

Global Dental Solutions, LLC®

Full service dental laboratory

Customer Portal User Guide

8215 Roswell Rd Building 500, Atlanta, GA 30350 | www.globaldentalsolutions.com | 404-256-0501



	Contents
1	How to Access
	1.1 Logging In:
	Member Login
	Corporate Login4
	• Staff Access
	o Basic4
	o Standard4
	• Full Access
2	Home Page Navigation
3	Account Management
	3.1 Make Payment6
	3.2 View Balances & Payments7
	3.3 View Statements
	3.4 View Purchases
Δ	Casas
4	4 1 Submit DV
	4.1 Sublinit KA
	T.2 VIEW Cases
5	Pickups

	5.1 Schedule Pickups	
	5.2 View Pickups	14
6	Resources	
	6.1 My Files	14
	6.2 Public Files	14
7	Preferences	14
	7.1 General Instructions	14
	7.2 Alerts & Notifications	
	7.3 Accounting Preferences	16
8	Messages	
-	8.1 View Messages	
	8.2 Send Message	16
~		
9	Fulfillments	17
	9.1 Order supplies	17
	9.2 Return Labels	

10 Settings	18
10.1 Change Web Settings	
10.2 Create Staff Login	
10.3 Reset Password	



1 How to Access the Customer Portal

1.1 Logging in

To access your account, follow these steps:

Account Login

- 1. Visit the portal at https://myaccount.XXXXXXX.com or click Account Login on the homepage
- 2. Enter Your Username and Password.
- 3. Click Login to access your account.

• Member Login

For Existing Members:

- Enter your Username
- Enter your Password
- Click Login

Not a Member?:

- Click Sign Up
- • Account Information Section
 - Enter in Account Number- Found on monthly statement
 - o Enter in Account Email- Email that is on file for your account
 - Enter in Account Office Number- Phone number on file for your account.

username

- Choose your Login Credentials
 - Username- Chose a Username, Office email recommended (Min 5 Character)
 - Click Verify
 - Password Create a Password
 - Retype Password
 - Enter the image code
 - Click Register

~	Account Information		
2	account number account email		
° (°	account office phone	Due to HIPAA requirements, password must meet the following criteria:	
	Choose your login credentials		
8	username	Minimum of 8 characters	
8	password	Contain at least one numeric character. (Ex: 0-9)	
	C DZZ HL	 Contain at least one special character. (EX: @,#,\$) Contain at least one uppercase character. 	
		Contain at least one uppercase character	
	Cr type me image cone	Contain at least one lowercase character	
	REGISTER	Cannot match username	
		Cannot match previous password	
Back t	s Sign In Forg	got Password ?	

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3	password	
Rer	nember me on this device	
	LOGIN	٨
_		
a N	lember ? Sign Up	Forgot Password ?



Unable to locate your Account?:

- Possible Errors:
 - Phone number or Email do not match your account
 - Incorrect account number

Unable to verify your information?:

- Possible Errors:
 - Existing Account

We were unable to locate your account. Please contact our laboratory for further assistance.



• Corporate Login

For Customers with Multiple Locations:

- Have a consolidated view of all your accounts.
- Contact the Lab by phone at 866-905-1111 to obtain a username and password

• Staff Access

For Customers with Multiple Doctors and/or Office Staff:

- Choose from 3 different levels of access to assign to users on your account.
- Basic
- View Cases
- View Pickups
- Messages
- Web Settings
- Reset Password
- Standard
- View Statements
- Submit RX and View Cases
- Schedule and View Pickups
- Resources
- Preferences
- Messages
- Contact Lab
- Settings
- Full Access
 - Same access as Member login
 - Includes All Access in Standard plus:



- View and Make Payments
- Upload Files

2 Home Page Navigation

The Home Page provides quick access to the following features:

- Account Information
- Quick Links
 - \circ Accounting
 - Make and view payments and balances
 - View Purchases and Statements
 - \circ Cases
 - Submit RX
 - View Cases
 - Pickups
 - Schedule and View Pickups
 - Resources
 - My Files
 - \circ Preferences
 - General Instructions
 - Alerts & Notifications
 - Accounting Preferences
 - Messages
 - View and Send Messages
 - Fulfillments
 - Order Supplies
 - Return Labels
 - \circ Settings

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- Web Settings
- Staff Access
- Reset Password



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3 Account Management

- 3.1 Make Payments
 - Select the type of payment you would like to make
 - **Total Balance** (Includes past due balances, current statement- including all invoices and cases for the month) less any payments or credits issued during the current month
 - **Balance Due Now** (Includes past due balances and current statement)- less any payments or credits issued during the current month.
 - Past Due Balances (Includes any balance past due by 30+ days)



VIEW INVOICES

- View Aging See details
- **Other Amount-** Enter any payment amount you would like to make
- Selected Invoices
 - View Invoices All unpaid invoices
 - Choose invoice to pay. Hold SHIFT and highlight invoices to pay multiple

TOTAL BALANCE \$0.00	BALANCE DUE NOW \$0.00	PAST DUE BALANCES \$0.00	VIEW AGING	OTHER AMOUNT ???	SELECTED INVOICES \$0.00	VIEW INVOICE
yment Notes:						
21						
ed leformation ⁸ Pilling lefore						
ra mormacon & billing morn	hauon		Name On Card:			
USE CARD ON FILE	SAVE CARD ON	FILE				
			Address 1:		Address 2:	
Card Number:			1		Ø	
			City:			St
Expiration Date (MM / YY):		Security Code:				
			Zip Code:			Coun
Authorized By:			(C)			
(8)						

1000



3.2 View Balances & Payments

• Recent Activities

• Transactions completed during the current month

\$0.00	04/15/2020
Charges	Last Payment Date
\$1,638.00	\$1,638.00
Payments	Last Payment Amount
\$0.00	\$0.00
Credits	Unapplied Credits
\$0.00	\$0.00
Writeoffs	Unapplied Payments

• Aging Summary

• Account Detail for Balances Due

\$0.00	\$0.00
Past Due 30	Total Past Due
\$0.00	\$2,588.00
Past Due 60	Current Balance
\$0.00	\$2,588.00
Past Due 90	Total Due Now
\$0.00	\$2, <mark>5</mark> 88.00
Past Due Over 90	Total Balance

• Payments & Credits

Payments made and Credits Issued to Account Payments & Credits

Ref #	Date •	Туре	Status	Amount	
23747	04/15/2020	Visa	Failed	\$1,638.00	^
23748	04/15/2020	Visa	Success	\$1,638.00	
23405	02/26/2020	Check	Success	\$1,628.68	
23135	02/04/2020	Check	Success	\$1,334.00	
23134	02/04/2020	Check	Success	\$43.18	
22985	01/15/2020	Visa	Success	\$2,159.00	

• Distribution

Distribution	,,,,,,,, .		
Case # •	Amount	Write Off	Patient Name
10104286	\$26.68	\$0.00	Finance Charge
10102961	\$109.00	\$0.00	
10102958	\$95.00	\$0.00	
10102563	\$248.00	\$0.00	
10101902	\$29.00	\$0.00	
10100598	\$50.00	\$0.00	

• Payment detail by Case- Click on amount for more details



3.3 View Statements

• Overview of Account Statements

Period From *	Period To	Current Balance	Past Due 30	Past Due 60	Past Due 90	Past Due Over 90
03/01/2020	03/31/2020	\$2,588.00	\$1,638.00	\$0.00	\$0.00	\$0.00
02/01/2020	02/29/2020	\$1,638.00	\$0.00	\$0.00	\$0.00	\$0.00
01/01/2020	01/31/2020	\$1,628.68	\$1,377.18	\$0.00	\$0.00	\$0.00
12/01/2019	12/31/2019	\$1,377.18	\$2,159.00	\$0.00	\$0.00	\$0.00
11/01/2019	11/30/2019	\$2,159.00	\$0.00	\$0.00	\$0.00	\$0.00
10/01/2019	10/31/2019	\$1,198.47	\$2,032.78	\$655.07	\$122.72	\$0.00

• View PDF Statement by clicking on line



Statement				
Statement Date	01/01/0005			
Statement Number				
Page Number				
Due Date				
Account Number				
PO#				
Please Pay This Amount	\$225.05			

Visit us at http://globaldentalsolutions.com/ and click on Account Login to set up electronic payments.

	and realiser.		Monthly A	ctivity	TLEA	SE RETORY	101 TOKIN	2,	ATTALAT
Date	Case Number	Reference	BalFwd**	Prepay	Payment	Invoice	Db/Cr/FC*	Applied	Amt. Due
rior St	atement Period	s Open Items (Ralance Forward**)	251		liter et el	ñ		-	
	3.00 Million A.		\$102.50						\$102.50
his Sta	tement Period								
1/31/25	554712	Finance Charge					2.05		\$2.05
							~~		
						120.50			\$120.50

1	Customer Sun	imary	
	Balance Forward**	\$102.50	
Please note with the implementation of our new billing portal,	Prepays	\$0.00	
customers who were setup to get a printed and emailed	Payments	\$0.00	



3.4 View Purchases

• Overview of Purchases, Credits, Cases in Progress, Remakes

View Purchases

\$0.00 Month-To-Date	0.00 Month-To-Date
\$0.00 Quarter-To-Date	\$0.00 Quarter-To-Date
\$5,828.00 Year-To-Date	\$0.00 Year-To-Date
PURCHASES	CREDIT
	00.0\$ Month-To-Date
\$0.00 Cases In Production	\$0.00 Quarter-To-Date
	\$1,107.00 Year-To-Date
PURCHASES IN PROGRESS	REMAKE

4 Cases

4.1 Submit RX

• Fill in Digital RX to submit a case to the lab

ubmit RX				
) NEW CASE	REMAKE CASE		ADJUST CASE	
tor Information				
sr Name;				
0	+ New Doct	or		
ipping Address				
ient Details				
t Name:	Last Name:	Chart Number:	Sec	
D	۲		Q4	
ue Details				
de	Rx Number:	Coupon:	Scanner,	
D	R	1	dh.	
ubmission Method:	Submission Date:	Requested Return Date:		
•	☐ 4/20/2020	5/4/2020		
iments:				
2				
RODUCTS	4	ATTACHMENTS		
Cases submitted after 11:00 AM will be processed on the following	; business day.			
RUSH		THIS CASE IS AUTHORIZED AND SIGNED BY Doctor: Complete Comfort Dental		
SAVE TEMPLATE Save this design as a template for future submissions				
			SUBMIT CAS	E



• Use the Drop Down Menu to Select Prescribing Doctor

Doctor I	Name:	
8		*
S		
C		
2		

+ New Doctor

• If the Doctor is not present in the drop down, click on + New Doctor

- Enter Prefix
- o First Name
- Last Name
- o Email
- License Number and State Issued
- Doctors NPI #
- o Save

New Doctor

Prefix:	First Name:	Last Name:	Office Phone:
<u>e</u> Dr	8 Bruce	8	¢
Extension:	Cell:	Fax:	Email:
64		6	☐ dr
License:	Npi Number		
ð 1	AF 1144201302		

- Enter Patient Details
- o First Name
- Last Name Required
- Chart Number
- o Sex
- Enter Case Details
 - Shade Required
 - o RX Number
 - Coupon- If redeeming for Case
 - Scanner- Required if submitting digital case
 - Comments Add any additional information
 - o Requested Return Date- Required
 - If Rush Case- Please contact the lab 866-905-1111
- Select Product Details

O PRODUCTS



- Use Drop Down to Select Type
- Use Drop Down to Select Product for Treatment

53	5	select product
		search product
7 { 7 {	772 2572	Crown & Bridge Extras Emax Full Cast IOS Emax IOS Full Cast IOS PFM IOS PFM IOS Zirconia Porcelain-Fused-To-Metal Zirconia

- Fill In Preferences Form as Applicable
 - If selection is blank lab will use preferences on file.
 - If no preferences are on file, the default values will be used:
 - o Tooth Number
 - o Due Date Conflict
 - o Design
 - o Occlusal Clearence
 - \circ Contact
 - Margin Design
 - o Digital Occlusion
 - $\circ \quad \text{Pontic Design} \quad$
 - Coats
 - o Margin Prep
 - Metal Design
 - Click Save
 - Attach any pictures or digital files or notes

Drag and Drop file or click to browse for file

 All File Types except CBCT DICOM accepted





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full service dental laboratory

- Rush- If selected contact the lab directly to ensure we can meet your requested date.
- Select Box- This Case is Authorized and Signed By:
- Template can be saved for future orders
- Name the Template
- Submit Case
- Click Request Pickup to generate FedEx label
- Click Print Icon to print the work order
- Include Work order in each case sent to the lab



SUBMIT CASE

4.2 View Cases

SAVE TEMPLATE

Submit Rx

View Cases

Template Name:

FCZ Dr Eric

Case number 10114797 successfully submitted

Save this design as a template for future submissions

View your entire Case History with Global Dental Solutions

- Until the status of the case is invoices dates and times listed will appear as estimates. If you have any questions on the case, please contact the lab at 866-905-1111 to speak with our customer service representatives.
- If your practice has multiple doctors you can filter case history to cases by doctor.
- Click the Export Button to have your Case History exported to excel

Doctor	Name:																						
8,	- All	Doctor	rs																				
	export																						6
Ø	0	Ξ	Case # •	Status	Patient Name	Address	Date In		Est. Arri	val Date	Invoice Dat	e	Req. Retu	rn Date	Shipment	Date	Rx Number	Delivery Stat	us	Doctor Name	Doctor No.	Rush	Total
				All Case 🔻			from	to	from	to	from	to	from	to	from	to		All Cases	۲				
		≡	10114797	Submitted	Lisa TEST		04/20/2020 0	8:33 AM					05/04/2020					NA			3337		\$0.00
		≡	10113584	Invoiced			03/19/2020 0	3:11 PM			03/31/2020 0	4:55 PM	04/08/2020		03/31/2020	05:08 PM		On its way			3337		\$35.00
		≡	10113580	Invoiced			03/19/2020 1	2:58 PM			03/30/2020 0	8:51 AM	04/01/2020		03/30/2020	10:08 AM		On its way			3337		\$190.00
		≡	10113562	Invoiced			03/19/2020 0	2:38 PM			03/24/2020 1	1:35 AM	03/30/2020		03/24/2020	12:14 PM		On its way			3337		\$49.00
		≡	10112793	Invoiced			03/13/2020 0	5:07 PM			03/30/2020 0	9:28 AM	04/07/2020		03/30/2020	11:31 AM		On its way			3337		\$380.00
		≡	10112791	Invoiced			03/13/2020 0	5:19 PM			03/23/2020 0	1:00 PM	03/26/2020		03/23/2020	01:58 PM		On its way			3337		\$120.00
		Ξ	10112788	Invoiced			03/13/2020 0	5:22 PM			03/30/2020 0	8:51 AM	03/30/2020		03/30/2020	10:08 AM		On its way			3337		\$0.00



5 Pickups

Easily Schedule Case Pickups, Print Shipping Labels and View your Case Pickup Status

5.1 Schedule Pickups

- Select Pickup Date and Time
 - Pickup From- Select a time that is at least 2 hours from the current time
 - $\circ~$ Pickup To- Select a time that is before 5:00 pm local time
- Provide any relevant comments, if necessary
- Select Schedule Pickup

SCHEDULE PICKUP

Schedule Pickup

Service	Center:				
\bigcirc	Global Dental Solutions				
Custon	ner ID:	Custor	ner Phone:	Doctor	Name:
8	101670	<u>(</u> ?୬)	407-830-4401	0	
Carrie	r Information				
Carrier	:	Service	Туре:		
G	FedEx	\bigcirc	STANDARD OVERNIGHT		
Pickup) Details				
Schedu	ile Date:	Pickup	Date:	Pickup	From:
Ţ	2/11/2025	ŧ	2/11/2025	C	8:00 AM
Pickup	To:	Numbe	er Of Packages:	Total V	Veight (Lbs):
0	5:00 PM	毌	1 *	đ	1
Comme	ents:				
P					
4					
!	Warning: Pickup date is today				
			SCHEDULE PICKUP		



5.2 View Pickups

- View all pickups and status
- For FedEx Cases- Select the Tracking # to view tracking status
- Reprint FedEx labels
- Request Pickups

View Picku	ps											
+ REQUES	ST PICKUP	•										S
Θ	₿	Q	ld	Scheduled On *		Pickup Date		From	То	Status	Carrier	Tracking #
				from	to	from	to			All		
	₿		15099	10/01/2019 07:38 AM		10/01/2019		14:00	17:00	Completed	FedEx	790991090689
	a		14805	09/16/2019 02:30 PM		09/17/2019		14:00	18:00	Completed	FedEx	795787875748
	Ð		14603	09/05/2019 12:41 PM		09/09/2019		14:00	17:00	Completed	FedEx	795784020505
	₿		14108	08/08/2019 06:30 AM		08/08/2019		12:00	15:00	Completed	FedEx	795753209450
	ð		13984	07/31/2019 01:47 PM		08/01/2019		12:30	15:30	Completed	FedEx	795749993435

6 Resources

Г

- 6.1 **My Files**
 - Add patient files for the lab

6.2 **Public Files**

• Store any information specific to your practice and the lab

7 Preferences

7.1 **General Instructions**

- Add any instructions that you would like to save and have applied to all future cases
- Save Changes

Gene	ral Instructions
Genera	al Instructions:
Ģ	Enter General Instructions for all future case here
	SAVE CHANGES



7.2 Alerts & Notifications

• Select Alerts you would like to receive when action has been taken on your account

- Alert Me of Changes as They Occur During the Day-You will receive an email each time:
 - New case is entered
 - Hold is placed on a case
 - Case is invoiced
 - Your account is put on COD
- Alert Me Once at the end of the day- You will receive one email per day containing:
 - Cases Received
 - Cases Shipped
 - Cases placed on Hold
 - All invoices in a combined PDF document

• Select Notification Method

- Email (Preferred Method)
- o Text

Service Provider:
SMS Cell Phone Number:
TEXT MESSAGE (applies only to alerts sent throughout the day)
ALL INVOICES FOR THE DAY IN ONE PDF FILE
CUSTOMER PLACED ON COD
CASE PLACED ON HOLD



7.3 Accounting Preferences

• Select method of receiving monthly statements

- PDF statement via email
- Statement printed and mailed to office
- o Email and Printed Statement mailed to office

8 Messages

8.1 View Messages

• View messages from the lab regarding FedEx labels, statements and more

Messages	
EMAILS (S) INQUIRIES	search
Eljevonia.Chapman@globaldentalsolutions.com GDS Daily Case Digest From: Global Dental Solutions Customer ID: 101670 "ase Summary Ale 02/06/2025 10:46 PM	t for: 02-06-2025 10:45 PM Cases Received Today Doctor Patient Name Case Number
Eljevonia.Chapman@globaldentalsolutions.com GDS Daily Case Digest From: Global Dental Solutions Customer ID: 101670 - III 01/08/2025 10:46 PM	t for: 01-08-2025 10:45 PM No Cases Received Today Doctor Patient Name Case Number Cases Shipp
Elievonia Chanman@globaldentalsolutions.com	

8.2 Send Messages

• Send Messages to the lab

- Enter Subject and Message
- Click Send Message

Send Message

B215 Roswell Rd Bldg 500 B215 Roswell Rd Bldg 500, Atlanta, Ox 30305 Vew larger maD	NorthRidge Center Gergie Gergie
Global Dental Solutions	Keep In Touch
ADDRESS 8215 Roswell Rd Bldg 500 City: Atlanta. State: GA Zin Code: 3330. Country: US	Department:
CONTACTS	වර Customer Service
Office Phone: 866-905-1111 Second Phone: 404-256-0501 Fax: 404-256-1404 Email: CustomerService@globaldentalsolutions.com	Message:
	SEND MESSAGE



9	Fulfillments		
	9.1 Order	Supplies	
Order Supplie	S	BOX	Boxes RXs FedEx return Labels Fee Schedules
Boxes Quantity: 6	Order Supplies		*
		BOX	L SUPPLY
	All Supplies Quantity: 1	Fed Ex Return Labels Quantity: 12	Fee Schedule Quantity: 1
	Quantity: 25		

9.2 **Order Return Labels**

• Create FedEx labels without dispatching FedEx to your office

Return Labels		
Service Center:		
Global Dental Solutions		Ÿ
Customer ID:	Customer Phone:	Doctor Name:
③ 101670	(3) 407-830-4401	Ø Dr. S
Carrier Information		
Carrier Information		
Carrier:	Service Type:	
GB FedEx	STANDARD OVERNIGHT	Y
Package Details		
Package Type:	Number Of Labels:	
H ENVELOPE	▼ ⁽) 1	▲ ▼
CUSTOMER IS PAYING FOR THIS SHIPMENT		
	CREATE LABELS	



10 Settings

	10.1	Change	Web Settings	
Web Settings			*	Select Language
Language			•	Select Layout
O ENGLISH		C ESPAÑOL	O DEUTSCH	Instructions on how to add the app to ye
О ритсн	ROMÂNĂ			mobile device's home screen
Module:			र 🕅 Reset	
select			▼ 🕑 Reset	
Add To Homepage				
By adding the web app t	to home screen, you no longer need	to open the browser and the appl	ication would act similar to regular app.	
Android: To add this we accessed by pressing the Chrome)	b app to the home screen, open the e menu hardware button if your devi	browser option menu and tap on ce has one, or by tapping the top	Add to homescreen. The menu can be right menu icon: : (Available on	
iOS: To add this web app	p to the home screen, tap 📋 and th	en Add to Home Screen (Availab	le only on Safan).	

10.2 Create Staff Login

ැඩිම්	Web Settings
Settings	Staff Access
E\$	Reset Password

- Login to the Member Portal
- Select Settings
- Select Staff Access
- Enter Staff Information in all Fields
- Select Access
- Create Login and Password
- Select Save

General Info Name:	Position:		Office Phone:
Extension:	Cell:		Birth Date:
Web Access			
Ermail:		Access Level:	•
Password:		Retype Password:	
			SAVE CANCEL



Staff Member	×
Staff member successfully saved	
	CLOSE

• Enter Current Password

10.3 **Reset Password**

Reset Password	 Enter New Password Follow Password Requirements
	Retype New Password
New Password:	Save Changes
Â	
Retype New Password:	Due to HIPAA requirements, password must meet the following criteria:
A	Minimum of 8 characters
	Contain at least one numeric character. (Ex: 0-9)
	i • Contain at least one special character. (Ex: @,#,\$)
SAVE CHANGES	Contain at least one uppercase character
	Contain at least one lowercase character
	Cannot match previous password