

Sign @ Home

This guide details the Sign @ Home functionality and how to clear patients from this filter on your Dashboard.



2. Ensure the Financially Responsible Person's email address is entered. It is important that the Financially Responsible Person is selecting the payment plan and signing the contract.

Send to E	mail					
From:	support@orthofi.com					
Subject:	Review Your Payment Options					
To:	First name Johnny		Last name Bravo	 Email johnny.bravo1234@orthofi.com		•
	🕂 Add Email					
Message:	Message (optional)					
Email Sett	ings					
What langua	age would you like the email translated to?	English	·			
				CANCEL	SEND & SET	T FOLLOW-UP

FINANCIALLY RESPONSIBLE PERSON'S ACTIONS: REVIEWING THE EMAIL, SELECTING A PAYMENT PLAN, SIGNING THE CONTRACT, AND MAKING THE DOWN PAYMENT

1. Financially Responsible Person to open the email and click the hyperlink.



OrthoFi Customer Support to johnny.bravo1234 👻





Thank you for choosing Elevation Orthodontics! The treatment options you discussed with Dr. Lamm are available online for you to review.

Please click on the following secure link to review your treatment options and to customize your payment plan Customize Your Plan

Once you have selected your preferred treatment option and desired payment plan simply click "Confirm & Continue" and our office will be notified of your selection. You can also call our office to discuss questions and to schedule a time to start treatment. Please contact us at (720)555-5555.

Thank you, Elevation Orthodontics

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox.

You have received this message because you recently scheduled an appointment with Elevation Orthodontics and they are using OrthoFi to send email communications to you.

2. The Financially Responsible Person will be prompted to log in to the OrthoFi account. The pop up message below will appear, instructing them on what to do. Clicking "Continue" will allow them to proceed with the Slider.



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Please decide who is the financially responsible party prior to completing the following steps:

Select Treatment Plan

Use the sliders to adjust down payment and monthly payment to find the flexibility that best meets your budget.

Click "Confirm & Continue" if you are the person who plans to sign the contract and pay for the treatment.

2 Sign Contract

Signing the contract makes you the responsible party for all payments tied to this treatment.

3 Pay Down Payment

Acceptable methods of payment are credit cards, bank accounts, and HSA/FSA. Your practice can assist with multiple payment methods if needed.

GO TO PATIENT DASHBOARD

CONTINUE



3. Once the patient has decided on a payment plan, clicking "Confirm & Continue" will bring them to the contract.

CONFIRM & CONTINUE 🔶

4. The patient will review and initial the Disclosure Document on the first page. On the second page, the patient will review the Service Contract and type their name as the Signer. Then, the Financially Responsible Person will click to sign the contract.

By electronically signing below, I acknowledge that I have read and understand all of the above terms and disclosures:

Signer	
Johnny Bravo	
Financially Responsible Party: Johnny Bravo	

By clicking 'Sign Document' I confirm that this is Johnny Bravo.

- 5. Once signed, the Financially Responsible Person will be prompted to make their down payment. NOTE: There are no rules in place to prevent a patient from closing this screen without making their down payment.
- 6. The Financially Responsible Person will select their down payment amount and click "Go To Payment Method" to make their payment.



7. The Financially Responsible Person will enter their payment information and make the payment by clicking the blue button.

PAY \$2,800.00 NOW



- 8. After making their payment, The Financially Responsible Person will be able to go back to the patient's account page. The Financially Responsible Person will:
 - a. Receive an email confirming their down payment.
 - b. Be able to review all documents within their account page, as normal.





PRACTICE INSTRUCTIONS: CLEARING THE "Sign @ Home" FILTER

- 1. The patient will appear in the Sign @ Home filter.
 - a. All icons will be **green** if the patient completed all actions: selecting the payment plan (PP), signing the contract (FD), and making the down payment (DP).
 - b. Red icons indicate an incomplete action.

Date Type T.C. Patient Age Location Status Contacts Image: Contact	Elevation	Orthodontic	···· •	Today 📃 Ton	norrow 📃 U	pcoming Need	ds Attention Follow-Up	📕 Sign @ Home 🄱	Insur	ance 🎦	🖌 OrthoFi Messages	🛄 Text Mes	sages
Start / Bravo	Date 🔺	Type 🍦	т.с. 👙	Patient 🔺	Age 🍦	Location 🝦	Status		\$	Contacts		÷	¢
Records B.S. Johnny 32.10 Denver P M L CS P FD DP C change pc Act		Start / Records	B.S.	Bravo, Johnny	32.10	Denver	P M I C P	FD DP 🏠		PC	Johnny Bravo	Ac	tion -

2. To clear the patient from the filter, set the appliance placement date. Click "Action" >> "Set Appliance Placement Date." Use the calendar to select the appliance placement date and click "Submit."

Select Appliance Placement



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	27	28	29	30				

