

## MetLife - Insurance Payment Uploading

*Step-by-Step instructions on how to obtain the MetLife Claims Summary Page by trace number and the Explanation of Benefits (EOB) Statement using the MetLife portal.*

**Before we get started, be sure your practice has a program/application to do the following:**

- Convert documents or images into a PDF format
- Merge multiple documents into one file

*The OrthoFi uploader tool does not have the capacity to merge documents. Merging documents together must be done prior to uploading. Easy to use programs/applications recommended by the remittance team would be **Adobe Acrobat** or **PDF-XChange Editor**.*

### MetLife EFT Payments with a trace number:

The Claims Summary Page by trace number must be merged with the full Explanation of Benefits (EOB) Statement for every insurance payment. The Claims Summary Page by trace number provides all of the following payment information:

- EFT trace number
- Bulk total amount of payment
- Issued date of the payment
- Provides all of the patient names for that specific payment

The Explanation of Benefits (EOB) Statement must be uploaded for every patient, including all **NON-ORTHOFI patients**. The EOB provides OrthoFi with a detailed breakdown of the date of service (DOS) for each patient.

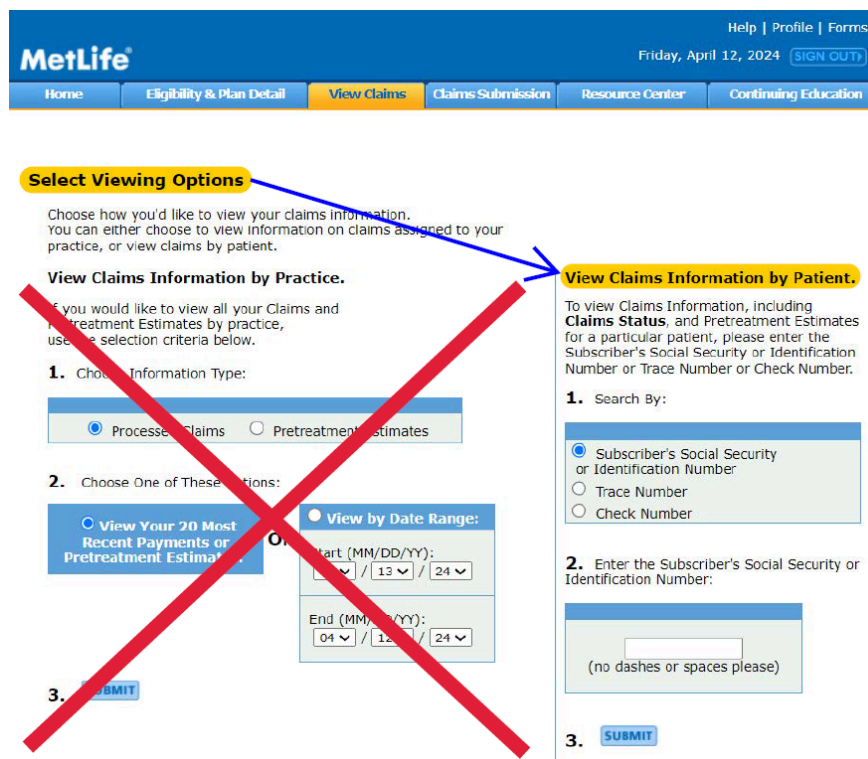
The Claims Summary Page by trace number and the Explanation of Benefits (EOB) Statement must be merged together as one PDF file before uploading to OrthoFi.

## Obtaining the required documents from MetLife:

1. Log in to the MetLife portal using your practice credentials.
2. Click on the **View Claims** tab.



3. Select Viewing Options - select **View Claims Information by Patient**, highlighted in yellow in the image below. **DO NOT** select the claims summary by practice (RED X).



4. **View Claims Information by Patient.** For this step you must know the trace number and the full bulk amount.
  1. **Search By:** Trace Number
  2. **Enter Trace Number:** i.e. 000000012345678
  3. **Enter Total Dollar Amount:** i.e. 311.00
  4. **SUBMIT**

**View Claims Information by Patient.**

To view Claims Information, including **Claims Status**, and Pretreatment Estimates for a particular patient, please enter the Subscriber's Social Security or Identification Number or Trace Number or Check Number.

**When searching for claims by Trace, Check or VCC Number, you will now be required to provide the total amount of the payment.**

**1.** Search By:

Subscriber's Social Security or Identification Number  
 Trace Number  
 Check Number

**2.** Enter Trace Number:

(no dashes or spaces please)

**3.** Enter Total Dollar Amount:

(no dashes or spaces please)

**4.**  ←

- Claims Summary by Trace Number.** You are now viewing the Claims Summary by Trace Number. The example below is a bulk payment for two patients. You will now save the **Claims Summary Page** and each **Explanation of Benefits**. The Claims Summary Page can be saved by selecting the **printer icon** at the top right. EOBs can be saved by selecting the **printer icon** for each patient in the **Print Claim Detail** column.

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### Claim Summary by Trace Number Printer friendly

The table below shows the claim(s) associated with the Trace Number you entered. Individual claim details can be viewed by selecting the **File Reference Number** for that claim.

Please do not use or disclose the information contained here for any purposes other than those permitted under HIPAA.

CHANGE SUBSCRIBER

Please enter subscriber's SSN or Identification Number:

Eligibility/Plan  Claims

[SUBMIT](#)

[Other Viewing Options](#)

**Total Payment for Trace #** [REDACTED] **\$116.50**

[Download Claim Summary](#)

Claim Dates	File Ref. #	SSN or ID#	Patient Information	Service Totals <sup>?</sup>	Total Payment	Payment Method <sup>?</sup>	Trace, Check or VCC # <sup>?</sup>	Print Claim Detail
<b>Received:</b> 04/14/2022  <b>Processed:</b> 09/20/2023	[REDACTED]	[REDACTED]	<b>Date of Service:</b> 04/12/2022 - 09/01/2023 <b>Subscriber Name:</b> [REDACTED] <b>Patient Name:</b> [REDACTED]	<b>Charge:</b> \$2,492.00 <b>Negotiated Fee:</b> \$0.00 <b>Benefit Amount:</b> \$1,221.00	\$54.00	<b>WEB EFT</b>  <b>Paid By:</b> MetLife	000000038880045	
<b>Received:</b> 10/11/2022  <b>Processed:</b> 09/20/2023	[REDACTED]	[REDACTED]	<b>Date of Service:</b> 09/22/2022 - 09/01/2023 <b>Subscriber Name:</b> [REDACTED] <b>Patient Name:</b> [REDACTED]	<b>Charge:</b> \$2,245.00 <b>Negotiated Fee:</b> \$0.00 <b>Benefit Amount:</b> \$1,074.50	\$62.50	<b>WEB EFT</b>  <b>Paid By:</b> MetLife	000000038880045	

# Example of Claims Summary Page:

4/12/24, 10:44 AM

MetLife Dental Claim Summary

## Claim Summary by Trace Number

The table below shows the claim(s) associated with the Trace Number you entered. Individual claim details can be viewed by selecting the **File Reference Number** for that claim.

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**Total Payment for Trace # [REDACTED] \$116.50**

Claim Dates	File Ref.#	SSN or ID#	Patient Information	Service Totals	Total Payment	Payment Method	Trace, Check or VCC #
Received: 04/14/2022 Processed: 09/20/2023	[REDACTED]	[REDACTED]	Date of Service: 04/12/2022 - 09/01/2023 Subscriber Name: [REDACTED] Patient Name: [REDACTED]	Charge: \$2,492.00 Negotiated Fee: \$0.00 Benefit Amount: \$1,221.00	\$54.00	WEB EFT Paid By: MetLife	[REDACTED]
Received: 10/11/2022 Processed: 09/20/2023	[REDACTED]	[REDACTED]	Date of Service: 09/22/2022 - 09/01/2023 Subscriber Name: [REDACTED] Patient Name: [REDACTED]	Charge: \$2,249.00 Negotiated Fee: \$0.00 Benefit Amount: \$1,074.50	\$62.50	WEB EFT Paid By: MetLife	[REDACTED]

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^To learn more about the MetLife family of companies providing Dental HMO/Managed Care plans and the states where they provide benefits, please [Click Here](#).

# Example of EOB:

Date of Service	Service Description (Code)	Tooth# /Area	Fee Charged	Negotiated Fee (if applicable)	Covered Expense	Deductible Applied	Plan Benefit	Notes	Status
04/12/2022	LIMITED ORTHO - TRANSITIONAL (D8020)		\$650.00		\$50.00	\$600.00	50%		Approved
05/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	01 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
06/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	02 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
07/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	03 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
08/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	04 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
09/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	05 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
10/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	06 MONTH	\$109.00		\$50.00	\$59.00	50%		Approved
11/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	07 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
12/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	08 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
01/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	09 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
02/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	10 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
03/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	11 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
04/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	12 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
05/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	13 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
06/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	14 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
07/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	15 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
08/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	16 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
09/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	17 MONTH	\$108.00		\$50.00	\$58.00	50%		Approved
10/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	18 MONTH	\$108.00		\$50.00	\$58.00	50%	24	Approved
Total					\$0.00	\$2,600.00	\$50.00	\$1,275.00	

Status	Payment Date	Benefit Paid	Payee	Cycle Date	Payment Method	Check, Trace Number or Payment ID
	04/18/2022	\$300.00	Provider of Service	04/18/2022	EFT	
	05/19/2022	\$54.50	Provider of Service	05/19/2022	EFT	
	06/21/2022	\$54.50	Provider of Service	06/21/2022	EFT	
	07/19/2022	\$54.50	Provider of Service	07/19/2022	EFT	

<https://www.metdental.com/prov/execute/ClaimDetailPrinter>

Date of Service	Service Description (Code)	Tooth# /Area	Fee Charged	Negotiated Fee (if applicable)	Covered Expense	Deductible Applied	Plan Benefit	Notes	Status
09/22/2022	LIMITED ORTHO - TRANSITIONAL (D8020)		\$749.00		\$50.00	\$699.00	50%		Approved
10/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	01 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
11/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	02 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
12/01/2022	LIMITED ORTHO - TRANSITIONAL (D8020)	03 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
01/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	04 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
02/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	05 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
03/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	06 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
04/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	07 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
05/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	08 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
06/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	09 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
07/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	10 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
08/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	11 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
09/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	12 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
10/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	13 MONTH	\$125.00		\$50.00	\$75.00	50%		Approved
11/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	14 MONTH	\$124.00		\$50.00	\$74.00	50%		Approved
12/01/2023	LIMITED ORTHO - TRANSITIONAL (D8020)	15 MONTH	\$124.00		\$50.00	\$74.00	50%		Approved
01/01/2024	LIMITED ORTHO - TRANSITIONAL (D8020)	16 MONTH	\$124.00		\$75.00	\$49.00	50%		Approved
02/01/2024	LIMITED ORTHO - TRANSITIONAL (D8020)	17 MONTH	\$124.00		\$50.00	\$74.00	50%		Approved
03/01/2024	LIMITED ORTHO - TRANSITIONAL (D8020)	18 MONTH	\$124.00		\$50.00	\$74.00	50%		Approved
Total					\$0.00	\$2,994.00	\$175.00	\$1,261.00	

Status	Payment Date	Benefit Paid	Payee	Cycle Date	Payment Method	Check, Trace Number or Payment ID
	10/14/2022	\$412.00	Provider of Service	10/14/2022		
	11/15/2022	\$62.50	Provider of Service	11/15/2022		
	12/15/2022	\$62.50	Provider of Service	12/15/2022		

<https://www.metdental.com/prov/execute/ClaimDetailPrinter>

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Dental Insurance - View Claims

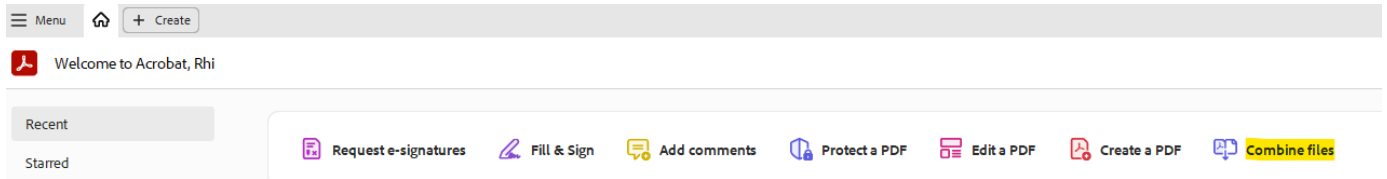
Date of Service	Benefit Paid	Provider of Service	Cycle Date	Payment Method
08/19/2022	\$54.50	Provider of Service	08/19/2022	EFT
09/19/2022	\$54.50	Provider of Service	09/19/2022	EFT
10/19/2022	\$54.50	Provider of Service	10/19/2022	EFT
11/21/2022	\$54.00	Provider of Service	11/21/2022	EFT
12/19/2022	\$54.00	Provider of Service	12/19/2022	EFT
01/19/2023	\$54.00	Provider of Service	01/19/2023	EFT
02/21/2023	\$54.00	Provider of Service	02/21/2023	EFT
03/20/2023	\$54.00	Provider of Service	03/20/2023	EFT
04/19/2023	\$54.00	Provider of Service	04/19/2023	EFT
05/19/2023	\$54.00	Provider of Service	05/19/2023	EFT
08/14/2023	\$162.00	Provider of Service	08/14/2023	EFT
09/15/2023	\$54.00	Provider of Service	09/15/2023	EFT
10/16/2023	\$54.00	Provider of Service	10/16/2023	EFT
Total				\$1,275.00

4/11/24, 1:15 PM

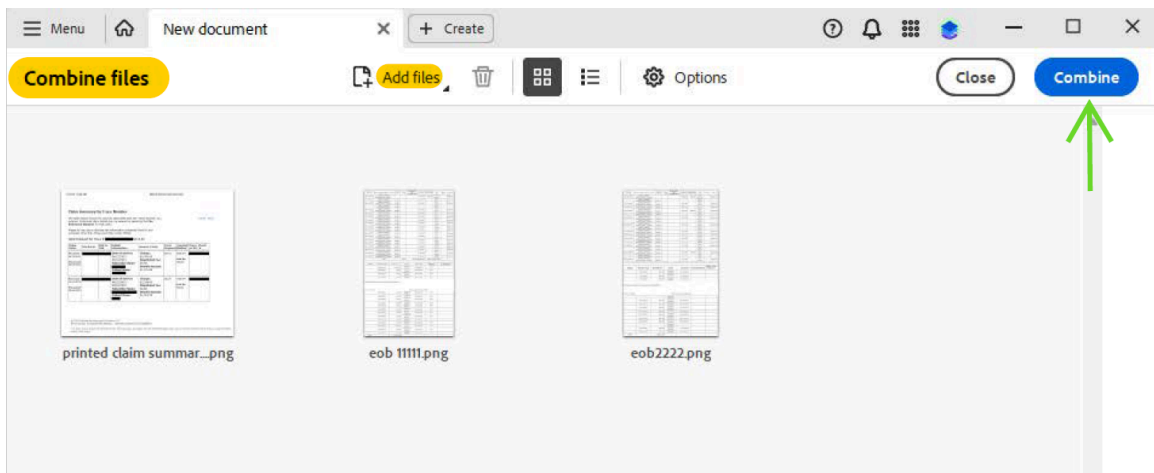
Dental Insurance - View Claims

Date of Service	Benefit Paid	Provider of Service	Cycle Date	Payment Method
01/17/2023	\$37.50	Provider of Service	01/17/2023	
02/15/2023	\$62.50	Provider of Service	02/15/2023	
03/15/2023	\$62.50	Provider of Service	03/15/2023	
04/17/2023	\$62.50	Provider of Service	04/17/2023	
05/15/2023	\$62.50	Provider of Service	05/15/2023	
06/15/2023	\$62.50	Provider of Service	06/15/2023	
07/17/2023	\$62.50	Provider of Service	07/17/2023	
08/15/2023	\$62.50	Provider of Service	08/15/2023	
09/15/2023	\$62.50	Provider of Service	09/15/2023	
10/16/2023	\$62.50	Provider of Service	10/16/2023	
02/13/2024	\$124.00	Provider of Service	02/13/2024	
Total				\$1,261.00

- Now that you have all documents saved to your computer, it's now time to merge those documents together before we upload them to OrthoFi. If you are using **Adobe Acrobat**, follow the instructions below.
- Open the Adobe Acrobat program and select **Combine Files**.



- You will have two options to combine the files: either drag and drop the files or add files by opening up your saved documents. You can move the documents and put them in any order. OrthoFi recommends the order you see below: Claim summary page by trace number followed by the Explanation of Benefits (EOB) Statement (for every patient). Select **COMBINE** and save the document as a PDF.



**You are now ready to upload your payment to OrthoFi!**

Visit the link below for a video tutorial on practice uploading.  
<https://www.youtube.com/watch?v=7Lj41OG9XA0>