

# 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**.

Patient: **Portgas Ace** [New Communication](#) [New Misc Charge](#)

Contact: [Add Guardian](#)

Base Locations [?](#)

OrthoFi Test: [RCM](#) [Littleton](#)

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

Select A Practice

For which practice would you like to add a charge?

[OrthoFi Test](#) [Cancel](#)

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

New Miscellaneous Charge for **Portgas Ace**

What practice location is this charge being submitted under? \*

[Littleton](#) [Denver](#)

Who is responsible for this payment? \*

[Portgas Ace](#) [New Financially Responsible Party](#)

Item: \*

[Other](#) [Late Fee](#)

[OTHER ITEM](#) [ADD COURTESY](#)

[ADD INSURANCE POLICY](#)

Total \$0.00

Est. Insurance -\$0.00

Patient Responsibility \$0.00

[CANCEL](#) [PAY IN FULL](#) [PAY IN INSTALLMENTS](#)

## 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.

Who is responsible for this payment? \*

Portgas Ace New Financially Responsible Party

Item: \*

Other \$0.00 Late Fee \$25.00

OTHER ITEM ADD COURTESY

| ITEM            | AMOUNT | QTY |
|-----------------|--------|-----|
| Late Fee        | \$25   | 1   |
| Teeth Whitening | \$ 200 | 1   |

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

Item: \*

Other \$0.00 Late Fee \$25.00

OTHER ITEM ADD COURTESY

| ITEM            | AMOUNT | QTY |
|-----------------|--------|-----|
| Late Fee        | \$25   | 1   |
| Teeth Whitening | \$ 200 | 1   |

| COURTESY        | AMOUNT |
|-----------------|--------|
| Family Discount | \$ 25  |

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

| COURTESY        | AMOUNT |
|-----------------|--------|
| Family Discount | \$ 25  |

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**.

ADD INSURANCE POLICY

Add Insurance

Who is the carrier you are submitting the claim to?

MetLife Other

Subscriber Name: Ace Ventura  
Subscriber ID / SS #: 3983794347  
Group Name: 8278928737  
Est. Insurance: \$ 50

Any number greater than 0.00 will deduct from patient responsibility.  
Any in-network discounts or courtesies will not be reflected on the claim form.

CANCEL SAVE

ADD NEW INSURANCE

## How to Create a Miscellaneous Charge (Cont.)

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

**Carrier:**  
MetLife

**Subscriber Name:**  
Ace Ventura

**Subscriber ID or SS Number:**  
3983794347

**Group Name:**  
8273928737

**Est Insurance:**  
\$50.00

Any number greater than 0.00 will deduct from patient responsibility.  
Any in-network discounts or courtesies will not be reflected on the claim form.

|                        |          |
|------------------------|----------|
| Total                  | \$225.00 |
| Est. Insurance         | -\$50.00 |
| Courtesies             | -\$25.00 |
| Patient Responsibility | \$150.00 |

CANCELPAY IN FULLPAY IN INSTALLMENTS

**a. Pay in Full:**

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

**b. Pay in Installments:**

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

Payment Schedule / Portgas Ace

**Summary**

| Item                    | Amount   |
|-------------------------|----------|
| Late Fee                | \$25.00  |
| Teeth Whitening         | \$200.00 |
| Total Due:              | \$225.00 |
| Estimated Insurance:    | -\$50.00 |
| Courtesies:             | -\$25.00 |
| Patient Responsibility: | \$150.00 |

**Payment Plan**

Amount Due Today (8/21/2026) \*

\$ 15

Number of Installments

3

AMOUNT DUE TODAY

# OF INSTALLMENTS

| PAYMENT #          | DUE DATE   | AMOUNT                                          |
|--------------------|------------|-------------------------------------------------|
| Pay Today          | 8/21/2026  | \$15.00                                         |
| 1                  | 09/21/2026 | \$ 45 <div>EDIT INDIVIDUAL PAYMENT AMOUNT</div> |
| 2                  | 10/21/2026 | \$ 45                                           |
| 3                  | 11/21/2026 | \$ 45                                           |
| Total:             |            | \$150.00                                        |
| Remaining Balance: |            | \$0.00                                          |

EDIT INDIVIDUAL PAYMENT DATE

PREVIOUS

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

RETURN TO  
PAYMENT PLAN

Back to Payment Plan

Print This Page

PRINT

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        |
| <b>Total Cost:</b>                                      | <b>\$225.00</b> |
| Estimated Insurance Contribution:                       | -\$50.00        |
| Family Discount:                                        | -\$25.00        |
| <b>Patient Responsibility:</b>                          | <b>\$150.00</b> |
| <b>Cash Sale Price <sup>1</sup></b>                     | <b>\$150.00</b> |
| Down Payment                                            | -\$15.00        |
| <b>Amount Financed <sup>2</sup> (Principal Balance)</b> | <b>\$135.00</b> |

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   |

PA

PA

PA

PA

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

Next

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.

- 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

Portgas D. Ace

Financially Responsible Party: Portgas Ace

To Be Completed by the Practice Witness

Who is signing this document?

☒ Portgas Ace  
☐ Someone Else

Portgas D. Ace

Staff Pin / Password

\*\*\*\*\*

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

Sign Document

STAFF  
PIN

## 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**.

Patient: **Portgas Ace** [New Communication](#) [New Misc Charge](#) [Integration Help Center](#)

Contact:  
[Add Guardian](#)

Base Locations: [?](#)  
OrthoFi Test: **RCM**

[Payment Plans](#) [Exams](#) [Misc. Charges](#) [Insurance](#) [Communications](#) [Ledger](#)

| Charge Date | Location                 | Item(s)                                                                          | Practice Staff User | FRP          | Claim Info                        |
|-------------|--------------------------|----------------------------------------------------------------------------------|---------------------|--------------|-----------------------------------|
| 8/21/2026   | OrthoFi Test - Littleton | <ul style="list-style-type: none"><li>Late Fee</li><li>Teeth Whitening</li></ul> |                     | Ace, Portgas | <a href="#">Add New Insurance</a> |

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**.

**Add New Insurance**

[Delta Dental of Missouri](#) [Delta Dental of Missouri](#)

[Other](#)

[Cancel](#) [Save](#) [Save & Go To Submission](#)

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

**Claim Submission to MetLife for Ace, Portgas**

Select Charges for Insurance Claim

**\$25.00**  
Late Fee

**\$200.00**  
Teeth Whitening

Total Claim Amount: **\$25.00**  
1 charge(s) selected for MetLife

[PREVIOUS](#) [NEXT](#) [SAVE AND EXIT](#) [SAVE AND GO TO CLAIM FORM](#)

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

**Claim Submission to MetLife for Ace, Portgas**

Subscriber Information

Subscriber Name\*  
Ace, Portgas

Address\*  
123 Main St

City\*  
Aspin

State\*  
CO

Zip\*  
12345

Gender\*  
☒ Male ☐ Female

Date of Birth\*  
01/01/2000

[PREVIOUS](#) [NEXT](#) [SAVE AND EXIT](#) [SAVE AND GO TO CLAIM FORM](#)

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

Progress bar: 1. Select Charges (checked), 2. Subscriber Info (checked), 3. Insurance Group (active), 4. Patient Info, 5. Procedure Codes, 6. Treatment Info, 7. Assignment of Benefits, 8. Doctor Info, 9. Review

**Claim Submission to MetLife for Ace, Portgas**

**Insurance Group Information**

Group Number \*  
8273928737

Group Name \*  
Miami Dolphins

Subscriber ID or SS Number \*  
3983794347

PREVIOUS **NEXT** SAVE AND EXIT SAVE AND GO TO CLAIM FORM

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

Progress bar: 1. Select Charges (checked), 2. Subscriber Info (checked), 3. Insurance Group (checked), 4. Patient Info (active), 5. Procedure Codes, 6. Treatment Info, 7. Assignment of Benefits, 8. Doctor Info, 9. Review

**Claim Submission to MetLife for Ace, Portgas**

**Patient Information**

Relationship to Subscriber \*  
Self

Patient Name \*  
Ace, Portgas

Gender \*  
☒ Male ☐ Female

Date of Birth \*  
01/01/2000

Patient Member Id  
3983794347

Patient Address

Address \*  
123 Main St

City \*  
Aspin

State \*  
CO

Zip Code \*  
12345

PREVIOUS **NEXT** SAVE AND EXIT SAVE AND GO TO CLAIM FORM

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**.

Progress bar: 1. Select Charges (checked), 2. Subscriber Info (checked), 3. Insurance Group (checked), 4. Patient Info (checked), 5. Procedure Codes (active), 6. Treatment Info, 7. Assignment of Benefits, 8. Doctor Info, 9. Review

**Claim Submission to MetLife for Ace, Portgas**

**Diagnosis Codes**

M26.211 Malocclusion, Angle's class I

3 more diagnosis codes can be added (maximum 4)

**Procedures (Records of Service)**

**Late Fee**

Procedure Code \*  
D8080

Procedure Date \*  
08/21/2026

Format: D### (e.g. 08080)

Description \*

Late Fee

Diagnosis Code \*  
A: M26.211 - Malocclusion, Angle's class I

Fee  
\$25.00

Quantity  
1

Total: \$25.00

**Total Fees: \$25.00**

PREVIOUS **NEXT** SAVE AND EXIT SAVE AND GO TO CLAIM FORM

**Select Diagnosis Code**

Search by code or description

| Code    | Description                                             | Action                 |
|---------|---------------------------------------------------------|------------------------|
| M26.212 | Malocclusion, Angle's class II                          | <a href="#">SELECT</a> |
| M26.213 | Malocclusion, Angle's class III                         | <a href="#">SELECT</a> |
| M26.23  | Excessive horizontal overlap (overjet)                  | <a href="#">SELECT</a> |
| M26.24  | Reverse articulation, crossbite (anterior or posterior) | <a href="#">SELECT</a> |
| M26.25  | Anomalies of interarch distance                         | <a href="#">SELECT</a> |

CANCEL

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**.

MONTHS REMAINING →

TREATMENT RESULTING FROM →

Claim Submission to MetLife for Ace, Portgas

**Treatment Information**

Place of Treatment \*

11

11=Office 22=O/p Hospital  
(use \*Place of Service Codes for Professional Claims)

Enclosures

☐ Yes ☒ No

Is Treatment for Orthodontics? \*

☒ Yes ☐ No

Date Appliance Placed \*

08/21/2026

Months of Treatment Remaining \*

8

Replacement of Prosthesis? \*

☐ Yes ☒ No

Treatment Resulting From

Not Applicable

PREVIOUS NEXT SAVE AND EXIT SAVE AND GO TO CLAIM FORM

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

Claim Submission to MetLife for Ace, Portgas

**Assignment of Benefits**

☐ Practice ☒ Patient

PREVIOUS NEXT SAVE AND EXIT SAVE AND GO TO CLAIM FORM

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

Claim Submission to MetLife for Ace, Portgas

**Treating Doctor**

Who is the treating doctor? \*

Dr. Nathan Doctor1

**Treating Doctor Details:**

NPI: 1659443265

License No.: 6543

Tax Id or SSN: 123456789

PREVIOUS NEXT SAVE AND EXIT SAVE AND GO TO CLAIM FORM

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.

The screenshot shows the 'Review Claim before Submission' page. A callout box titled 'Treating Doctor' is overlaid on the right side, containing the following information:

|              |                    |
|--------------|--------------------|
| Doctor:      | Dr. Nathan Doctor1 |
| NPI:         | 1659443265         |
| License No.: | 6543               |
| Tax Id:      | 123456789          |

Below the callout box, there are buttons: 'PREVIOUS', 'VIEW CLAIM FORM' (highlighted with a green box and a green arrow pointing to it with the word 'SUBMIT'), 'SAVE AND EXIT', and 'SAVE AND GO TO CLAIM FORM'.

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

The screenshot shows the 'Submission' section of the Claim Form. A callout box with a green arrow points to the 'Enter Claim Wizard' button. Below this, the form is divided into several sections:

- Header Information**: Includes checkboxes for 'Type of Transaction' (Statement of Actual Services, Request for Predetermination/Predetermination).
- Insurance Company / Dental Benefit Plan Information**: Includes fields for Company Plan Name, Address, City, State, Zip Code, and P.O. Box.
- Policyholder / Subscriber Information**: Includes fields for Policyholder / Subscriber Name, Address, City, State, Zip Code, Date of Birth, Gender, and Policyholder / Subscriber ID.
- Other Coverage**: Includes a checkbox for 'Other Coverage' and a field for 'Other Coverage'.

## Patient Details Page

The screenshot shows the 'Patient: Portgas Ace' details page. The 'Misc. Charges' tab is selected. Below the tabs, there is a table with the following columns: Charge Date, Location, Item(s), Practice Staff User, FRP, Claim Info, and an 'Add New Insurance' button.

| Charge Date | Location                 | Item(s)                                                                          | Practice Staff User | FRP          | Claim Info           |                                   |
|-------------|--------------------------|----------------------------------------------------------------------------------|---------------------|--------------|----------------------|-----------------------------------|
| 8/21/2026   | OrthoFI Test - Littleton | <ul style="list-style-type: none"><li>Late Fee</li><li>Teeth Whitening</li></ul> | Margaret Glime      | Ace, Portgas | <a href="#">View</a> | <a href="#">Add New Insurance</a> |