



Today's Date: _____	
Staff Initials: _____	
PT Entered in Practice Mgmt Software?	<input type="checkbox"/>
PT Entered in OrthoFi?	<input type="checkbox"/>

PATIENT INFORMATION (Required Fields in Bold)

Name: _____ **M/F?:** ____ **DOB:** _____

PRIMARY CONTACT INFORMATION

Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone/Cell #: _____ **Home #:** _____

What's the best email to use to send new patient forms?

Email Address: _____

Do you have dental insurance that we can verify before your appointment?

SUBSCRIBER/INSURANCE INFORMATION

Subscriber Name: _____ **Relationship to PT:** _____

Subscriber DOB: _____ **Subscriber SSN#:** _____

Insurance Company: _____ **Marital Status:** _____

Group Plan #: _____ **Group Name:** _____

Employer Name: _____ **Subscriber ID #:** _____

Subscriber Address: (if different): _____

We're looking forward to meeting you on _____. You're going to love our office!

You'll be receiving an email and text message from OrthoFi with a link to register your account and fill out your patient forms. Is that something you can fill out before you come in?

Please arrive 15 minutes early to avoid delaying your appointment and to maximize your time with the doctor.

CONFIRMATION CALL CHECKLIST & SCRIPTING

Complete your confirmation calls *two days* prior to the patient's exam. Review OrthoFi dashboard prior to call!

- ✔ *Hi! This is _____ with _____ Orthodontics calling to confirm your appointment tomorrow at _____.*
- ✔ **If patient forms are complete:**
 - *Thanks so much for filling out your patient forms. We appreciate it!*
- ✔ **If patient forms are not complete:**
 - *It looks like we still need you to complete your patient forms so Dr. X has a chance to review before your appointment.*
 - *While I have you on the phone, could I grab your insurance information so we can have that ready before your appointment?*
 - Action -> [Pre-Populate Forms](#)
 - *It's important that we have those complete before the exam to maximize your time with the doctor. Would you like us to resend that email with the patient forms link?*
 - **To Update Patient's Email & Resend Welcome Email:**
 - Click Patient Primary Contact (PC) name twice, update email (if needed) and then save. Click Action-> [Resend Exam Email](#) if necessary.
- ✔ **If Insurance icon is orange (Unable to Verify):**
 - [Review notes on Eligibility Check Summary page](#) (click on insurance icon) and ask patient if they have an updated policy/info for us to check.
- ✔ *Please let us know if you have any questions between now and then, otherwise we will look forward to seeing you at _____.*