@rtho**Fi**

Claims Communication Process

This document outlines where communication from OrthoFi's Claims team can be found and how to properly respond to these messages.

Overview:

- Messages from OrthoFi's Claims team will populate in the **OrthoFi Messages** filter on the Dashboard. Certain "Claims" category messages will direct practice users to submit and upload information via the Message Center.
- The **Resolve** button directs the user to the Insurance Summary Page (ISP) where the requested information can be provided.
- Potential "Claims" category requests in the Message Center include Info Requested From Practice, Payment Upload Requested from Practice, and Payment Upload Error Re-Upload Requested.
- Tasks appear in different colors on the ISP depending on who is assigned to them. The task is colored red when assigned to the practice, and the task is colored blue when assigned to OrthoFi.

Info Requested from Practice:

Message example:

						@rtho Fi				
Dashb	o <mark>oard</mark> > Ortho		O DENVER		•					
O F	rthoFi N	lessage	Center	ERS						
	Due Date \downarrow	Location	Category	Patient	Carrier	Message	Sent By	Related Link	Action	
	A PAST DUE 10/22/22	Denver	CLAIMS	Kathryn Murphy	Delta Dental of Indiana	The plan for this patient is requesting additional information to process the claim on file for your patient's treatment. Please provide X-Rays and a Clinical Narrative to submit to the carrier.	ltsamee Mahreeoh 10/20/2022		RESOLVE	
	O DUE TODAY 10/23/22	Denver	UNDERPAY	Kathryn Murphy	Blue Cross Blue Shield of Oklahoma	We have determined an insurance payment was issued to your practice location. MetLife issued payment for \$1,000.00 via check and \$1,000.00 by your practice on 10/1/22. Please upload the EOB to balance the account.	Itsamee Mahreeoh 10/20/2022		RESOLVE	



Practice steps:

- 1. Select the **Resolve** button.
- 2. Complete the information in the slideout on the right side of the ISP by:
 - a. Selecting a "Diagnosis"
 - b. Providing the requested information in the text box
 - c. Uploading a file (if applicable)

@rtho Fi					
DOB:	Kathryn Murphy > Insurance	> Delta Dental of Indiana			Practice Task: Info Requested × from Practice
Insurance ^	INSURANCE POLICY POLIC	CYTIMELINE			Complete the following information to resolve this task and remove it from this policy.
Exam Date 9/14/2022 Cigna Dental PRIMARY Delta Dental of Indiana	Delta Dental of secondary policy	Indiana 🛛		A	Diagnosis
SECONDARY	Practice Task: Info F The plan for this patient treatment. Please provi VIEW MORE	Requested from Practice t is requesting additional information to proc de X-Rays and a Clinical Narrative to submit t	ess the claim on file for your patient's o the carrier.		Note //
		POLICY IN CLAIMS	BENEFIT PAYMENTS Current Estimal	te \$ 2,000.00	SUBMIT
	Policy on track.	Appliance Placement Date and clain been verified.	n form have Remaining	\$ 706.64	CANCEL
	Exam	Eligibility	: Trea	atment	
	Exam Date 9/14/2022	Network Participation Policy Network In Network PPO	ork Type Total 6 - 1	Months in Treatment 2 months	

3. Select the **Submit** button. This will resolve the message from the Message Center.

Note: The ISP Policy Timeline will have a record of the message from OrthoFi and the response submitted by the practice via the slideout.

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★ Payment Upload Requested from Practice

Message example:

					@rtho Fi				
iboard > Ortho	Fi Message Ce	enter					O DENVER		
		CLEAR FILTE Category	Patient	Carrier	Message	Sent By	Related Link	Action	
▲ PAST DUE 10/22/22	Denver	CLAIMS	Kathryn Murphy	Delta Dental of Indiana	Helio. I am reaching out to you today in regards to a missing Kathryn Murphy. Data Dental of Indiana's policy. We confirm/ed the following payment 4123456789, for DOS 10/2021 was issued on 10/21/2021 for \$100.00. Please confirm if this payment was processed by your office by uploading the EOB. Please reach out if you have any questions. Thank you!	Itsamee Mahreeoh 10/20/2022	VIEW POLICY	RESOLVE	
© DUE TODAY 10/23/22	Denver	UNDERPAY	Kathryn Murphy	Blue Cross Blue Shield of Oklahoma	We have determined an insurance payment was issued to your practice location. MetLife issued payment for \$1,000.00 via check and \$1,000.00 by your practice on 10/1/22. Please upload the EOB to balance the account.	Itsamee Mahreeoh 10/20/2022		RESOLVE	
					We have reached metification that this matimate transmost				

Practice steps:

- 1. Select the **Resolve** button.
- 2. Select Upload Payment.



3. On the **New Insurance Payment / EOB Upload** page, upload the requested information.

New Insurance Payment / EOB Upload

1. Scan all pages of a single envelop 2. Drag and drop the resulting	e where the insurance payment / EOB includes an OrthoFi Patient file(s) containing all of the envelope contents inside this box
	OR
	Click to select multiple files
Back to List Save Changes	

4. Return to the ISP page to complete the remaining fields on the slideout, including selecting a "Diagnosis" and adding a note.

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DOB:	Kathryn Murphy > Insuranc	e > Delta Dental of Indiana				Practice Task: Payment × Upload Requested from
Incurance	INSURANCE POLICY P	DLICY TIMELINE				Practice
Exam Date 9/14/2022 Cigna Dental PRIMARY Deta Dental of Indiana SECONDARY	Delta Dental c secondary policy	f Indiana 🛛				Complete the following information to resolve this task and remove it from this policy.
SCONDAN	Practice Task: Pa Hello. I am reaching policy. We confirm/ \$100.00. Please cor out if you have any out VIEW.MORE	yment Upload Requested from F out to you today in regards to a miss ed the following payment #12345678 if/imr if this payment was processed b juestions. Thank you!	Practice ing Kathryn Murphy, Delta De 9, for DOS 10/2021 was issu yy your office by uploading th	ntal of Indi ed on 10/2 e EOB. Ple	ana's 1/2021 for ase reach	Diagnosis •
	Policy on track.	POLICY IN CLAIMS Claim Verified Appliance Placement Date been verified.	and claim form have	BENEFT Curre Recei	PAYMENTS nt Estimate \$ 2,000.00 ved \$ 1,293.36 ining \$ 706.64	SUBMIT CANCEL
	Exam	Eligibility		:	Treatment	
	Exam Date 9/14/2022 11:10 AM (MDT) Exam Type New Exam Result	Network Participation In Network Policy Effective Date 9/1/2019 Benefit Remaining \$2.000.00	Policy Network Type PPO Benefit Max \$2,000.00 Lifetime Coinsurance Percentage 50%		Total Months in Treatment 6 - 12 months	
	Treatment Recommended	Verification Status Complete 1/5/2023	Pre-Auth & Pre-D		Submission	

5. Select the **Submit** button. This will resolve the message from the Message Center.

Note: The ISP Policy Timeline will have a record of the message from OrthoFi and the response submitted by the practice via the slideout.

★ Practice Upload Error Re-Upload Requested

Message example:

MESSAGE CENTER	MESSAG	E ARCHIVE									
OrthoFi M	OrthoFi Message Center										
PRIORITY -	PRIORITY										
Due Date ↑	Location	Category	Patient	Carrier	Message	Sent By	Related Link	Action			
8/8/24	Elk Grove	CLAIMS	_	Delta Health Systems c/o Premier Access	The document uploaded was not the full bulk EOB. We are unable to allocate this payment due to missing pages. Please reupload with the full bulk EOB woladed all into one upload.	Megan Jacobson 8/1/24 3:08 PM		RESOLVE			

Practice steps:

- 1. Select the **Resolve** button.
- 2. Select Upload Payment.



h

3. On the **New Insurance Payment / EOB Upload** page, upload the requested information.

New Insurance Payment / EOB Upload

1. Scan all pages of a single envelope w 2. Drag and drop the resulting file	vhere the insurance payment / EOB includes an OrthoFi Patient a(s) containing all of the envelope contents inside this box
	OR
	Click to select multiple files
Back to List Save Changes >	

4. Return to the ISP page to complete the remaining fields on the slideout, including selecting a "Diagnosis" and if you were able to re-upload the payment..

SURANCE POLICY	POLICY TIMELINE PAYMENT HISTORY			Practice Task: Practice Upload × Error Re-Upload Requested
elta Health IMARY POLICY	n Systems c/o Premier Access Dei	ntal		task and remove it from this policy.
Practice Tas Requested The document to allocate this with the full ba	k: Practice Upload Error Re-Upload	Policy Details	Carrier Tel. (⊧ 422-€	Diagnosis Diagnosis I cannot re-upload the payment
OrthoFi Task	c: Confirm Practice Provided Information	Group Name UPS PLAN 7 NO MEDICAL	Group Number UPS PLAN 7	I re-uploaded the payment
	POLICY IN REMITTANCE	Subscriber ID	Subscriber SSN	
	Payment Received		*****- @	SUBMIT
icy on track.	Carrier pays continuation on a monthly basis. Payment not	Subscriber Address	Subscriber Name	CANCEL

5. Select the **Submit** button. This will resolve the message from the Message Center.

Note: The ISP Policy Timeline will have a record of the message from OrthoFi and the response submitted by the practice via the slideout.