

CASTLE HILLS



FAMILY DENTAL

# CASTLE HILLS FAMILY DENTAL PC

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## Credit Card on File Agreement

We have implemented a new, convenient payment policy using a credit card on file, to streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills.

ALL PATIENTS will be asked for a credit card at the time you book your appointment, and this information will be held securely. The amount that we will charge the credit card will be the financial responsibility that the insurance company requires you to pay.

### Cards on File will be used for:

- Estimated Patient Portions- When you come into the office, we will ask you if you want to use your card on file to pay your copay. You may choose to present another card if preferred, or any other form of payment accepted by our office.
- Deductibles- Your card on file will be utilized to settle any deductible amount due after your insurance plan has paid their portion. Contact your insurance plan to determine how much of your annual deductible has been met prior to each visit.
- Outstanding Balances- If your account has a balance, your card on file may be used to settle that outstanding balance. If your insurance has not reimbursed the office after 90 days, the credit card on file will be charged the outstanding balance. Once the insurance company pays, a credit will be issued back to the card on file.

### Pre-Authorized Healthcare Form

By signing below, I agree to all of Castle Hills Family Dental's Credit Card on File Policy and I authorize Castle Hills Family Dental to keep my signature and a valid credit/ debit card number securely on- file in my account. I allow Castle Hills Family Dental to automatically charge my credit/ debit card for any outstanding balances. These may include: insurance denials for ANY reason, missed or cancelled appointments, deductibles, co-insurances, and partially paid claims. Missed or cancelled appointments without 2 business day notice will be charged a \$50 per hour cancellation fee corresponding to the length of the missed or cancelled appointment.

I understand I am responsible for payment for all dental services provided to me by Castle Hills Family Dental. I understand that my insurance may deny or delay payment for these services or only partially pay them, and I agree to allow Castle Hills Family Dental to immediately charge my credit/ debit card on file for the balance if that happens. I understand that this form is valid until I cancel this authorization through written notice to Castle Hills Family Dental.

I have read the above Credit Card on File Agreement and agree to the same.

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)

PLEASE REVIEW THE BACK

Patient's Name (Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name on Card (Print): \_\_\_\_\_ Card type: \_\_\_\_\_  
Credit/Debit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Please fill out information below for any other person(s) you authorize this credit/debit card for:

Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Frequently Asked Questions**

#### **Do I have to leave my credit card information to be a patient at this practice?**

Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles. These factors are driving offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient in our billing and collections processes instead. Alternative methods of payment (Cash, Check, Alternative Credit Card, CareCredit) can be used to pay at the time of your visit; however, a credit card on file is still required. (In the case of extenuating financial circumstances, please speak with the Front Desk.)

#### **I have never had to do this at any other doctor's office.**

This may be different from what you have always been used to, but it is becoming common practice in most health care facilities with the changes that have come about in the insurance industry as a whole. Many, if not most, local practices now require a credit card on file, and payment at the time of service. This policy is being instituted in order to simplify and enhance your patient experience. This change will lower the practice's administrative expenses in order to allow us to focus more on providing the exceptional patient care that you have become used to at Castle Hills Family Dental.

#### **How can I be assured that my credit card information will remain safe?**

Under HIPAA, we are under strict state and federal rules and guidelines to protect patient privacy and the credit card will be protected in the same manner as all other information and will be considered protected health information.

#### **What if I already have an existing payment arrangement?**

We will honor previous payment arrangements for completed treatment. For any treatment going forward, we will require a credit card on file.