OrthoFi

Miscellaneous Charges Overview

How to create a miscellaneous charge in OrthoFi.

When should I use a Miscellaneous Charge?

Use a Miscellaneous Charge when you need to collect payment for a one-time item that is **not part of a patient's treatment contract or payment plan**, such as:

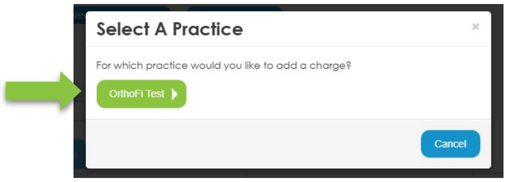
- Appliances
- Replacement retainers
- One-time fees
- Retail purchases
- Other non-contract charges

Note: Miscellaneous Charges are **not** supported by OrthoFi's Collections Team.

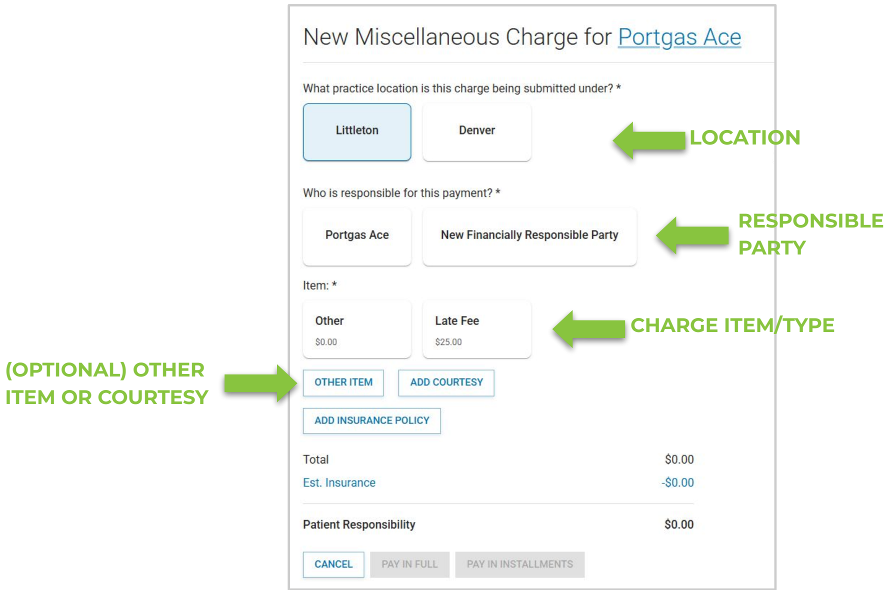
How to Create a Miscellaneous Charge

1. Open the Patient Detail page, and click **New Misc Charge**.

2. Select the **practice** for which you would like to add the charge.

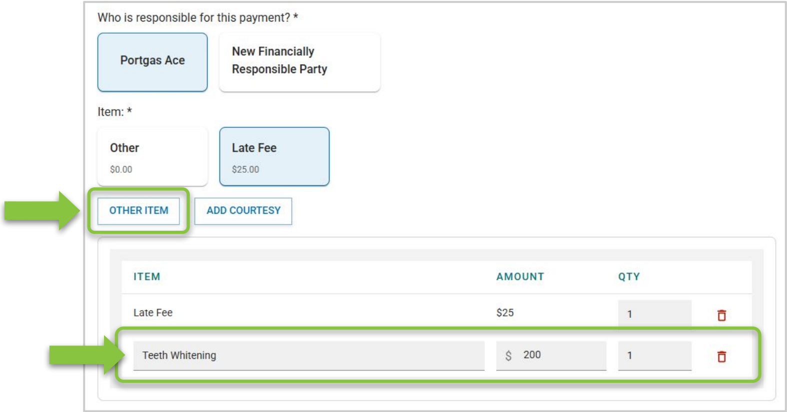


3. Select **location**, **responsible party** for payment, and the miscellaneous charge item.

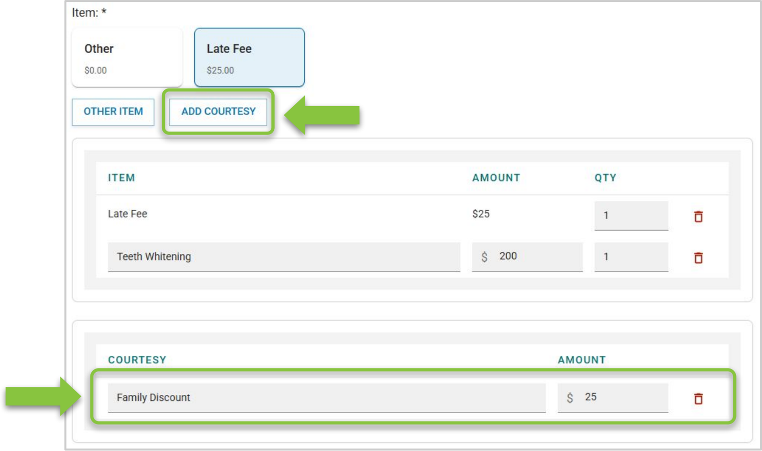


How to Create a Miscellaneous Charge (Cont.)

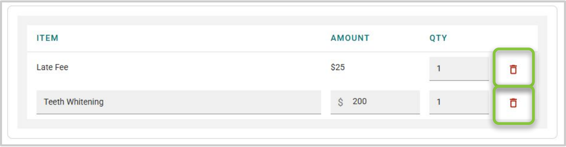
4. (Optional) To add a charge not listed, click **Other Item**
    a. Write the item name, add the amount, and quantity for the charge.



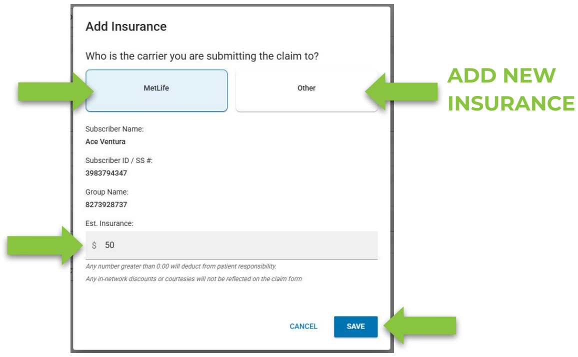
5. (Optional) To add a courtesy discount, click **Add Courtesy**
    a. Write the courtesy name and amount



6. To remove a charge item, other item, or courtesy, click the red trash icon next to any line item

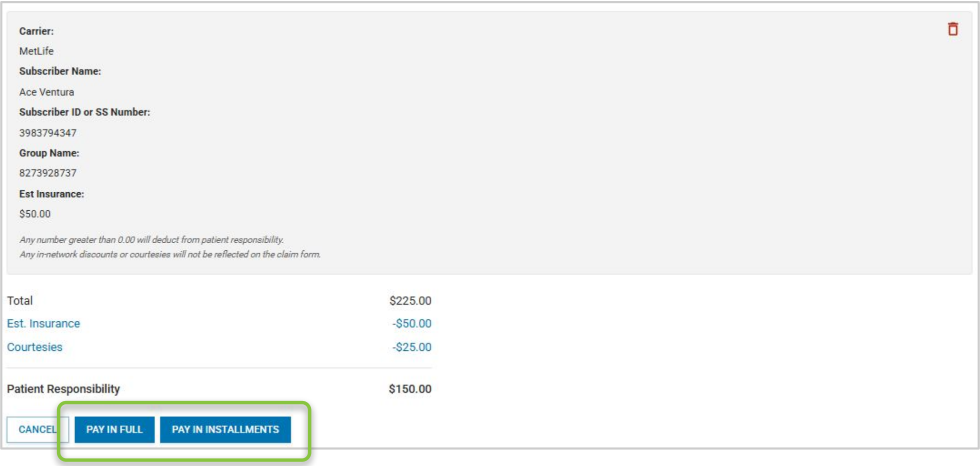


7. (Optional) To add an insurance policy to the charge, click **Add Insurance Policy.**
To add insurance after charge has been submitted, see [Add Insurance for a Miscellaneous Charge](#).
    a. Select an existing carrier in the pop-up that appears, or select Other to select a new carrier.
    b. Enter the **estimated insurance benefit**, then click **Save**.



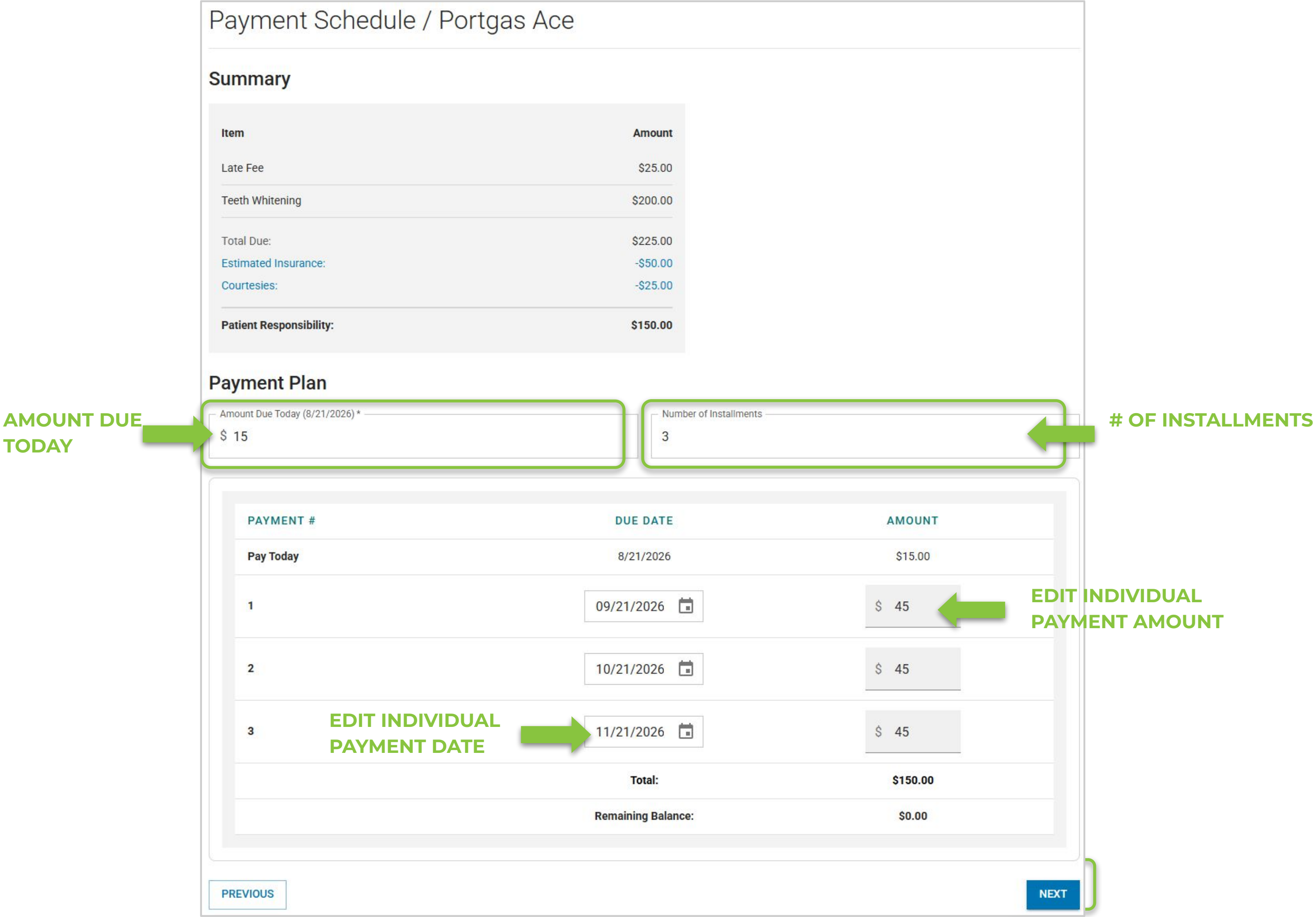
How to Create a Miscellaneous Charge (Cont.)

8. Click either **Pay in Full** or **Pay in Installments** to set up a payment plan.



a. **Pay in Full:**
   i. If you select **Pay in Full,** you will be directed to the **Make a Payment** page.
   ii. Select an existing payment method or add a new one, and complete the payment process.

b. **Pay in Installments:**
   i. Click **Pay in Installments** to be directed to the **Payment Schedule** page.
   ii. Add an optional amount for **Amount Due Today**
   iii. Select the **Number of Installments**
   iv. Optionally edit any payment dates or individual payment amounts, then click **Next**

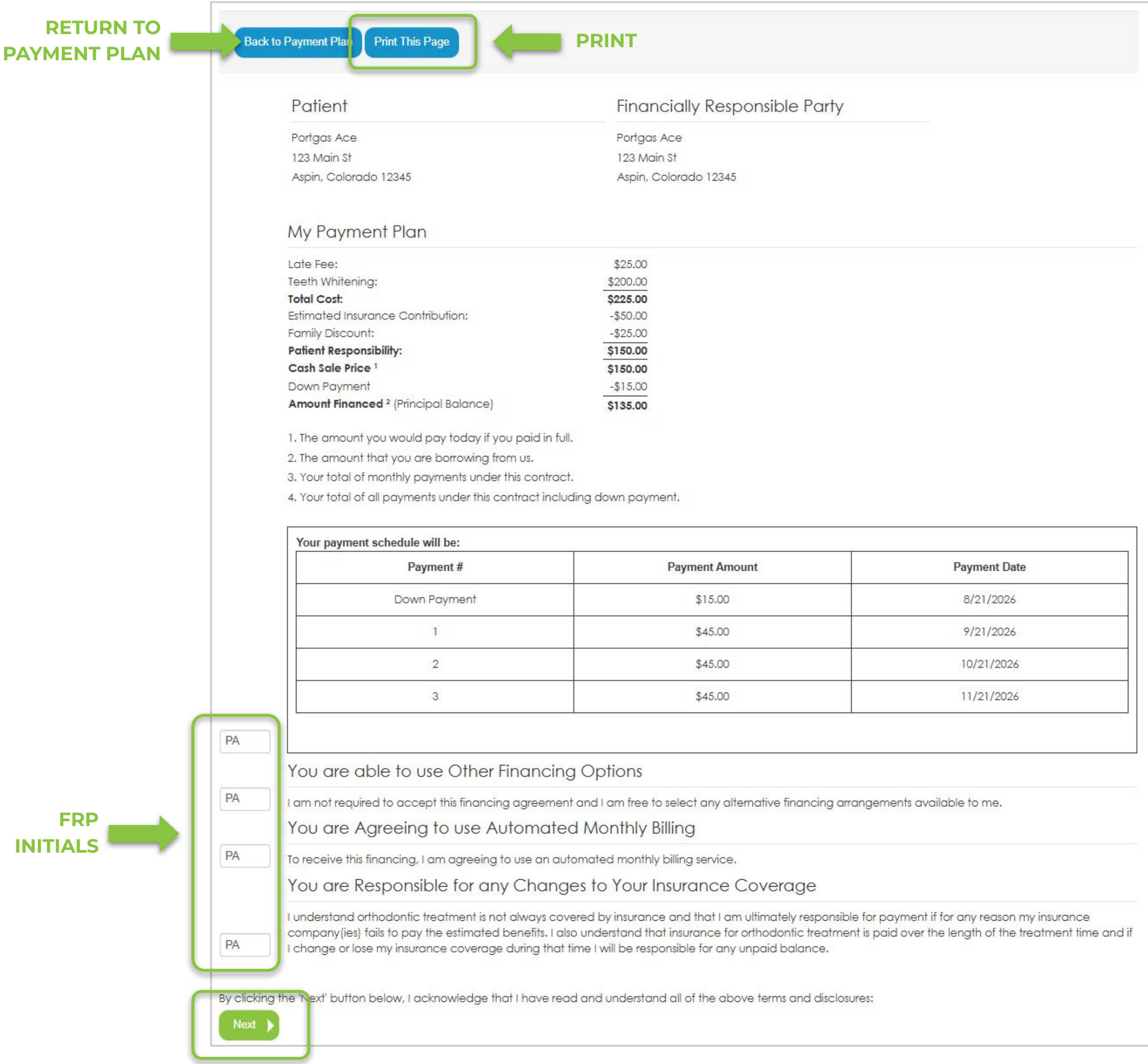


b. Pay in Installments (Cont):

v. Optionally print the payment plan to the patient, print via the **Print This Page** button

vi. The FRP **initials** in required sections

vii. Click **Next** to continue



Patient

Portgas Ace
123 Main St
Aspin, Colorado 12345

Financially Responsible Party

Portgas Ace
123 Main St
Aspin, Colorado 12345

My Payment Plan

Late Fee:	$25.00
Teeth Whitening:	$200.00
Total Cost:	**$225.00**
Estimated Insurance Contribution:	-$50.00
Family Discount:	-$25.00
Patient Responsibility:	**$150.00**
Cash Sale Price [1]	**$150.00**
Down Payment	-$15.00
Amount Financed [2] (Principal Balance)	**$135.00**

1. The amount you would pay today if you paid in full.
2. The amount that you are borrowing from us.
3. Your total of monthly payments under this contract.
4. Your total of all payments under this contract including down payment.

Your payment schedule will be:

Payment #	Payment Amount	Payment Date
Down Payment	$15.00	8/21/2026
1	$45.00	9/21/2026
2	$45.00	10/21/2026
3	$45.00	11/21/2026

You are able to use Other Financing Options

I am not required to accept this financing agreement and I am free to select any alternative financing arrangements available to me.

You are Agreeing to use Automated Monthly Billing

To receive this financing, I am agreeing to use an automated monthly billing service.

You are Responsible for any Changes to Your Insurance Coverage

I understand orthodontic treatment is not always covered by insurance and that I am ultimately responsible for payment if for any reason my insurance company(ies) fails to pay the estimated benefits. I also understand that insurance for orthodontic treatment is paid over the length of the treatment time and if I change or lose my insurance coverage during that time I will be responsible for any unpaid balance.

By clicking the 'Next' button below, I acknowledge that I have read and understand all of the above terms and disclosures:

viii. Review the contract, gather required **signatures** and acknowledgments.

ix. Enter the **staff pin**, then click **Sign Document** to submit the miscellaneous charge.

By electronically signing below, I acknowledge that I have read and understand all of the above terms and disclosures:

Signer

Financially Responsible Party: Portgas Ace

To Be Completed by the Practice Witness

Who is signing this document?

Portgas Ace
Someone Else

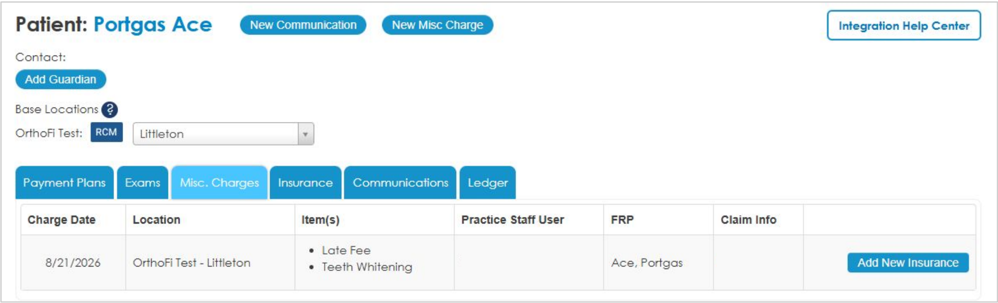
Staff Pin / Password

By clicking 'Sign Document' I confirm that this is Portgas Ace.

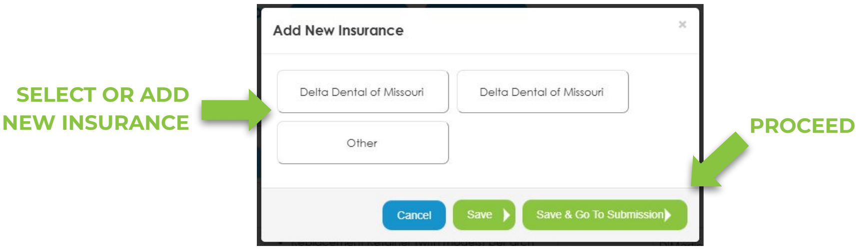
Add Insurance for a Previously Submitted Miscellaneous Charge

> **NOTE:** Click **SAVE AND EXIT** at any point during the claim-building process to save your progress and return to the claim at a later date.

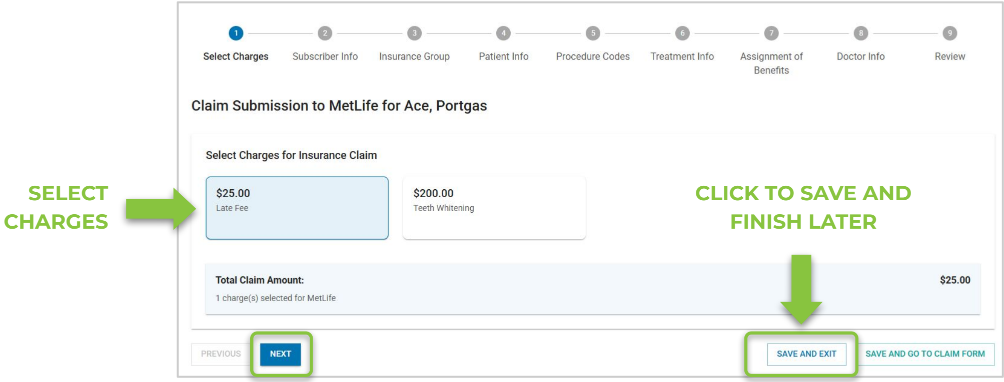
1. Open the **Patient Detail page** and select the **Misc Charges** tab.
2. Locate the miscellaneous charge and click **Add New Insurance**.



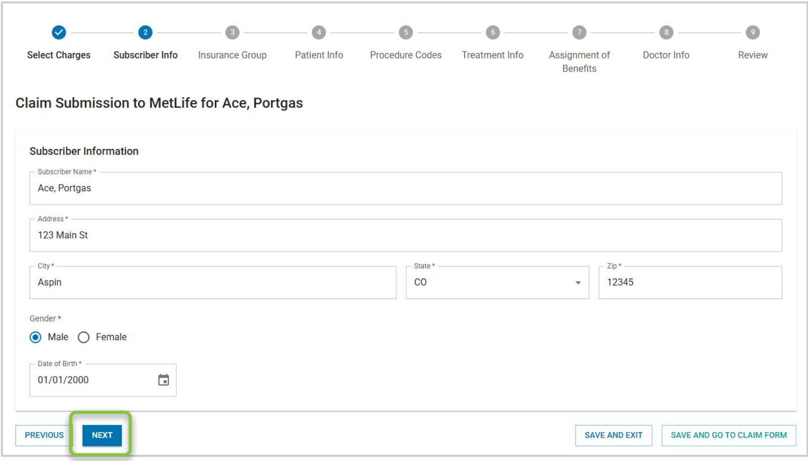
3. **Select a carrier**, or click **Other** to add a new carrier, then select the carrier from the dropdown.
4. Click **Save & Go To Submission**.



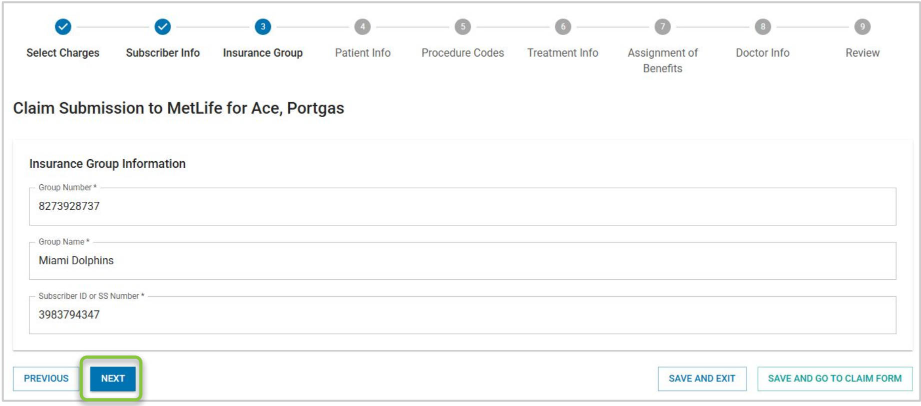
5. Select all charges to include on the insurance claim, then click **NEXT**.



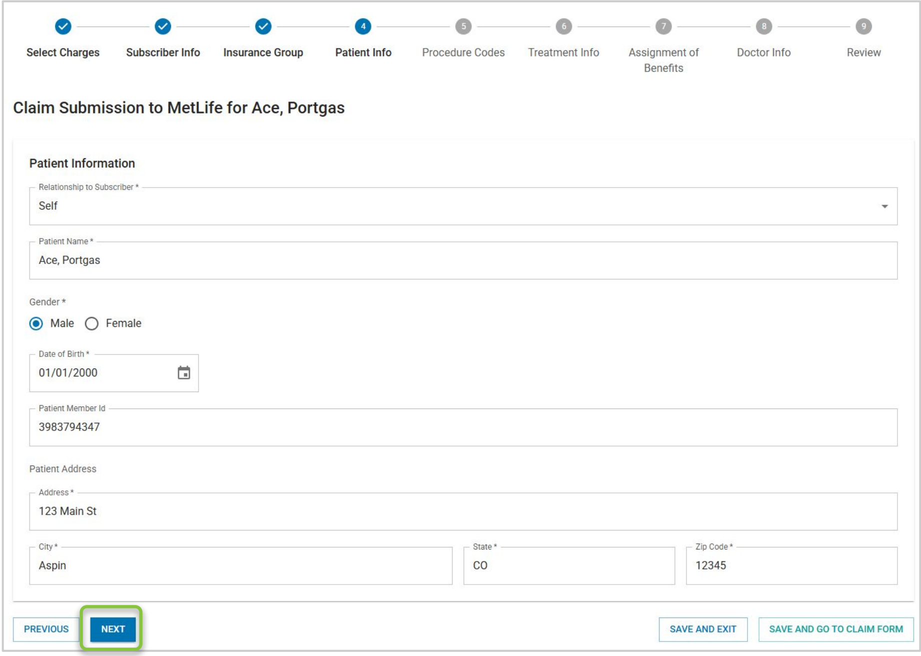
6. Enter or review the subscriber's name, address, gender, and DOB, then click **NEXT**.



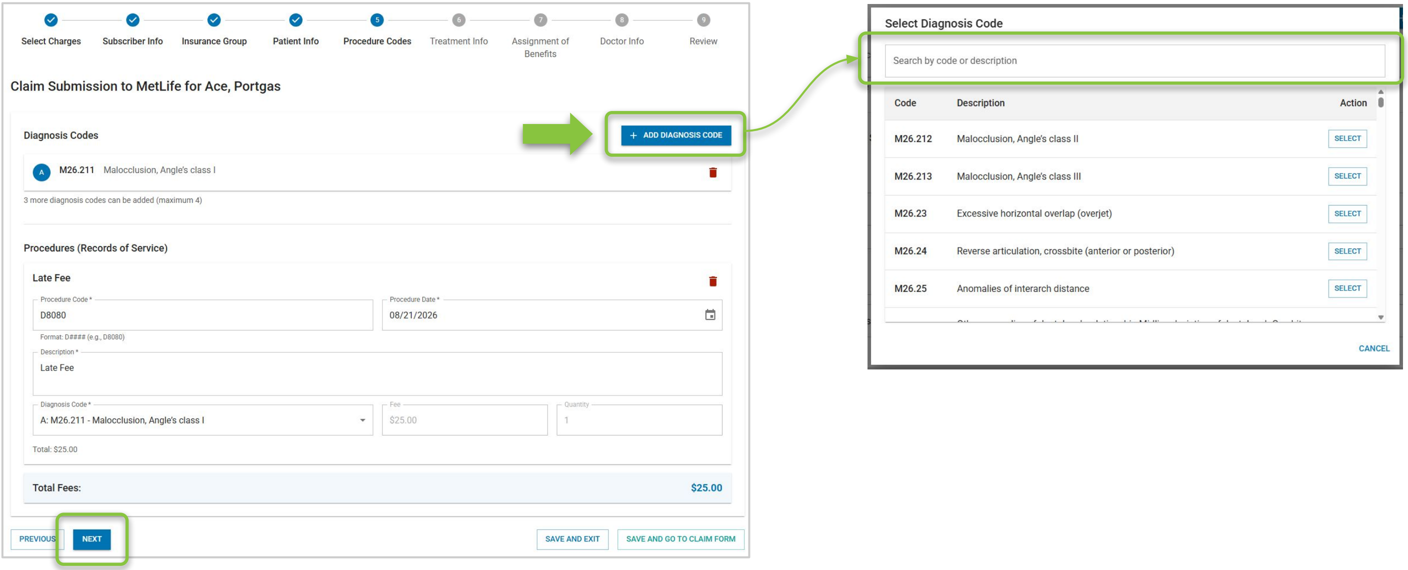
7. Enter the insurance group information, including the Group Number, Group Name, and Subscriber ID or Social Security Number, then click **NEXT**.



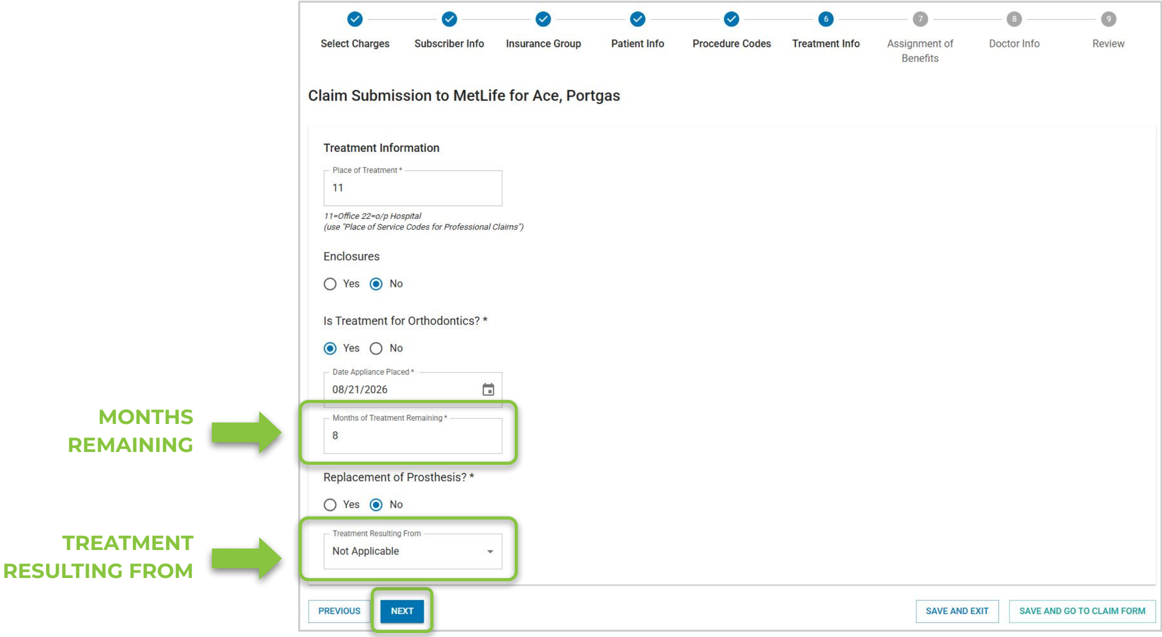
8. Enter the patient's information, including their relationship to the subscriber, then click **NEXT**.



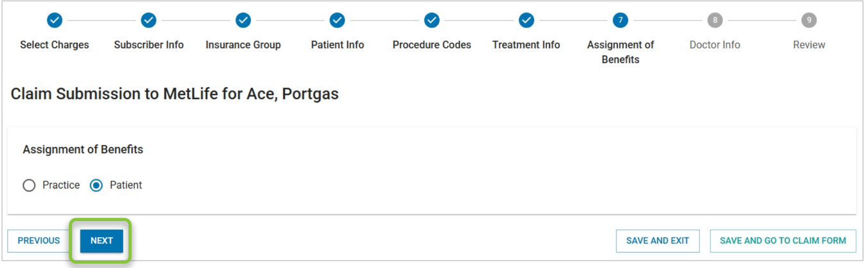
9. Add any diagnosis codes by clicking **ADD DIAGNOSIS CODE** and selecting an option from the pop-up.
10. Review or edit the Procedures (Records of Service), then click **NEXT**.



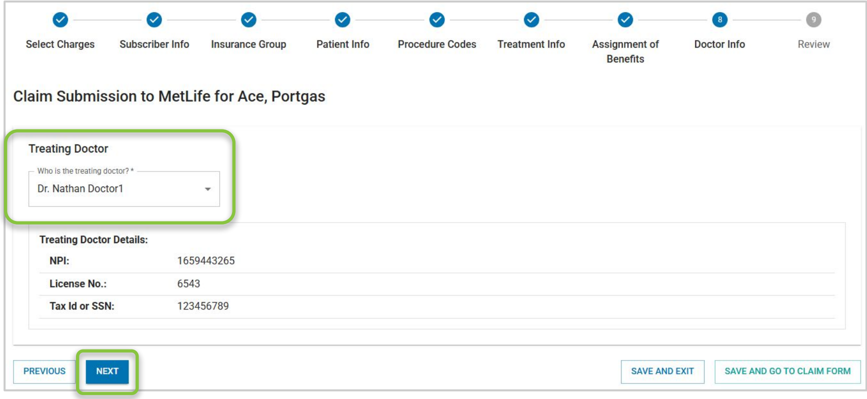
11. Review or edit the Treatment Information, enter the Months of Treatment Remaining, and select an option for the Treatment Resulting From field, then click **NEXT**.



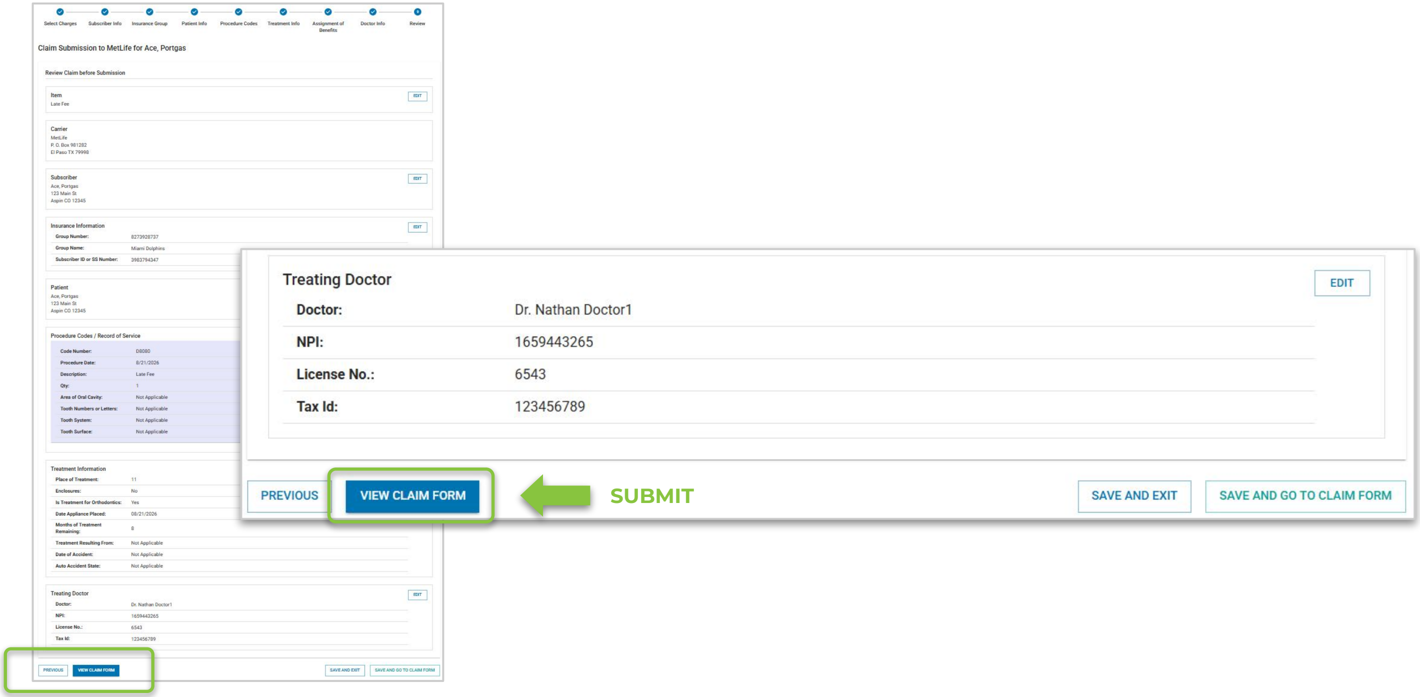
12. Select **Practice** or **Patient** for the Assignment of Benefits, then click NEXT.



13. Select the **Treating Doctor**, then click **NEXT**.

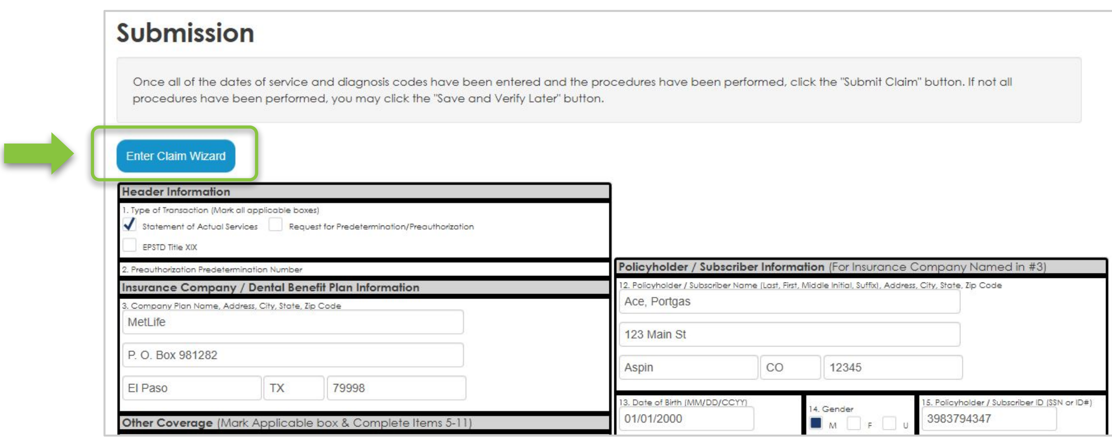


14. Review the Claim Submission details to ensure the information is correct, then click **VIEW CLAIM FORM to submit the claim** and view the submitted claim details.



15. To return to the claim-building process, click **Enter Claim Wizard**. You can also access the claim from the Patient Detail page by selecting the **Misc Charges** tab and clicking **View** in the Claim Info column.

Claim Form



Patient Details Page