

How to Integrate CareCredit Into Denticon Practice Management Software

denticon

 **CareCredit**[®]
Making care possible...today.



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Setup

1. Login to Denticon – Setup ➤ Office Setup
2. Click "Integration" tab
3. Enter CareCredit Merchant ID (MID)

The screenshot shows the 'INTEGRATION' tab in the Denticon setup interface. The 'CARECREDIT' section is highlighted with a red box and a green circle containing the number 3, indicating the step to enter the CareCredit Merchant ID. Other sections include 'MEDICAL ECLAIMS', 'TRANSWORLD', 'THIRD-PARTY PROGRAMS', 'DENTIRAY', 'TRANSFIRST/OPENEDGE', and 'DOSESPOT'. The 'INTEGRATION' tab is also highlighted with a red box and a green circle containing the number 2.

Note:

Following CareCredit Setup - Batch Quickscreen® (BQS) is activated

➤ To opt out of BQS - choose Yes 'Disable Nightly Batch Quickscreen'

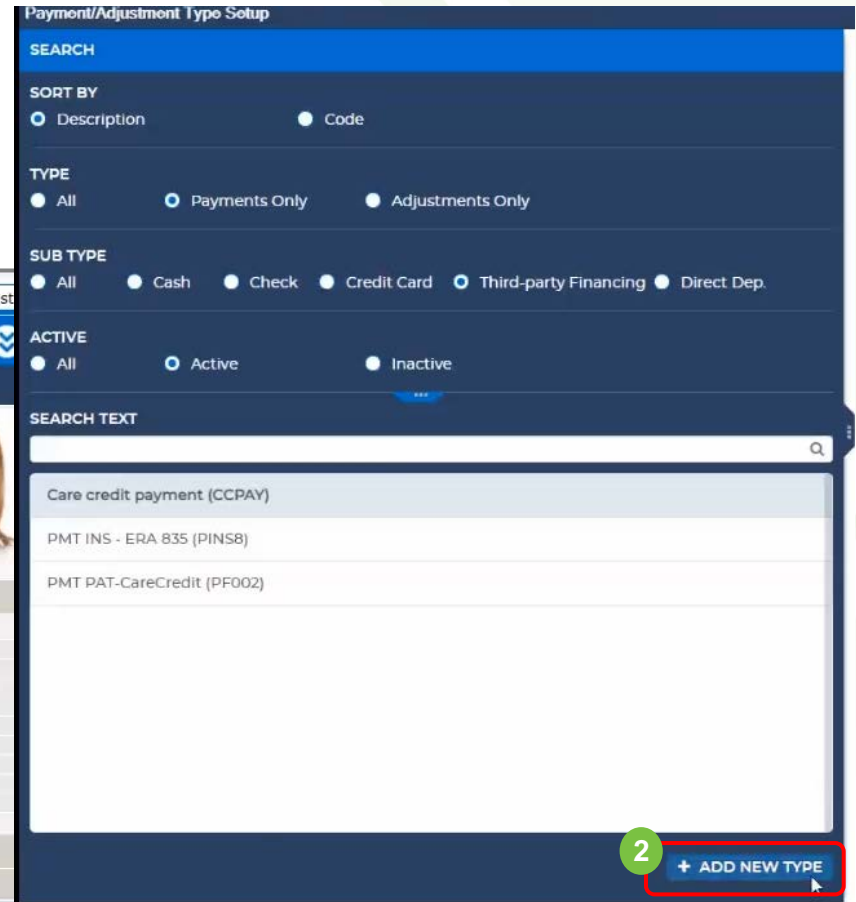




Payment Type Setup

From any screen:

1. Setup > Payment/Adjustment Types
2. Click 'ADD NEW TYPE'





Add New Adjustment Type

1. **Code:** create unique name, i.e., ACREF
2. **Description:** also unique, i.e., CareCredit Refund
3. **Type:** Adjustment
4. **Sub Type:** Collection
5. **Sign:** + (plus) for adjustment
6. **Class:** Care Credit Refund

Modified On: 2/3/2021 1:38:00 PM PT
 Modified By: NAPOLEAN

PAYMENT/ADJUSTMENT INFO	
Code	1 ACREF
Description	2 CareCredit Refund - Correct
Type	3 Adjustment
Sub Type	4 Collection
Sign	5 + (plus)
Class	6 Care Credit Refund
Active	Yes

EDIT
DELETE

2 CareCredit Refund - Correct (ACREF)

Wrong code -CareCredit Refund (ACARE)





Modified On:
Modified By:

PAYMENT/ADJUSTMENT INFO

Code	1	PF001
Description	2	PMT PAT-CareCredit
Type	3	Payment
Sub Type	4	Third-party Financing
Sign	5	- (minus)
Class	6	None
Active		Yes

Add New Payment Type

1. **Code:** create unique name, i.e., PF001
2. **Description:** also unique, i.e., PMT PAT-CareCredit
3. **Type:** Payment
4. **Sub Type:** Third Party Financing
5. **Sign:** - (minus)
6. **Class:** None

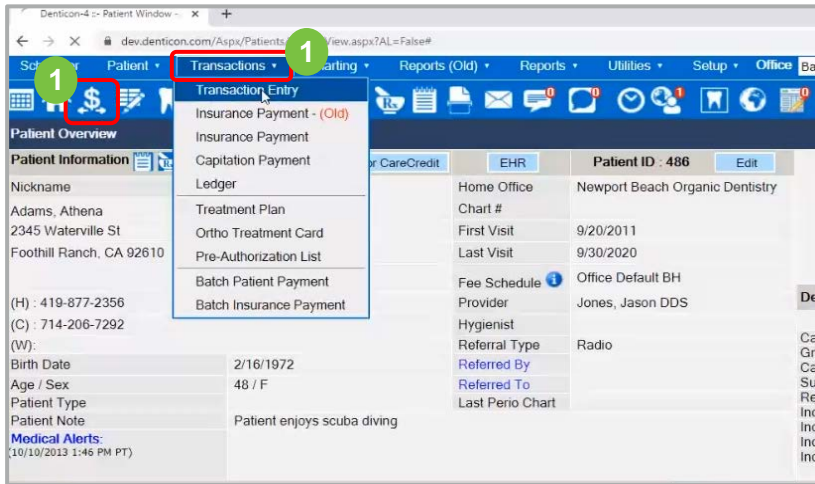
PMT - CareCredit Finance (PMTCC)

2 PMT PAT-CareCredit (PF001)



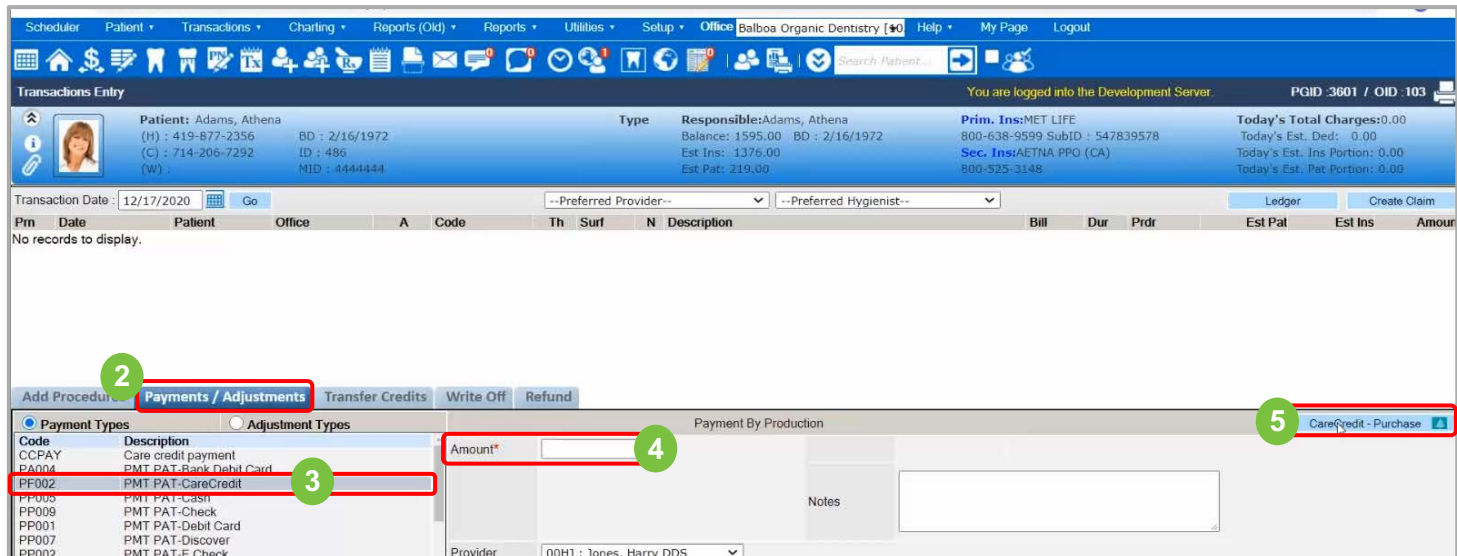


Entering a CareCredit Credit Card Payment (Transaction)



Transaction Entry - Purchase

1. Users can navigate to the "Transactions Entry" screen from either the "Transactions" button located at the top menu bar, or by clicking the "\$" icon in the bar right below it
2. Click the "Payments / Adjustments" tab
3. Select "PMT PAT CareCredit" (the text for this label is unique and given at time of payment set up)
4. Enter desired amount
5. Click "CareCredit - Purchase"





Entering a CareCredit Credit Card Payment (Transaction)

IHS Purchase – ANL also available

From Amount & Account:

1. Enter Purchase Amount
2. Enter Account Number or Look up Account Number
3. Click “Next”

From ID & Financing:

4. See Available Credit

Purchase

1 Amount & Account > 2 ID & Financing > 3 Receipt

Client Name: Rajnath Ramachandran

1 Purchase Amount: \$ Enter amount

Account Number: Enter Account Number

2 Enter Account Number

Look Up Account Number

3 Next

Cardholder Name

First Name Last Name

Update if cardholder name is different than client.

Telephone

(888) 888-8888

Any telephone number associated with account

Purchase

1 Amount & Account > 2 ID & Financing > 3 Receipt

Cardholder: Rajnath Ramachandran 6711

4 Available Credit: \$4,500.00

Cardholder ID: Identification Type

Select One

Please document either one form of valid ID below or two forms on the printed receipt. If the person presenting the ID is not named above, call 1-800-859-9975 to verify that they are an authorized user.

Purchase Amount: \$2,512.77

Financing Option

Standard Purchase

Deferred/No Interest if Paid in Full

6 Month

12 Month

18 Month

Equal Pay/Def

24 Month

Reduced APR

24 Month

36 Month

48 Month

60 Month

Practice Memo (optional)

Internal use only

Don't include sen

Submit

Purchase Complete Download (Optional)

Print the receipts below and see the instructions for cardholder signature and recordkeeping requirements.

Office Instructions: Give the cardholder their copy of the receipt, then obtain the cardholder's signature on the Provider Copy and retain it for your records.

CareCredit

Sales Draft: Provider Copy

CARECREDIT-TESTING CC WARE
950 FORRER BLVD AAAA
KETTERING OH 454201499

06/30/2017 07:42 PM

CareCredit Account Number: *****9742

Cardholder Name: ASHISH TEST

Phone Code: 108

Total: \$201.00

Authorization Code: 030509

AWB Code:

Discontinuation Terms

Close this window when finished





Performing a CareCredit Refund

Transaction Entry - Refund

From the Transaction Entry page:

1. Select **Payments / Adjustments** tab
2. Click **Adjustment Types**
3. Select a CareCredit refund type
4. Select a transaction to refund
5. Click **CareCredit – Refund** button

1 Add Procedures **Payments / Adjustments** Transfer Credits Write Off Refund

2 Payment Types Adjustment Types

3 CARECredit Refund

Amount*

Notes

Provider 00HJ : Jones, Harry DDS

Cancel

4 Select a payment posted through CareCredit

5 CareCredit - Refund

Trans ID	Date	Patient	Office	A	Code	PromoCode	Description	Prdr	Amount	User
12582	22/10/2020	DenticonA	OD	R	TSTCA	102	Test Default Care Credit	5758	14.00	SPREEMAN3600
12582	22/10/2020	DenticonA	OD	R	TSTCA	102	Test Default Care Credit	5758	11.00	SPREEMAN3600
12582	21/10/2020	DenticonA	OD	R	TSTCA	102	Test Default Care Credit	5758	11.00	SPREEMAN3600
12582	21/10/2020	DenticonA	OD	R	CC002	102	CareCredit Payment	5758	15.00	SPREEMAN3600
12579	14/10/2020	DenticonA	OD	R	6162	0	Sprint 6162	5758	22.00	SPREEMAN3600

(Showing YTD credit card payments)





Performing a CareCredit Refund

IHS Refund

Amount is pre-filled and can be edited

To support partial refunds, financing option display is not limited based on amount

Refund

1 Amount & Account > 2 ID & Financing > 3 Receipt

Client Name: Rajnath Ramachandran

Purchase Amount: \$

Account Number:

Look Up Account Number

Next

Refund

1 Amount & Account > 2 ID & Financing > 3 Receipt

Cardholder: Rajnath Ramachandran 6711
Available Credit: \$4,500.00

Cardholder ID: Identification Type

ⓘ Please document either one form of valid ID below or two forms on the printed receipt. If the person presenting the ID is not named above, call 1-800-859-9975 to verify that they are an authorized user.

Purchase Amount: **\$2,512.77**

Financing Option:

- Standard Purchase
- Deferred/No Interest if Paid in Full
- 6 Month
- 12 Month
- 18 Month
- Equal Pay/Deferred Interest
- 24 Month
- Reduced APR & Fixed Monthly Payments
- 24 Month
- 36 Month
- 48 Month
- 60 Month

Practice Memo (optional):

ⓘ Don't include sensitive patient/client information.

Submit Transaction **Back**

Refund Complete [Download \(Optional\)](#)

Print the receipts below and see the instructions for cardholder signature and recordkeeping requirements.

Office Instructions: Give the cardholder their copy of the receipt, then obtain the cardholder's signature on the Provider Copy and retain it for your records.

CareCredit[™]
Refund: Provider Copy

10/12/2017 10:05 AM

Provider Name: _____
Street Address: _____
City, State Zip: _____

CareCredit Account Number: *****1640
Cardholder Name: TEST
Promo Code: 106
Total: \$2,500.00

Sign X:





(BQS) Batch Quickscreen®

1. Following a BQS request, the response status is displayed on the following screens:
 - **Patient Overview**
 - **Appointment Details**
 - **Scheduler**
2. Requests are sent the day prior to receiving the response status
3. Status will update to **Account Found** following an approved application





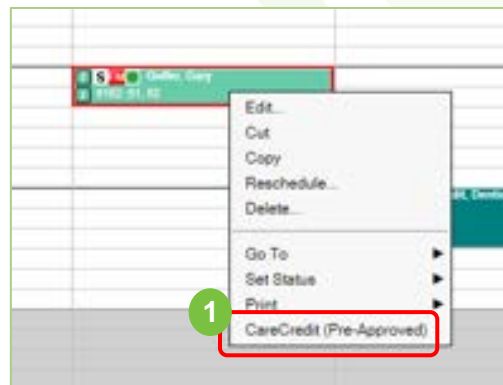
How to Utilize Batch Quickscreen®

Pre-Approved ●

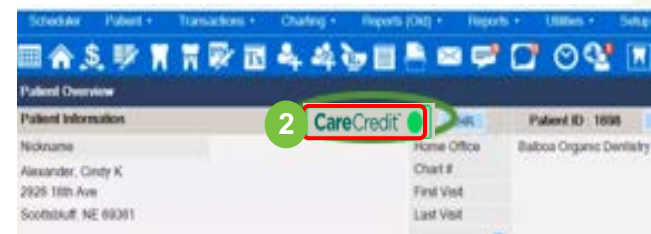
End user is directed to Quickscreen home page within CareCredit to capture customer Approval / Decline – see following page for complete pre-approval flow

1. **Scheduler** – Right click on appointment for drop down and select – **CareCredit (Pre-approved)**
2. **Patient Overview Screen** – click the CareCredit button
3. **Appointment Details Screens** – click the CareCredit button

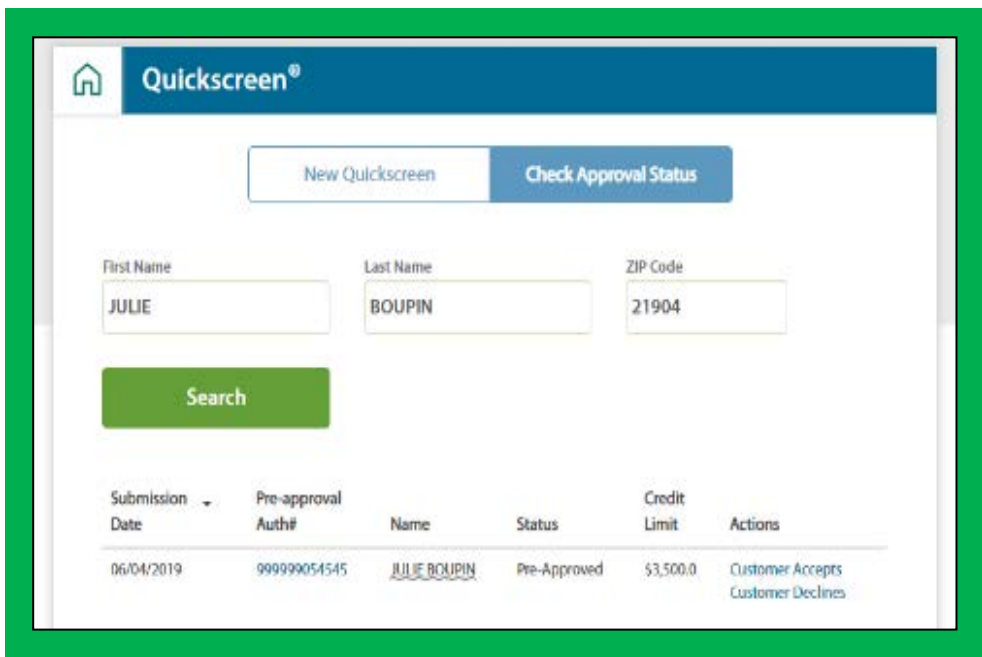
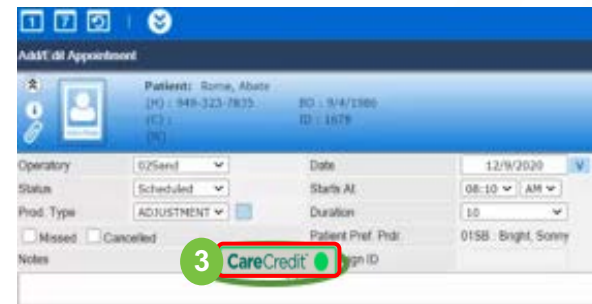
Scheduler



Patient Overview



Appointment Details





How to Utilize Batch Quickscreen®

IHS Pre-Approval flow

End user is directed to the QS (Quickscreen®) home page within IHS

1. Chose **“Customer Accepts”** or **“Customer Declines”** (under Actions)
2. If customer accepts – CareCredit application is presented. Complete required fields

OR

3. Choose **“Pre-approval Auth#”** – must do this to get **“Print Offer”** that can be presented at a later time

Quickscreen®

New Quickscreen | Check Approval Status

First Name: JULIE | Last Name: BOUPIN | ZIP Code: 21904

Search

Submission Date	Pre-approval Auth#	Name	Status	Credit Limit	Actions
06/04/2019	999990054545	JULIE BOUPIN	Pre-Approved	\$3,500.0	Customer Accepts Customer Declines

Apply

1 Applicant Information > 2 Review & Submit > 3 Result

All fields are required unless otherwise noted.

Language Preference: English (checked) | Spanish | Estimated Fee: \$

Applicant Details:

First Name: Stephen | MI (optional): | Last Name: Bradley | Suffix (optional): Select One

Date of Birth: 03/03/1975 | Social Security Number or ITIN: 03/03/1975

Home Phone: (937) 294-3832 | Mobile Phone (optional): (937) 626-8815 | Business/Work Phone (optional): (937) 865-1156

Mailing Address: 101 Peach Orchard Ave | Apartment (optional):

ZIP Code: 45419 | City: Dayton | State: OH

Email Address (optional): sbradley@gmail.com

Housing type: Own | Rent | Other | Monthly Net Income (from all sources): \$

Next | Back

Quickscreen®

New Quickscreen | Check Approval Status

First Name: JULIE | Last Name: BOUPIN

Search

Submission Date	Pre-approval Auth#	Name	Status
06/04/2019	999990054545	JULIE BOUPIN	Pre-Approved

Pre-approval Status

The customer has been Pre-approved

Name: WILLIAM BICKERT | Date: 09/08/2020

Merchant Number: *****9958 | Pre-approval Auth #: 99999096521

Credit Line: \$ 3,500 | Expiration Date: 11/07/2020

Ask if the customer wants to accept this offer of credit, then select:

- Customer Accepts to complete a credit application now
- Print Offer if the customer wants to complete a credit application on their own device, or if you want to present the offer later
- Customer Declines if the customer does not wish to apply for credit

Customer Accepts | Print Offer | Customer Declines





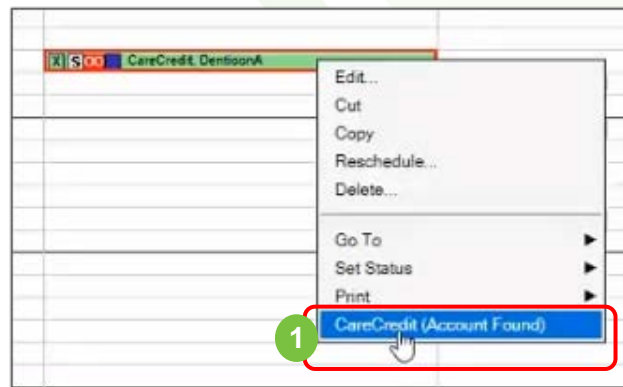
How to Utilize Batch Quickscreen®

Account Found ■

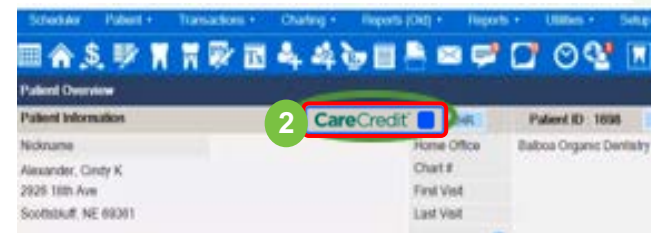
End user is directed to Transaction Entry page in Denticon. All purchase transactions should be initiated from this page for accurate reporting

1. **Scheduler** – Right click on appointment for drop down and select – **CareCredit (Account Found)**
2. **Patient Overview Screen** – click the CareCredit button
3. **Appointment Details Screens** – click the CareCredit button

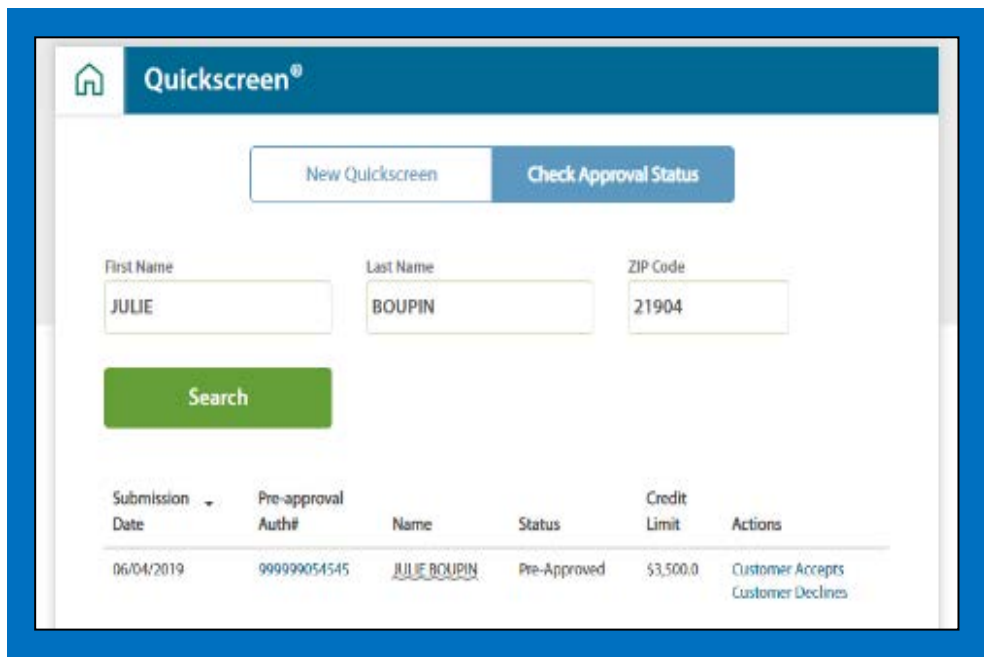
Scheduler



Patient Overview



Appointment Details





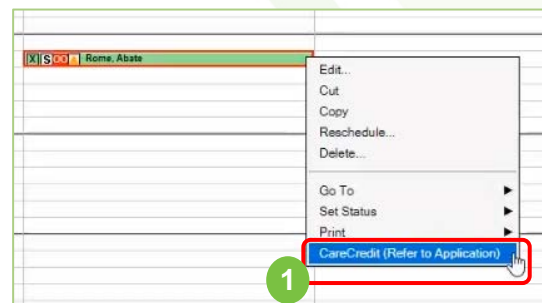
How to Utilize Batch Quickscreen®

Refer to Application ▲

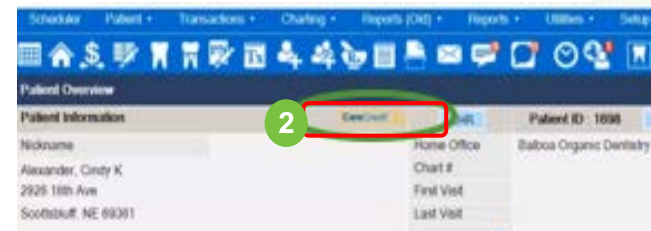
End user is directed to CareCredit Application

- 1. Scheduler** – Right click on appointment for drop down and select – **CareCredit (Refer Patient/Client to Application)**
- 2. Patient Overview Screen** – click the CareCredit button
- 3. Appointment Details Screens** – click the CareCredit button

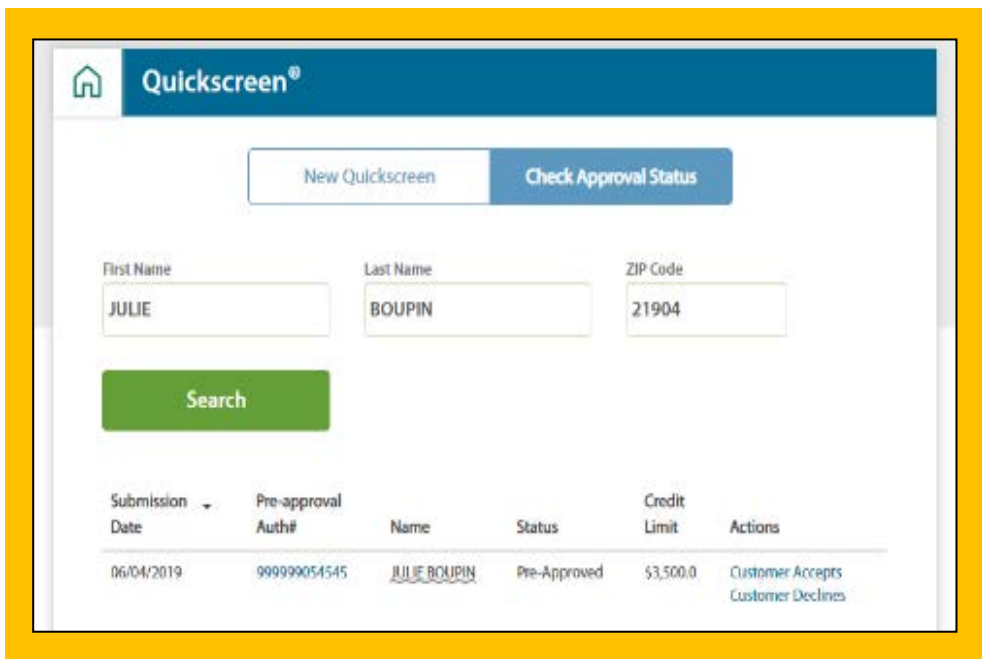
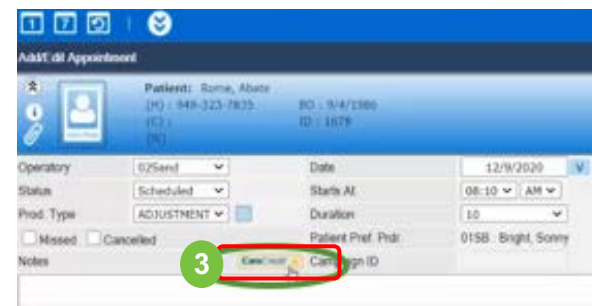
Scheduler



Patient Overview



Appointment Details





FAQs

1. Does a Quickscreen affect the patient or client's credit?

- No, submitting a Quickscreen results in a soft inquiry that has no negative impact on their credit bureau report.

2. Is patient approval needed to submit a Quickscreen?

- Just like other common credit card soft inquiries, no patient consent is needed to submit a Quickscreen.

3. What is a soft inquiry?

- A soft inquiry or soft credit check for pre-approval, such as Quickscreen, is often performed by credit card issuers to check a consumer's credit in order to pre-approve them for an offer. Soft inquiries do not affect credit scores.

Note: Batch Quickscreen can be disabled in your set-up window if your practice chooses to not utilize this feature.





How to Apply

Apply

When a response status is not displayed — from the **Patient Overview** screen click **"Apply for CareCredit"**

Patient Overview You are logged into the Development Server. PGID :3601 / OID :103

Patient Information [Apply for CareCredit](#) [EHR](#) Patient ID : 486 [Edit](#)

Nickname: Adams, Athena
 2345 Waterville St
 Foothill Ranch, CA 92610
 (H) : 419-877-2356
 (C) : 714-206-7292
 (W):
 Birth Date: 2/18/1972
 Age / Sex: 48 / F
 Patient Type:
 Patient Note: Patient enjoys scuba diving
 Medical Alerts: (10/18/2013 1:46 PM PT)

Home Office: Newport Beach Organic Dentistry
 Chart #: [blank]
 First Visit: 9/20/2011
 Last Visit: 9/30/2020
 Fee Schedule: Office Default BH
 Provider: Jones, Jason DDS
 Hygienist:
 Referral Type: Radio
 Referred By:
 Referred To:
 Last Perio Chart:

Responsible Party Resp ID : 412 [Edit](#)

Adams, Athena
 Type : PPO
 Home Office : Newport Beach Organic Dentistry
 (H) :419-877-2356
 (C) :419-260-6787
 (W):

Dental Insurance [View Medical Ins](#)

Carrier Name: MET LIFE
 Group # : 97854
 Carrier Phone : 800-638-9599
 Subscriber : Adams, Athena
 Relationship : Self
 Individual Max : \$1,500.00
 Ind. Max Rem. : \$1,500.00
 Individual Ded : \$50.00
 Ind. Ded. Rem : \$50.00

Primary: AETNA PPO (CA)
 8878
 800-525-3148
 Adams, Athena
 Spouse
 \$2,000.00
 \$2,000.00
 \$50.00
 \$50.00

Secondary: [blank]

Recalls [Edit Recall](#)

Code	Interval	RecallDate	Reason	Sch Date	Sch Time
D1110	6 M + 1D	4/1/2013	Prophylaxis - Adult		
D0120	6 M + 1D		Periodic Oral Evaluation		
D0150	6 M + 1D		Comvsive Oral Eval- New/Est Pat		

Account Members [Family Appt](#) [Add New Membe](#)

Patient Name	Age	Sex	Next Recall	Sched Recall	Active
Adams, Athena	48	F			Yes
Adams, John	50	M			Yes

Appointments [Archived Appt](#) [New Appt](#)

No records to display.

Billing [Ledger](#)

	Current	Over 30	Over 60	Over 90	Over 120	Balan
Account Balance	\$0.00	\$0.00	\$125.00	\$0.00	\$1,470.00	\$1,595.
Adams, Athena	\$0.00	\$0.00	\$125.00	\$0.00	\$1,040.00	\$1,165.
Adams, John	\$0.00	\$0.00	\$0.00	\$0.00	\$430.00	\$430
Est. Insurance		\$1,376.00	Est. Patient			\$219.
Last Ins. Pay		\$1.00	Date		8/14/2020	
Last Pat. Pay		\$200.00	Date		7/25/2017	
Last Statement		\$220.00	Date		3/18/2013	

Regular Payment Plan Agreement [Detail](#) [View Ortho Plan](#)

Amount Fin.	\$12.00	Next Per Amt	\$1.00 Rem. Total Amt	
Amt Down	\$0.00	Next Dale	10/31/2020 Rem. # Of Pay	12

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How to Apply

IHS Apply

Refer to Application (Unable to pre-approve) responses will also be sent to the application home page to complete a full application

Submit a New Application

First Name: Stephen Last Name: Bradley ZIP Code: 45419

[Next](#)

Apply

1 Applicant Information > 2 Review & Submit > 3 Result

All fields are required unless otherwise noted.

Language Preference: English Spanish Estimated Fee: \$

CareCredit will use this language to communicate with your patient/client.

Applicant Details

First Name: Stephen MI (optional): Last Name: Bradley Suffix (optional): Select One

Date of Birth: 03/03/1975 Social Security Number or ITIN: 03/03/1975

Home Phone: (937) 294-3832 Mobile Phone (optional): (937) 626-8815 Business/Work Phone (optional): (937) 865-1156

Mailing Address: 101 Peach Orchard Ave Apartment (optional):

ZIP Code: 45419 City: Dayton State: OH

Email Address (optional): sbradley@gmail.com

This email address allows CareCredit to communicate with your patient/client regarding his/her account.

Housing type: Own Rent Other Monthly Net Income (from all sources): \$

Add a co-applicant

[Next](#) [Back](#)

Apply

1 Applicant Information > 2 Review & Submit > 3 Result

Review the information you have entered and confirm the proper documentation has been provided.

Applicant Information

Applicant Name Stephen Bradley	Mobile Phone (937) 626-8815	Email Address sbradley@gmail.com
Date of Birth 03/03/1975	Business/Work Phone (937) 865-1156	Housing type Rent
Social Security Number or ITIN	Applicant Address 101 Peach Orchard Ave. Dayton, OH 45419	Monthly Net Income \$2,100
Home Phone (937) 294-3832		

[Make Changes](#)

Print Signature Pages Print Full Application

I certify that the application information was provided by the applicant. I have provided all required notices and statements, including a copy of the CareCredit Application which contains the CareCredit Account Agreement Terms, to the applicant prior to submitting this application. I am submitting this application on behalf of the applicant based on the applicant having signed either (i) a printed version of this online application (in English or Spanish, as applicable) or (ii) a pre-printed paper copy of the CareCredit Application (in English or Spanish, as applicable).

If using a paper version of the CareCredit Application, ensure that the latest Terms & Conditions are provided by entering the Application Revision Date, which is found in the lower left corner of the application cover page and under the Applicant signature box.

Application Revision Date: MMDYYY

[Next](#) [Back](#)





Reporting

Navigation

Utilities > Launch > CareCredit

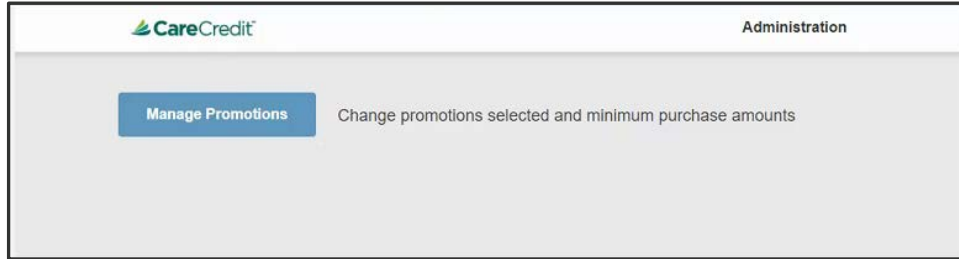
The screenshot displays the Denticon software interface. The top navigation bar includes 'Scheduler', 'Patient', 'Transactions', 'Charting', 'Reports (Old)', 'Reports', 'Utilities', 'Setup', 'Office', 'Organic Dentistry [101]', 'Help', 'My Page', and 'Logout'. The 'Utilities' menu is open, showing a list of options: Batch Claims Processing, EClaims Management, Batch Eligibility, Close Out Managed Care Claims, Internal Referral Management, Generate Contract Charges, Insurance / Procedure, Copy/Move/Change PGID Setup Data, EHR, Office Specific, User Functions, Fee Schedule Excel Template, Televox Appointments Download, Transworld, VBS Insurance Verifications, Denticon Download, Launch, and CDA Request. The 'Launch' option is selected, opening a sub-menu with the following items: AppointNow, Dentigram 2.0, Patient Communications (Beta), Dentlytics Basic, Dentlytics Enterprise, Dentray Classic, Launch X-Ray System - Apteryx, Launch Third Party System - Dexis - Direct, Launch Task Manager, Mouthwatch (Teledentistry), and CareCredit. The 'CareCredit' option is highlighted, and a further sub-menu is visible with 'Admin Portal' and 'Reports Portal' options. The main interface shows a 'My Page' section with 'DENTILYTICS' charts and a 'TICKLER' section with a table header: FROM, SUBJECT, PHONE, POST DATE.





IHS Admin

- **Manage Promotions** features the ability to control your CareCredit promotional financing options all in a few clicks
- Changes made on this page impact the visible promotional financing options available during a transaction



The screenshot displays the 'Manage Promotions' page in the CareCredit system. It includes instructions on selecting promotions and financing options, and a table for configuring promotional terms.

Standard Terms

- CareCredit (For purchases up to \$200)

No Interest If Paid in Full within the Promotional Period

Period	Minimum Amount Increments of \$100
<input checked="" type="checkbox"/> 6 Months	\$ 200
<input checked="" type="checkbox"/> 12 Months	\$ 400 \$ 200.00 or more
<input checked="" type="checkbox"/> 18 Months	\$ 500 \$ 200.00 or more
<input type="checkbox"/> 24 Months	\$ 200 \$ 200.00 or more

Reduced APR and Fixed Monthly Payments Required until Paid in Full

Period	Minimum Amount Increments of \$100
<input checked="" type="checkbox"/> 24 Months	\$ 2500 \$ 1000.00 or more
<input checked="" type="checkbox"/> 36 Months	\$ 1000 \$ 1000.00 or more
<input checked="" type="checkbox"/> 48 Months	\$ 2500 \$ 1000.00 or more
<input type="checkbox"/> 60 Months	\$ 2500 \$ 2500.00 or more

When you save your changes, these promotion settings will apply to:

- CareCredit Provider Center
- CareCredit Direct
- CareCredit Integrated Hosted Solution
- Payment Calculator
- Provider Locator
- Pay My Provider (if enrolled)

Save **Cancel**

Last updated on 03/13/2019 at 12:04 AM ET






Reporting

IHS Reporting

- Filters available to search for date/result specific detail, as well as, consumer's last name

Recent Applications	Applications completed by patients/clients in the last 60 days
Recent Purchase Transactions	Purchase Transactions completed by patients/clients in the last 60 days
Pending Patient/Client Activity	Applications and purchase transactions started within the last 7 days pending patient/client completion
Quickscreen® Report	Quickscreen history and status report. Includes 60 days of activity you submitted directly and those submitted by your patients/clients on their own device or your in-office device.



Quickscreen® Report

60 days of Quickscreens that were submitted and acted on through your practice management software are available below. To take action on a Quickscreen, close this window, open the patient/client record, and click the CareCredit icon.

Start Date: End Date: Result: Last Name:

Date	Pre-approval Auth #	Name	Method	Result	Action/Status
10/31/2018	999999043439	Paul Stanley	Auto	Pre-approved	Present Offer
10/31/2018	999999039645	Dee Snider	Auto	Pre-approved	Present Offer
10/31/2018	999999043001	Gene Simmons	Manual	Pre-approved	Offer Accepted
10/31/2018	NA	Richard Sambora	Manual	App. Referral	Submit App.
10/31/2018	NA	Bret Michaels	Auto	Error	Retry Quickscreen
10/31/2018	NA	Thomas Lee	Auto	Error	Retry Quickscreen
10/31/2018	NA	David Roth	Auto	Account Found	Look Up Account
10/31/2018	999999046974	Edward Van Halen	Manual	Pre-approved	Offer Declined
10/31/2018	NA	Nicholas Sbox	Auto	Prior QS Found	Check Approval Status

