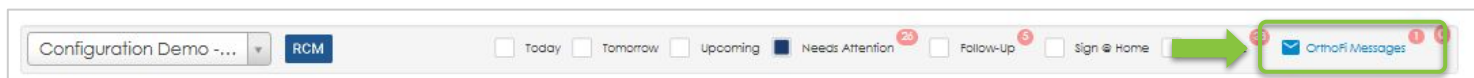


Claims Communication Process

How to find and respond to Claims Team messages requiring practice action.

Where to Find Claims Communication & Messages

Messages from OrthoFi's Claims Team will appear in the **Message Center**, accessible from the Dashboard by clicking the **OrthoFi Messages** filter.



Reviewing Claims Messages

In the **Message Center**, select **Claims** from the category filter to view Claims-related messages.

- The **Message** column provides details from the Claims Team, including any action required from the practice to resolve the claim issue.
- Tasks that require practice review or action may include providing missing information, following up on a claim, or meeting carrier-specific filing requirements.
- Click **RESOLVE** to open the claim in the **Insurance Summary Page (ISP)**, where you can provide the requested information or complete the required task.

Message Example:

Dashboard > OrthoFi Message Center

Practice Location
OrthoFi Labs - Denver

MESSAGE CENTER

MESSAGE ARCHIVE

MESSAGE CATEGORY

Priority

Category
Claims X

CLEAR FILTERS

Due Date ↑

Location

Category

Patient

Carrier

Message

Sent By

Related Link

Action

PAST DUE

4/10/2026

Denver

CLAIMS

Kathryn Murphy

CareFirst Blue Cross Blue Shield

Hello, Pre-Authorization is required for the service being submitted. Please confirm if a Pre-Authorization was submitted to the carrier for this patient's treatment. If the Pre-Auth was submitted and processed, upload the Pre-Auth to the OrthoFi System from your dashboard and then resolve this task. If you do not want to submit a Pre-Authorization, please resolve this task and confirm that no benefits are expected for this claim. Thank you.

Donalin Tumalak
4/3/2026 12:03 AM

VIEW POLICY

RESOLVE

PAST DUE

8/11/2026

Denver

CLAIMS

Hudson

Cigna DHMO

Hello, the carrier is asking for additional information in order to process the claim. Please provide the records date

Darwin Modina
8/4/2026 1:22 PM

VIEW POLICY

RESOLVE

OPEN ISP & COMPLETE TASK

Rows per page: 20

1-2 of 2

Resolving a Claim

In the **Message Center**, click **RESOLVE** next to the claim to open the claim in the **Insurance Summary Page (ISP)** and complete the requested task.

Tasks will appear in different colors on the ISP based on who they are assigned to:

- **Red** = Assigned to Practice
- **Blue** = Assigned to OrthoFi

NOTE: You can view messages from OrthoFi and your submitted responses in the **Policy Timeline** tab on the **ISP**.

Practice Task: Info Requested from Practice

Example Message:

Due Date ↓	Location	Category	Patient	Carrier	Message	Sent By	Related Link	Action
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.	Itsamee Mahreeh 10/20/2022	VIEW POLICY	RESOLVE

- On the ISP, click **RESOLVE** in the **Insurance Policy Summary** section at the top of the page.
- In the right-hand sidebar, provide the requested information. This may include:
 - Selecting a **Diagnosis**
 - Entering information in the text box
 - Uploading a file, if applicable

The screenshot shows the OrthoFi interface. On the left is a sidebar with navigation options: DOB, Ledger, Insurance (selected), Exam Date 9/14/2022, Cigna Dental PRIMARY, and Delta Dental of Indiana SECONDARY. The main content area displays the 'Delta Dental of Indiana' policy. A red banner at the top of the main content area reads 'Practice Task: Info Requested from Practice' with a 'RESOLVE' button. Below this, a 'Claim Verified' section shows 'Appliance Placement Date and claim form have been verified.' and a 'BENEFIT PAYMENTS' table:

BENEFIT PAYMENTS	
Current Estimate	\$ 2,000.00
Received	\$ 1,293.36
Remaining	\$ 706.64

On the right, a modal titled 'Practice Task: Info Requested from Practice' is open. It contains a 'Diagnosis' dropdown menu (labeled A), a 'Note' text box (labeled B), and an 'UPLOAD FILE' button (labeled C). At the bottom of the modal are 'SUBMIT' and 'CANCEL' buttons.

- Click **Submit**.

Submitting the task will resolve the message in the **Message Center** and send the claim back to OrthoFi's Claims Team.

Practice Task: Payment Upload Requested From Practice

Example Message:

Due Date	Location	Category	Patient	Carrier	Message	Sent By	Related Link	Action
PAST DUE 10/22/22	Denver	CLAIMS	Kathryn Murphy	Delta Dental of Indiana	Hello. I am reaching out to you today in regards to a missing Kathryn Murphy, Delta Dental of Indiana's policy. We confirm/ed the following payment #123456789, 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 Mahreech 10/20/2022	VIEW POLICY	RESOLVE

1. On the ISP, click **RESOLVE** in the **Insurance Policy Summary** section at the top of the page.
2. In the right-hand sidebar, click **UPLOAD PAYMENT**.

OrthoFi

DOB: [REDACTED]
Ledger
Insurance

Exam Date 9/14/2022
Cigna Dental PRIMARY
Delta Dental of Indiana SECONDARY

Kathryn Murphy > Insurance > Delta Dental of Indiana

INSURANCE POLICY POLICY TIMELINE

Delta Dental of Indiana
SECONDARY POLICY

Practice Task: Payment Upload Requested from Practice
Hello. I am reaching out to you today in regards to a missing Kathryn Murphy, Delta Dental of Indiana's policy. We confirm/ed the following payment #123456789, 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!
[VIEW MORE](#)

CLAIM VERIFIED
Appliance Placement Date and claim form have been verified.

POLICY IN CLAIMS

Policy on track.

BENEFIT PAYMENTS

Current Estimate	\$ 2,000.00
Received	\$ 1,293.36
Remaining	\$ 706.64

Practice Task: Payment Upload Requested from Practice
Complete the following information to resolve this task and remove it from this policy.

UPLOAD PAYMENT

Diagnosis

Note

SUBMIT
CANCEL

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 where the insurance payment / EOB includes an OrthoFi Patient

2. Drag and drop the resulting 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 to complete any remaining fields in the right-hand sidebar, including:
 - o Selecting a **Diagnosis**
 - o Adding a note, if needed

OrthoFi

DOB: [REDACTED]
Ledger
Insurance

Exam Date 9/14/2022
Cigna Dental PRIMARY
Delta Dental of Indiana SECONDARY

Kathryn Murphy > Insurance > Delta Dental of Indiana

INSURANCE POLICY POLICY TIMELINE

Delta Dental of Indiana
SECONDARY POLICY

Practice Task: Payment Upload Requested from Practice
Hello. I am reaching out to you today in regards to a missing Kathryn Murphy, Delta Dental of Indiana's policy. We confirm/ed the following payment #123456789, 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!
[VIEW MORE](#)

CLAIM VERIFIED
Appliance Placement Date and claim form have been verified.

POLICY IN CLAIMS

Policy on track.

BENEFIT PAYMENTS

Current Estimate	\$ 2,000.00
Received	\$ 1,293.36
Remaining	\$ 706.64

Practice Task: Payment Upload Requested from Practice
Complete the following information to resolve this task and remove it from this policy.

UPLOAD PAYMENT

Diagnosis

Note

SUBMIT
CANCEL

5. Click **Submit**.

Submitting the task will resolve the message in the **Message Center** and send the claim back to OrthoFi's Claims Team.

Practice Task: Payment Upload Error - Re-Upload Requested

Example Message:

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 Dental	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 uploaded all into one upload.	Megan Jacobson 8/1/24 3:08 PM	VIEW POLICY	RESOLVE

1. On the ISP, click **RESOLVE** in the **Insurance Policy Summary** section at the top of the page.
2. In the right-hand sidebar, click **UPLOAD PAYMENT**.

DOB: 5/1/2007 (Age 17)
Ledger
Insurance
Exam Date 9/27/2022
Delta Health Systems c/o Premier Access Dental
PRIMARY
Anthem Blue Cross (Texas)
DO NOT FILE

INSURANCE POLICY | POLICY TIMELINE | PAYMENT HISTORY

Delta Health Systems c/o Premier Access Dental
PRIMARY POLICY

Practice Task: Practice Upload Error Re-Upload Requested
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 uploaded all into one upload.

[RESOLVE](#)

OrthoFi Task: Confirm Practice Provided Information

POLICY IN REMITTANCE
Payment Received
Pending Next Payment
Policy on track. Carrier pays continuation on a monthly basis. Payment not

Policy Details
Carrier Tel. (422-4
Group Name: UPS PLAN 7 NO MEDICAL
Group Number: UPS PLAN 7
Subscriber ID
Subscriber SSN

Diagnosis
Note
[SUBMIT](#)
[CANCEL](#)

Practice Task: Practice Upload Error Re-Upload Requested
Complete the following information to resolve this task and remove it from this policy.
[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 envelope where the insurance payment / EOB includes an OrthoFi Patient
2. Drag and drop the resulting 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 to complete any remaining fields in the right-hand sidebar, including:
 - Selecting a **Diagnosis**
 - Noting if you were able to re-upload the payment.

INSURANCE POLICY | POLICY TIMELINE | PAYMENT HISTORY

Delta Health Systems c/o Premier Access Dental
PRIMARY POLICY

Practice Task: Practice Upload Error Re-Upload Requested
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 uploaded all into one upload.

[RESOLVE](#)

OrthoFi Task: Confirm Practice Provided Information

POLICY IN REMITTANCE
Payment Received
Pending Next Payment
Policy on track. Carrier pays continuation on a monthly basis. Payment not

Policy Details
Carrier Tel. (422-4
Group Name: UPS PLAN 7 NO MEDICAL
Group Number: UPS PLAN 7
Subscriber ID
Subscriber SSN

Diagnosis
I cannot re-upload the payment
I re-uploaded the payment
[SUBMIT](#)
[CANCEL](#)

Practice Task: Practice Upload Error Re-Upload Requested
Complete the following information to resolve this task and remove it from this policy.
[UPLOAD PAYMENT](#)

5. Click **Submit**.

Submitting the task will resolve the message in the **Message Center** and send the claim back to OrthoFi's Claims Team.