

Treatment & Network Details Page Overview

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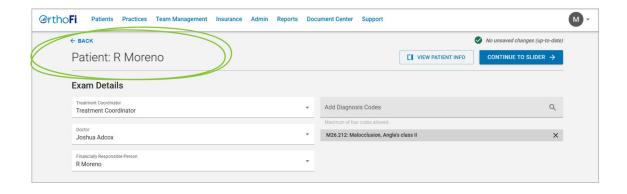
Before You Begin:

- To begin the treatment build process, make sure that the patient has completed forms and verified insurance.
- Review the Cheat Sheet and enter "Treatment Recommended" as the exam result.
- A real-time payment summary will be on the right side.
- TC + Doctor can't be changed after contract is signed.
- Your work automatically saves as you go

Page Header

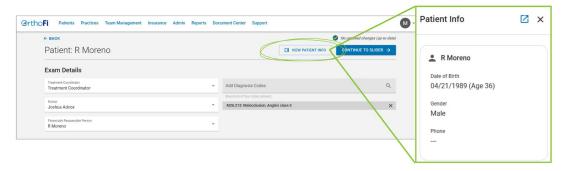
Header/Exam Details Section

• This section displays the **Patient Name** front and center, so you always know who you're working with.

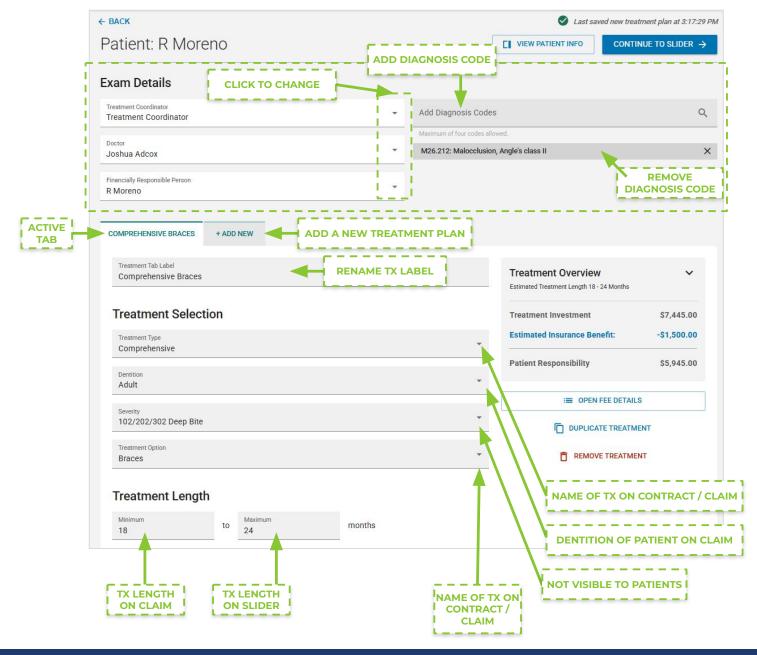


The header features two primary buttons:

- **Continue to Slider** Click this after setting up treatment options to direct the patient to the slider.
- **View Patient Details** Opens a side panel with key info, without leaving the page or exposing sensitive info when handing the device to patients.



Exam Details & Treatment Selection Overview



The Treatment Costs section is split into two areas:

- 1. **Treatment Fee:** This is the base fee for the orthodontic treatment, which includes:
 - a. The orthodontist's primary treatment code (e.g., comprehensive orthodontic treatment).
 - Any procedures included in the overall fee (e.g., records, retainers, etc.).
 Note: Included items reduce the base treatment fee, as their costs are already factored in.
- 2. **Additional Costs:** These are procedures or items not included in the Treatment Fee but bundled with the treatment plan. They will appear separately in the patient's financial agreement (e.g., whitening kits, retainer assurance).
 - a. To change an additional cost item into a treatment fee, select the checkbox next to the item.
 - b. To revert a treatment fee back to an additional cost, deselect the checkbox.

Click + ADD COSTS to add another line item to your treatment.



If iMaxX is available for the patient's treatment, iMaxX Selections will appear, displaying:

- Optimized recommendations for **Procedures Included in Tx Fee**.
- Any Billable Additional Costs that are available for selection.



Courtesies and Network Discounts are divided for clear distinction between the two items.

- **Courtesies**: Office-provided discounts (e.g., sibling or military discounts)
- **Network Discounts**: Applied automatically based on insurance carrier contracts

For instances in the legacy system where \$0 courtesies were used because percentage-based discounts couldn't be added, TCs have the following options for specifying the courtesy amount:

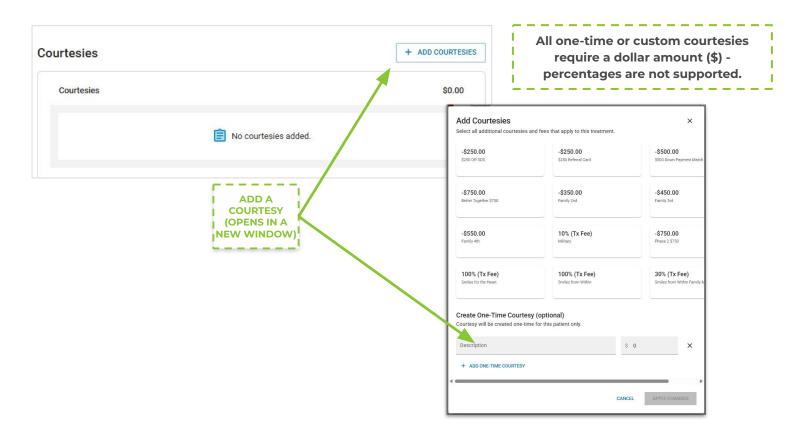
- Enter a specified dollar (\$) amount.
- Calculate a percentage-based courtesy and enter the corresponding \$ amount.
- Contact your OSM to update to a percentage-based discount (specify if it applies to the treatment fee only or total fee).

Note: All one-time or custom courtesies require a dollar amount (\$) - percentages are not supported.

The Estimated Insurance Benefits section displays Primary and Secondary Insurance separately, and includes:

- Eligibility Status
- Insurance Type
- Available Benefits
- Insurance Relationship
- Age Limit
- Assignment of Benefits
- Dropdown arrow for viewing insurance and benefit details

Note: If you edit or update your iMaxX selections after applying a courtesy, you must remove and reapply the courtesy to ensure the discount reflects the updated selections.

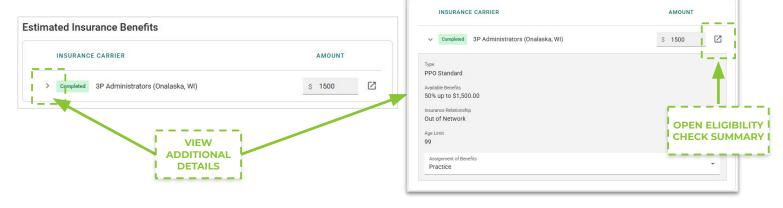


Courtesies, Network Discounts, & Estimated Insurance Benefits (Cont.)

OrthoFi estimated insurance benefits are calculated on this page based on the treatments selected, benefits verified by OrthoFi, and the Doctor's network relationships with specific carriers

- Total in-network discount is calculated by comparing your treatment fee with contracted rates by procedure code(s) added by you.
- It is your practice's responsibility to maintain your network agreement with carriers, and select additional costs, etc. per your network specifications.

OrthoFi software will not automatically adjust your treatment build by network.



Treatment Overview

Located at the right side of the Treatment Tab, the Treatment Overview section summarizes the selections of the previous sections and the information entered. Users can see the following information:

- Estimated Treatment Length
- Treatment Investment
- Discounts
- Estimated Insurance Benefit
- Patient Responsibility



- **Open Fee Details:** Select to review the specific details and fees of the treatment. Treatment Coordinators should review this section to ensure accuracy for CIGNA and DHMO carriers.
- Duplicate Treatment: Creates an editable of the active Treatment Tab.
- **Remove Treatment:** Deletes the active Treatment Tab.

All discounts, costs, and insurance estimates are updated in real time.

The Fee Details window has been updated to clearly communicate the relationship between discounts, procedures included in the fee, contracted rates, and network discounts.

To access it, users can click the **Fee Details** button located below the Treatment Overview.

Top Section:

- Treatment Fee Breakdown (New): This section outlines the base treatment fee and how any applied courtesies (e.g., discounts) reduce that amount. The result is the final Treatment Fee.
- Treatment Investment Breakdown: This section summarizes the total treatment cost, calculated as:

Treatment Fee + Additional Costs = Total Treatment Investment

➤ If the patient has insurance, the Estimated Insurance Benefit (if applicable) is subtracted from the Total Treatment Investment to determine the Patient Responsibility.

