

Verifying Claims

A step-by-step guide for reviewing and submitting claims to the OrthoFi Claims Team

Claims are pre-populated from the **Treatment Build page**, but certain fields require verification before sending to the insurance carrier.

Steps to Verify a Claim

- 1. Access the Claim:** Navigate to the Insurance filter of the Dashboard. When a patient's appliance placement date arrives, they will appear in this filter for claim verification.



- 2. Open the Claim:**
Click "Verify Claim."

Start Date	Est. Appliance Placement	Patient	Status	
08/23/2022 10:20 AM	8/23/2022	TEST, TMB	1	Verify Claim

- 3. Check Required Fields (highlighted in yellow):**
 - Box 24:** Procedure Date → The date the service occurred.
 - Box 29a:** Diagnosis Pointer → References Box 34a, indicating which diagnosis code applies to the service.
 - Box 34a:** Diagnosis Code(s) → The reason for treatment. Only 1 code is required, and up to 4 codes can be included.

Record of Services Provided						
24. Procedure Date (MM/DD/YYYY)	25. - 26. Tooth Details	27. Procedure Code	29a. Diag. Pointer	29b. QTY	30. Description	31. Fee
05/09/2022	Add Detail	D8090	A	1	Comprehensive orthodontic treatment of the adult dentition	6200.00
10/19/2022	Add Detail	D0330	B	1	Panorgraphic Radiographic Image	100.00 Delete
10/19/2022	Add Detail	D0340	B	1	Cephalometric Radiographic Image	75.00 Delete
10/19/2022	Add Detail	D0350	C	1	Oral/Facial photographic image obtained intraorally or extraorally	75.00 Delete
10/19/2022	Add Detail	D0470	D	1	Diagnostic Casts	150.00 Delete
Add Record						

33. Missing Teeth Information (Place an "X" on each missing tooth)		34. Diagnosis Code List Qualifier: B (ICD-9=8, ICD-10=AB)		31a. Other Fees	
<div> <div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</div> <div>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</div> </div>		34a. Diagnosis Code(s) M26.211 <input type="text" value="M26.36"/> View Summary (Priority Diagnosis in "A") B <input type="text" value="M26.24"/> <input type="text" value="G47.31"/> X		32. Total Fee 6600.00	

- 4. Finalize the Claim:** Enter your PIN or password, and choose either:
Submit Claim → If all dates of service are complete OR Save and Verify Later → If a future date of service is pending.

I verify that the information provided is correct.

Staff Pin / Password

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If there are future dates of service listed in box 24 of the claim.

If dates of service listed in box 24 of the claim is current day or in the past.

Save & Verify Later ▶

Submit Claim ▶