

Practice Management

Notes and Instructions for the Dental Practice

When making the decision of whether to offer automatic credit card payments, please reference the cda.org/practicesupport article titled "[Credit Card Processor](#)." The Payment Card Industry Data Security Standards are not a federal or state law and compliance details and deadlines vary from merchant to merchant. CDA advises contacting the appropriate financial institution for specific compliance information.

The decision to accept credit card payment for payment plans should be considered carefully and is not a comfortable option for every practice. It is important to carefully evaluate the patient demographics and payment options being offered by other practices and businesses in the area before offering credit card payment plans. CDA advises that dental practices have each patient sign a financial agreement and consent form in case of financial dispute. A [sample financial agreement](#) form is available on cda.org/practicesupport.

The following form may be printed on the dental practice's letterhead. Replace the blue bold text with the dental practice name.

It is recommended that the practice receive payment in full by the last appointment or completion of treatment.

Thank you for choosing our practice for your dental needs. We are pleased to offer you the option of a credit card charge and ask that you complete the following authorization:

Patient name: _____

Name of responsible party: _____

Address: _____

Phone: _____

Staff member name: _____

I authorize (enter practice name) to charge my credit card as specified below:

_____ Charge my credit card for the estimated patient portion (co-payment) for this current treatment plan only.

_____ Charge my credit card for the unpaid balance due after the dental benefit payment is received for this treatment plan only.

_____ Keep my signature on file and charge my credit card for any estimated patient portion (co-payment) due at the time of service.

_____ Keep my signature on file and charge my credit card for any unpaid balance due after the dental benefit payment is received.

_____ Charge my credit card per the amount and frequency determined below:

Deposit: \$ _____

Payment plan amount: \$ _____

Frequency: _____ (monthly/quarterly)

Length of time: _____ (# of months/quarters)

Credit card type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other

Credit card number: _____ Expiration date: _____

Card holder signature: _____ Date: _____

Card holder name printed: _____

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.