

How to Update the Treating Dentist on an Unverified Claim

Job Aid

Overview

This document explains the process for updating the **Treating Dentist** on unverified claims. This functionality allows staff to make adjustments directly within OrthoFi, reducing delays and improving efficiency by eliminating the need to contact OrthoFi for support.

This is a location-level setting and is not enabled by default. Please contact your Orthodontic Success Manager (OSM) to have it activated for your location(s).

When to Use This Feature:

Use this feature if the **Exam Doctor** is not the same as the **Treating Dentist** on the claim form.

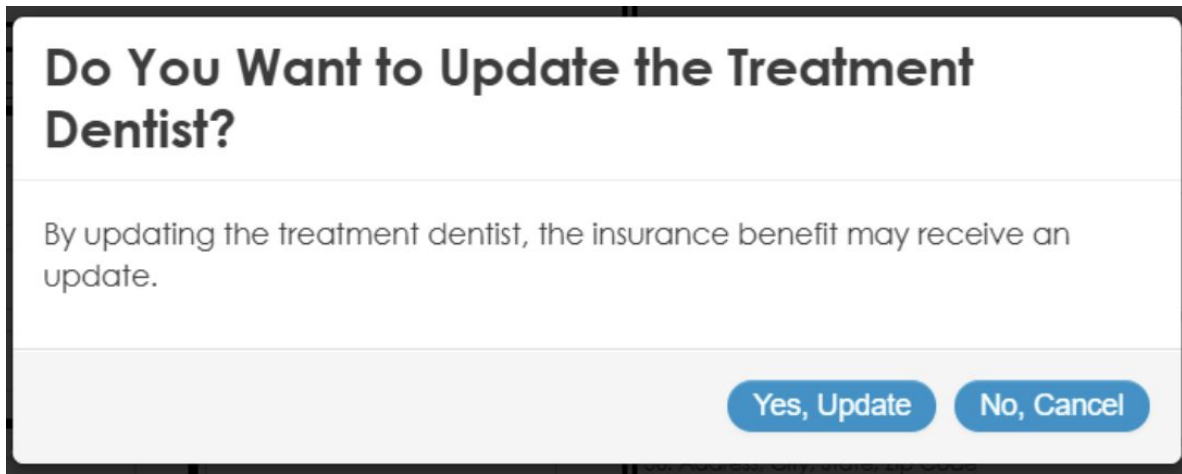
Steps to Update the Treating Dentist

1. Open the claim form in ISP for the patient with an unverified claim.
2. Locate Box 53 (Treating Dentist), and identify the dropdown menu with all doctors assigned to your practice location.

Authorizations 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X____Signature on File _____ 09/01/2025			40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input checked="" type="checkbox"/> Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY) 09/01/2025	
37. I hereby authorize and direct payment of the dental benefits otherwise payment to me, directly to OrthoFi, Inc. on behalf of (Practice Name). X____Signature on File _____ 09/01/2025 <input checked="" type="checkbox"/> Assignment Of Benefits Allowed.			42. Months of Treatment 12		43. Replacement of Prosthesis <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			44. Placement of Prior Placement (MM/DD/CCYY) _____			
			45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident			
			46. Date of Accident (MM/DD/CCYY) _____		47. Auto Accident State _____	
Billing Dentist or Dental Entity (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)						
48. Name, Address, City, State, Zip Code Teeth Town USA See 2 PO BOX 123 Miami FL 12345						
49. NPI #####		50. License Number _____		51. SSN or TIN 000000000		
52. Phone Number (000)123-4567			52a. Additional Provider ID _____			
Treating Dentist and Treatment Location Information						
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X____Signature on File _____ 09/01/2025						
Dr. Cranford Langley <input type="text" value=""/> Dr. John Smith Dr. Jane Doe				55. License Number AA0000		
123 Town Lane Miami FL 12345				56a. Provider Specialty Code 1234		
57. Phone Number (000)123-4567				58. Additional Provider ID _____		

Steps to Update the Treating Dentist (Cont.)

3. **Select the correct Treating Dentist** from the dropdown.
 - a. Boxes 54–55 will automatically update to reflect this change.
4. Upon making a change, you will see an **alert message** warning that changing the Treating Dentist may impact insurance benefits.



5. **Review and submit** the claim form once you've confirmed the correct Treating Dentist is selected.

Important Notes:

- This functionality is available only for unverified claims.
- Any updates to the Treating Dentist are logged for auditing purposes.
- The claims team will have a record showing that a treating dentist change was made.