

OrthoFi Solutions

PURPOSE: PROVIDE OUR TEAM WITH A PROCESS TO SUBMIT ORTHOFI ISSUES SO THAT WE CAN TRACK AND FACILITATE SOLUTIONS

HOW: **SUBMIT ORTHOSOLUTIONS FORM**

WHEN TO USE:

- BENEFITS NOT VERIFIED (NO MISSING PATIENT INFO)
- VERIFICATION ERROR
- BENEFITS VERIFIED, NETWORK DISCOUNT NOT ATTACHED
- ORTHOFI WEBSITE DOWN
- ORTHOFI SYNCING ISSUES WITH DOLPHIN (NOT INTERNET ISSUE RELATED)
- PATIENT UNABLE TO SIGN/START CONTRACT FROM HOME OR IN OFFICE (NO MISSING PT INFO)
- ISSUES REACHING ORTHOFI SUPPORT*

WHEN NOT TO USE:

- ADDING A PATIENT
- TAKING A PAYMENT
- STARTING A CONTRACT
- VERIFICATION NOT COMPLETE FOR LAST MINUTE ADD ON PATIENT
- INTERNET DOWN IN OFFICE (CONTACT ITHELPDESK)
- BENEFITS NOT VERIFIED DUE TO MISSING PATIENT INFO
- PATIENT UNABLE TO SIGN/START FROM HOME OR IN OFFICE DUE TO MISSING PATIENT INFO
- UNSURE HOW TO DO SOMETHING

INCLUDE IN EACH SUBMISSION:

- SUBJECT LINE: LOCATION- ISSUE OVERVIEW
- PATIENT LOCATION
- PATIENT NAME
- ORTHOFI ACCOUNT #
- SPECIFIC EXAMPLE OF ISSUE/CONCERN

***IF ABOUT REACHING ORTHOFI SUPPORT PLEASE ALSO:**

- ONLY SEND ISSUES REACHING ORTHOFI SUPPORT ONCE WEEKLY IN A SINGLE FORM
- IF ISSUE IS OCCURRING FREQUENTLY (DAILY) PLEASE SEND THE DAY THIS OCCURS
- PROVIDE DATE, TIME CALL WAS MADE AND CALL WAIT TIME