as of today; see Insurers)

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Find each claim by number

Open **A - send these 8 letters first.txt** in folder 5. In the **Work queue** (**To do**), type the claim number in the **Find** box. It searches every claim, not just the top of the list.

Work queue

1 claim · \$381 likely recoverable

J **K** move **D** draft **A** approve **Export CSV**

To do Ready to send Waiting on insurer Done

1862/5406 **X**

Delta Dental of Texas **\$381** 69%
Mendoza, Rosa · D2950, D2740 · #1862/5406
To do **C0-252**
Attachment required (x-ray, narrative, perio chart)

DELTA DENTAL OF TEXAS

Mendoza, Rosa · D2950, D2740

Service date Nov 13, 2025

Needs work

69% **Worth working**

chance of payment Worth \$381 · about 12 min · \$1,906 per hour of work

- 75% of "attachment required (x-ray, narrative, perio chart)" claims are typically collected when worked
- Service was 330 days ago

Claim check

- ✓ Insurer still owes money
- ✓ Inside the filing limit · 35 days left (default limit; verify with the insurer)
- ✓ This insurer is the one that pays first
- ✓ Coverage active on the service date
- ✓ Not a duplicate
- ✓ Plan maximum not reached

Based on typical collection rates until your own results come in; it sharpens with every claim you finish. An estimate, not a promise. Minutes are estimates.

What has won before

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Draft and approve

Open the claim, click **Draft the letter** , then **Approve** (confirm with your passkey if asked).

Owed \$553	Likely recoverable \$381	Filing deadline Nov 13, 2026 35 days left	Paid so far \$0
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Appeal letter Written from Owedex's rules · nothing is sent until approved

Delta Dental of Texas
Claims Reconsideration / Appeals

Re: Patient Mendoza, Rosa · Date of service 11/13/2025 · D2950, D2740 ·
Amount outstanding \$552.75

The claim above was denied because documentation was required.
Enclosed are the pre-operative radiographs and the treating dentist's clinical
notes supporting the procedure. Please reprocess the claim for payment.

Please contact our billing office with any questions.

Sincerely,

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Tick what went with it, then Mark sent

Click the **Ready to send** tab and open the claim. Under **Sent with the letter**, tick exactly what file A lists, then click **Mark sent**. Do steps 3 to 5 for all 8.

Sent with the letter

Tick what you're sending. When the insurer answers, Owedex learns what wins.

- ☒ X-rays
- ☐ Periodontal charting
- ☒ Narrative signed by the dentist
- ☐ Intraoral photo

What to tick:

- **1862/5406** Mendoza, Rosa: X-rays + Narrative signed by the dentist
- **1939/5776** Rivera, Olivia: X-rays + Narrative signed by the dentist
- **2315/5245** Vargas, Olivia: X-rays
- **1541/8118** Shah, Keisha: Retro-authorization request + Chart notes
- **1263/6313** Johnson, Tomas: Retro-authorization request + Chart notes
- **2050/8067** Cruz, Linh: Retro-authorization request + Chart notes
- **1392/8504** Rogers, Linh: Corrected claim
- **2014/8275** Jimenez, Noah: Primary insurer's EOB

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Owedex stops a letter that is missing something

Try it on the first letter: tick only **X-rays** and click **Mark sent**. Owedex stops and says what is missing and why, before anything goes out. **Go back and attach it** lets you tick it; **Send without it** sends anyway and notes it on the claim's history. Some kit letters are sent without something on purpose (the ones the insurer refuses): for those, click **Send without it**.

Before you send: this letter is missing

- **Narrative signed by the dentist.** CO-252 letters usually need it (Owedex's checklist; each insurer can differ).

If it's attached, tick it below. If the insurer really doesn't need it, you can still send.

Go back and attach it

Send without it

Why it warns, strongest reason first: the insurer's own remark code (for example N40 asks for x-rays), then your own record of what got paid, then Owedex's checklist for the denial.

8 claims waiting on the insurer

Clear the Find box. Under **Waiting on insurer**, the 8 claims you sent are listed.

Work queue

8 claims · \$2,414 likely recoverable

J K move D draft A approve Export CSV

To do Ready to send **Waiting on insurer** Done

Find: name, amount, date, insurer or denial (e.g. rosa del

Recent: Rogers, Linh · Cigna Dental Jimenez, Noah · MetLife Dental Cruz, Linh · Aetna Dental Johnson, Tomas · Cigna Dental Shah, Keisha · Aetna Dental

Cigna Dental **\$335** 80%

Rogers, Linh · D2740 · #1392/8504

CO-16 Missing or incorrect information

MetLife Dental **\$370** 69%

Vargas, Olivia · D2950, D2740 · #2315/5245

CO-252

Attachment required (x-ray, narrative, perio chart)

Delta Dental of Texas **\$381** 69%

Mendoza, Rosa · D2950, D2740 · #1862/5406

CO-252

Attachment required (x-ray, narrative, perio chart)

Delta Dental of Texas **\$381** 69%

Rivera, Olivia · D2950, D2740 · #1939/5776

CO-252

Attachment required (x-ray, narrative, perio chart)

MetLife Dental **\$290** 70%

Jimenez, Noah · D3330 · #2014/8275

CIGNA DENTAL **Sent**

Rogers, Linh · D2740

Service date Aug 19, 2026

80%
chance of payment

Worth working
Worth \$335 · about 6 min · \$3,348 per hour of work

- 80% of "missing or incorrect information" claims are typically collected when worked

Claim check

- ✓ Insurer still owes money
- ✓ Inside the filing limit · 314 days left (default limit; verify with the insurer)
- ✓ This insurer is the one that pays first
- ✓ Coverage active on the service date
- ✓ Not a duplicate
- ✓ Plan maximum not reached

Based on typical collection rates until your own results come in; it sharpens with every claim you finish. An estimate, not a promise. Minutes are estimates.

What to correct

Add the insurers' answers

In **Add files**, add the four files in folder **B** to **Insurer payment files**. Each one says what it recovered on claims you sent.

Add files

For **Bluebonnet Family Dental (test)**. Offices on Open Dental connect once and never do this by hand.

Open Dental

Connect once and the queue keeps itself current: Owedex reads what changed in Open Dental every 15 minutes. No more exporting reports.

An owner of this office can connect Open Dental here.

Not connected

Outstanding claims report

The insurance aging report from your practice software, saved as CSV or Excel. Owedex sorts every claim by reason, dollars and deadline.

Choose or drop files

Insurer payment files (835)

Electronic remittances from your clearinghouse. Every line is checked against your contract and every denial is explained. Adding the same file twice changes nothing.

Choose or drop files

PPO fee schedule

Insurer, procedure code and contracted fee (CSV or Excel). Owedex checks every payment against it.

Choose or drop files

Bank statement

Account activity exported from online banking or QuickBooks / Xero, as CSV or Excel. Owedex follows every insurer payment to its deposit. Account numbers are never kept.

Choose or drop files

Paper EOBs

Photograph or scan an insurer's paper Explanation of Benefits. Owedex reads it, checks the math, and shows what it read beside the page. Nothing is recorded until you confirm, and then it's handled exactly like an insurer's 835 file.

Add a paper EOB

PDF (up to 10 pages) or a photo (JPEG, PNG or iPhone HEIC), up to 10 MB. One EOB at a time.

Choose or drop a file

What Owedex said:

- 2026-10-09 metlife answers.835: \$518.40 recovered on claims you sent
- 2026-10-09 delta answers.835: \$1,105.50 recovered on claims you sent
- 2026-10-09 aetna answers.835: \$1,023.76 recovered on claims you sent

The money lands in the bank

Add **B2 - bank statement the same day** on **Bank statement** , then click **Money to the bank** . The direct-deposit answers are matched to their deposits by trace number; the payment made by virtual card is on its way until the card is run. Older payments in folder 3 that are dated before this statement starts are listed apart (add an older statement to check them), never as on its way.

BLUEBONNET FAMILY DENTAL (TEST)

Money to the bank

Every insurer payment followed from the payment file (835) to the deposit in your bank. Bank statements cover Jul 13, 2026 to Oct 9, 2026.

[Export CSV](#) [Add a bank statement](#)

Insurers say they paid \$226,557. \$141,278 is in your bank, \$28,370 came as card payouts for you to confirm, \$55,649 was paid before your statement starts (add an older statement to check it) and \$1,260.13 never arrived.

Paid by insurers \$226,557 156 payments in payment files	In the bank \$141,278 92 payments matched to deposits · 26 to confirm	Not in the bank \$1,260 1 with no sign of the money · + \$23,653 in card payouts to confirm	Card fees \$0.00 taken out of virtual card payments
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Insurer says it paid; money not in the bank 1

\$1,260.13 · Guardian Dental · ACH · trace SYN-EFT-880292

Paid Aug 21, 2026 · due in the bank by Sep 1, 2026 · 28 business days late · 5 claims

Insurer says it paid; money not in the bank. Call Guardian Dental with trace SYN-EFT-880292 and the payment date.

[Payment trace request](#)

[I asked the insurer](#) Once you've sent the trace request or called.

22 virtual-card payments (\$23,652.62) look unpaid only until you confirm their card payouts under [Possible matches](#).

[Show them](#)

Possible matches: confirm 26

Results fills in by itself

Click **Results** . Recovered this month: **\$2,648** (\$2,647.66), each payment matched to an insurer payment file and credited to you.

BLUEBONNET FAMILY DENTAL (TEST)
Owner report: October 2026 so far
As of Oct 9, 2026. Totals only, no patient names: safe to share with your accountant.

Month

October 2026 (so far)

Send to the owner

Copy summary

Print

Recovered this month so far

\$2,648

6 payments on the ledger, each tied to its claim: 6 matched to insurer payment files, 0 recorded from EOBs.

★ Duale recovered \$2,648 in October so far.

D

Duale

YOU

\$2,648

this month

\$2,648

since October

Credit goes to the person who recorded the payment, or who approved the claim's letter, or who last worked the claim.

Still pending

\$419

1 claim sent, waiting on insurers

Likely recoverable

\$63,761

446 claims still open to work

Underpayments found

\$1,701

68 payments below your contract

Card fees found

\$54

estimate: 3% of \$1,797 paid by virtual card

Time saved

68 h

estimate

Denials

164 rules learned

Before-you-send checks not counted yet - 9 repeat denials this month

Most owed by

1. Delta Dental of Texas

\$48,686

★ Duale recovered \$2,648 in October so far.

D

Duale

YOU

\$2,648

this month

\$2,648

since October

Credit goes to the person who recorded the payment, or who approved the claim's letter, or who last worked the claim.

Still pending: **\$419**, the one claim the insurer hasn't answered yet.

Owedex · Weeks later, the money comes in · made-up demo data · app.owedex.com

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Why a claim counts

Open a paid claim under **Done** (Find **1862/5406**). Its history says **paid by the insurer after your letter: counted as recovered** .

DELTA DENTAL OF TEXAS

Paid

Mendoza, Rosa • D2950, D2740

Service date Nov 13, 2025

✓ Finished

Paid \$553 by Delta Dental of Texas after your letter, from its payment file. Counted as recovered.

What has won before

Delta Dental of Texas paid 2 of 2 of your CO-252 letters.

From your own letters: 2 paid, 0 paid in part, 0 refused again.

Owed

\$0

Likely recoverable

\$0

Filing deadline

Nov 13, 2026

35 days left

Paid so far

\$553

Appeal letter

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

Delta Dental of Texas

Claims Reconsideration / Appeals

Find anything, the way you remember it

In the **Work queue**, type what you remember in **Find**: part of a name (even misspelled: **mendoza**), the amount (**552**), the date of service (**11/12**), the insurer (**delta** , **bcbs**) or the denial (**16** , **x-ray**), in any mix. It searches every tab at once and labels where each claim is. Press **/** to jump to Find; your last 5 claims sit under it.

Work queue

1 claim · \$0 likely recoverable

J K move D draft A approve Export CSV

To do Ready to send Waiting on insurer Done

x

Delta Dental of Texas \$0

Mendoza, Rosa · D2950, D2740 · #1862/5406

Done CO-252

Attachment required (x-ray, narrative, perio chart)

DELTA DENTAL OF TEXAS Paid

Mendoza, Rosa · D2950, D2740

Service date Nov 13, 2025

✓ **Finished**

Paid \$553 by Delta Dental of Texas after your letter, from its payment file. Counted as recovered.

What has won before

Delta Dental of Texas paid 2 of 2 of your CO-252 letters.

From your own letters: 2 paid, 0 paid in part, 0 refused again.

Owed

\$0

Likely recoverable

\$0

Filing deadline

Nov 13, 2026

35 days left

Paid so far

\$553

Appeal letter Written from Owedex's rules · nothing is sent until approved

Delta Dental of Texas

Claims Reconsideration / Appeals

In the picture: **rosa delta 552** finds Rosa Mendoza's claim, now under **Done**.

A denial that says exactly what to correct

Find the CO-16 claim named in `answer key.txt` . **What to correct** quotes the insurer's remark code in the official words, highlights the field to fix on each line, and says how to resend it as a corrected claim.

Print the corrected-claim sheet for the person fixing it in the practice software.

What to correct

N37 D2740: *"Missing/incomplete/invalid tooth number/letter."* Check the tooth number in the chart and put it on this line.

Line	Tooth number
D2740	Fix this

Resend as a corrected claim: Fix tooth number in your practice software, then resend it as a corrected claim that replaces the original: claim frequency code 7 (verify with your clearinghouse).

Print the corrected-claim sheet

Remark code meanings: [X12 Remittance Advice Remark Codes](#), checked Oct 8, 2026.

In the picture: **N37** on **D2740:** *"Missing/incomplete/invalid tooth number/letter."*

Write it with AI: a letter about this claim

On the same claim, under **Have ready**, tick what you will send (here: **Corrected claim marked as a replacement...**). Then click **Write it with AI**. The letter is written only from this claim's own facts: the insurer's decision date, each denied line with its code and amount, the remark code, what was paid, earlier letters, and exactly what you ticked. Owedex checks it before you see it: a letter that leaves out a denied line, the remark code, the decision date or something you ticked, or states anything not in the facts, is not used (you get the standard letter and the reason). Fill the one blank, the correct tooth number, from the chart.

Have ready

- ☐ The field the denial names (tooth, surface, subscriber ID, NPI or date)
- ☒ ~~Corrected claim marked as a replacement of the original claim number~~

General practice. Each insurer's rules can differ, so confirm on the portal.

10/09/2026

MCNA Dental (Texas Medicaid)
Appeals and Reconsideration

Re: Patient: Ortiz, Wyatt · Claim number: 1125/8145 · Date of service:
07/20/2026 · Procedure: D2740 · Amount in question: \$607.50

To the appeals team at MCNA Dental (Texas Medicaid):

We are writing on behalf of Bluebonnet Family Dental (test) about the claim above. The original claim was denied as CO-16 (claim lacks information or has a submission/billing error). We enclose a corrected claim that replaces the original; it shows the tooth number for D2740 as [correct tooth number for D2740].

In its decision of 08/14/2026, MCNA Dental (Texas Medicaid) denied D2740: CO-16 (\$1,350.00). The remark code on the explanation of benefits was N37 on D2740; the enclosed corrected claim supplies what it asks for.

Process the enclosed corrected claim for payment, including the \$607.50 still owed. Thank you for your prompt review.

In the picture: “In its decision of 08/14/2026, MCNA Dental (Texas Medicaid) denied D2740: CO-16 (\$1,350.00). The remark code on the explanation of benefits was N37 on D2740; the enclosed corrected claim supplies what it asks for.” and the blank **[correct tooth number for D2740]**. **Facts the AI was given** lists every fact it could use.

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A week later: 4 more letters

Open **C - a week later, send these 4 letters.txt** . Send the 4 letters the same way, ticking exactly what it lists. Then add the files in folder **D** to **Insurer payment files** , and **D2** on **Bank statement** . Results now shows **\$3,217** (\$3,217.25).

What to tick:

- **1294/8510** Scott, Grace: Primary insurer's EOB
- **2059/6127** Hill, Kevin: nothing
- **2152/6518** Hernandez, Emilio: Primary insurer's EOB
- **1199/7167** Shah, Keisha: nothing

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See what wins

In the **Work queue** (**To do**), type **Guardian** in Find and open a claim marked **CO-22** . **What has won before** shows your own record for CO-22 letters, and what made the difference.

What has won before

All insurers paid 60% (3 of 5) of your CO-22 letters. With primary insurer's EOB: paid 3 of 3. Without: 0 of 2.

What to include: **Primary insurer's EOB**

From your own letters to every insurer (too few answered by this one yet): 3 paid, 0 paid in part, 2 refused again.

In the picture: “All insurers paid 60% (3 of 5) of your CO-22 letters. With primary insurer's EOB: paid 3 of 3. Without: 0 of 2.” and **What to include: Primary insurer's EOB**.

Only claims you sent count. If you send only some of the letters, only those count. A payment on a claim nobody worked is the insurer paying on its own: it closes the claim, but it isn't recovered money and Owedex doesn't bill for it.

Why “All insurers”? Guardian hasn't answered 2 of your CO-22 letters yet, so Owedex shows every insurer's record and says so. Once an insurer has answered 2 or more, its own record comes first. Percentages appear only from 5 answered letters, and “what made the difference” only when at least 2 letters were sent each way.

How Owedex works this out

- Each letter goes into Owedex's letter record with what went with it (fixed choices like X-rays or the primary EOB, never free text) and who approved it.
- When a payment file pays, part-pays or refuses a claim you sent, that result goes on the letter by itself: no typing.
- A recovered dollar is written only for claims marked sent: never more than was still owed, once per payment, and it points at the payment line that proves it.
- This is your office's record, not an insurer rule. Real answers take weeks; then Owedex also says how many days each insurer usually takes.