

New Patient and Exam Creation

1. Confirm the patient record does not already exist:

- Click the Patients tab on the navigation menu.
- Type the Patient Name under Patient Info and click Search
- The patient record will appear on the right if one exists.
- Click the +New Patient button if the patient is not already in OrthoFi.

Patients [+ New Patient](#) [+ Add Cloud9 Patient](#) [Integration Help Center](#)

③

Patient Info Showing 0 of 0 Results

① Patient Name

Email

Practice

②

Age	Location	Status	Additional Details	Upcoming	Follow-Up
No records found					

[Search](#)

2. Enter Patient Details:

- Select Practice Location
- First Name
- Last Name
- Date of Birth

NOTE:

After entering the Date of Birth, hit the **tab** key or click anywhere on the screen. If the patient is not a minor, a question will appear asking if the patient is their own primary contact. If so, select **"Yes."**



Patient Details

Please enter patient data. The patient's date of birth will determine how you enter the contact information.

Practice *
Elevation Orthodontics

Primary Practice Location *
Denver

First Name *
John

Last Name *
Doe

Date of Birth *
01/01/1990

Is the patient also the primary contact?

Yes No

3. Enter Primary Contact Info:

- Email Address
- First Name
- Last Name
- Phone Number

NOTE:

If the primary contact does not have an **email address**, you may check the box for: **“This person does not have an available email address.”** This will create a generic username.



Primary Contact Info

This person will be contacted about medical forms, practice announcements, and appointments.

Email Address *
jane.doe@orthofi.com

This person does not have an available email address

First Name *
Jane

Last Name *
Doe

Phone Number *
(123) 456-7890

Phone Number Type (select one):

Cell	Home	Work
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4. Enter Exam Details:

- Exam Type
- Exam Date
- Exam Time
- Treating Doctor
- Treatment Coordinator

NOTE:

Check **“This person does not need an exam”** if you are only adding this patient to OrthoFi to add a **Miscellaneous Charge**.



Exam Details

The exam information is tied to a patient's record and determines multiple processes, including follow-up.

This person does not need an exam

Exam Type (select one): * ?

New Patient	Observation	Recall Ready	Phase Two
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Exam Date *

Exam Time *
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Treating Doctor (select one): *


Dr. David Lerner ✓
Dr. Donna Lerner

Treatment Coordinator (select one): *
Barbara (Revised)

5. Email & Text:

Communication boxes will be checked to encourage patients to fill out forms in advance.

6. Click **“CREATE PATIENT”** to create the patient. The next step will be to add the patient’s insurance.



Next Step: Insurance

Adding patient insurance now means that eligibility can be verified before the patient gets to the office.

CREATE PATIENT

CANCEL

NOTE:

If the patient has an existing OrthoFi account at another practice, you will receive this pop-up message. Be sure to click **“Create Patient and Link Account”** so the patient can use this email address to log in to their OrthoFi account.

OrthoFi account using 'jane.doe@orthofi.com' exists at another practice.

Please determine if the primary contact would like to link this practice to their existing account so they can manage multiple orthodontic providers through one login. Otherwise, create a new patient account specifically for your practice with a different email address or username.

CREATE PATIENT AND LINK ACCOUNT

CREATE NEW ACCOUNT

7. Adding Insurance:

OrthoFi recommends gathering insurance information as part of the new patient phone call. This allows our team enough time to verify benefits before the patient’s exam and encourages higher conversion for patients who are recommended treatment. If you do not have insurance information or the patient cannot provide it on the phone call, click **Continue without Insurance** at the bottom of the screen.

8. Enter Subscriber Details:

- Select Subscriber
- Legal First Name
- Legal Last Name
- Date of Birth
- Gender
- Relationship to Patient
- Address
- If there is not an additional Insurance Policy to add, click **“SAVE INSURANCE.”**

Subscriber Address

Street Address *

Apt., ste., bldg., etc.

City *

State *

ZIP Code *



Dental Insurance

Please enter a valid dental insurance policy for the patient being added.

Dental Insurance Carrier *

Do you have additional insurance policies to add to this patient? *

Yes No

SAVE INSURANCE

CONTINUE WITHOUT INSURANCE

