

Easy Reference Guide

DASI (Delta Dental Automated Service Inquiry)

DASI is quick and easy to use. You're able to access coverage and claims information 24 hours a day, 7 days a week.

What do you need to use DASI?

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

What information is available?

With DASI, you can receive the following for any Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio or Tennessee member:

- Eligibility
- Current effective date of coverage
- Eligibility for specific benefits (exams, cleanings, fluoride, X-rays, and occlusal guard)
- ID cards by fax or mail
- Fax copies of benefits and eligibility, explanation of benefits, and pre-treatment estimates
- Lists of participating dentists via voice, fax or mail
- Mailing address information
- Claim and pre-treatment estimate status
- Check status for paid claims
- Maximums and deductibles, including amount met to date and services that apply
- Coordination of benefits allowances

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 speak or press the digits on your touch-tone keypad and go directly to the data.

At the greeting:

- SAY "SUBSCRIBER" or PRESS 2

DASI will then offer the following menu of choices:

- SAY "COVERAGE INFORMATION"¹ or PRESS 1 for general eligibility, availability of benefits for services with time limitations (cleanings, exams and more), FaxBack of benefits and eligibility, and maximums and deductibles.
- SAY "FIND A DENTIST" or PRESS 2 to find an in-network dentist.
- SAY "ID CARDS" or PRESS 3 to receive an ID card by fax or mail.
- SAY "SOMETHING ELSE" or PRESS 4 for additional content. Within the "something else" menu:
 - SAY "CLAIMS"¹ or PRESS 1 for claim and pre-treatment estimate status, process dates, check date, check status, and fax copy of a processed claim or pre-treatment estimate.
 - SAY "TOOLKIT SUPPORT"¹ or PRESS 2 to be transferred to a Consumer Toolkit support representative.
 - SAY "DELTA DENTAL'S MAILING ADDRESS" or PRESS 3 to hear the mailing address for claims and inquiries.
 - SAY "REPRESENTATIVE" or PRESS 4 to speak with a customer service representative.

1 Member number and patient's date of birth required