

# Dental3 5010 Submitter Profile Check List

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The following field values are required to submit **Dental3** X12 837 Dental claims to Ayin Health Solutions. Effective August 01, 2015.

1. ISA01 “00” (always)
2. ISA02 [blank]
3. ISA03 “00” (always)
4. ISA04 [blank]
5. ISA05 “ZZ” (always)
6. ISA06 [Business Tax ID]
7. ISA07 “ZZ” (always)
8. ISA08 “931211733” (AYIN Tax ID)
9. GS02 [Business Tax ID]
10. GS03 “CIM6”
11. 1000A – NM109 [Business Tax ID]
12. 1000B – NM103 “AYIN”
13. 1000B – NM108 “46”
14. 1000B – NM109 “931211733” (AYIN Tax ID)
15. 2010BB – NM103 “Dental3” Clearinghouse pass through value provider submits
16. 2010BB – NM108 “PI”
17. 2010BB – NM109 “DENT3” Clearinghouse use agreed upon payer id

For secondary claims, include the other payer amount paid and patient responsibility information in the 2430 Loop – “Line Adjudication Information.”

1. 2430 – SVD02 \$[amount paid by other insurer]
2. 2430 – CAS01 “PR”
3. 2430 – CAS03, 06, 09 \$[patient responsibility amount]