

**Policy Number:** UFCD, Finance, 4.03  
**Effective Date:** October 2006  
**Last Revised Date:** March 2022  
**Next Review Date:** March 2024  
**Policy/Guideline Custodian:**  
Associate Director, Health Care Administration  
**Category:** Finance

**Title**

**Patient Payment Slips**

**Policy**

It is the policy of the UF College of Dentistry (UFCD), that when a patient is sent to a Gainesville business office cashier to provide payment on an account, UFCD clinics must provide the patient with an approved payment slip to help ensure that payments are collected and posted accurately.

**Procedure**

The UFCD Business Office will provide payment slip booklets to clinics. To request changes, corrections, or modifications to the payment slip or to request additional slips, please contact the Business Office 273-5380.

The payment slip includes the account number, total charges for that day, the payment amount, the clinic in which the procedures were performed, and the provider's axiUm Dr #. The following page has a sample of a payment slip.

Cashiers will collect and post payments based on the information provided on the payment slip. Cashiers will attach the payment slip to the copy of the receipt that is retained in the daily cash packet.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account# or Chart #: \_\_\_\_\_ Dr#: \_\_\_\_\_

Locations:

<b>Teams</b>	<b>Undergrad</b>	<b>Resident</b>	<b>Faculty</b>
<input type="checkbox"/> UT01	<input type="checkbox"/> UEND	<input type="checkbox"/> REND	<input type="checkbox"/> FFPN
<input type="checkbox"/> UT02	<input type="checkbox"/> UPED	<input type="checkbox"/> ROPR	<input type="checkbox"/> FFTD
<input type="checkbox"/> UT03	<input type="checkbox"/> URAD	<input type="checkbox"/> RORT	<input type="checkbox"/> FMED
<input type="checkbox"/> UT04	<input type="checkbox"/> USCS	<input type="checkbox"/> RPED	<input type="checkbox"/> FORS
<input type="checkbox"/> UT05	<input type="checkbox"/> USOS	<input type="checkbox"/> RPER	<input type="checkbox"/> FORT
<input type="checkbox"/> UT06		<input type="checkbox"/> RPRO	<input type="checkbox"/> FPED
<input type="checkbox"/> UT07			<input type="checkbox"/> FRAD
<input type="checkbox"/> UT08			<input type="checkbox"/> FTSC
<input type="checkbox"/> UT09			<input type="checkbox"/> FETC
<input type="checkbox"/> UT10		<input type="checkbox"/> Other _____	

Total Charges: \_\_\_\_\_ Make Checks Payable to: FACULTY ASSOCIATES

Payment Amount: \_\_\_\_\_ We accept Mastercard, Visa, and Discover

**Contact Information**

**Policy Contact(s)**

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**Important Dates**

- Original Effective Date: October 2006, Dr. Teresa A. Dolan, Dean
- Revised: September 2015, Approver: Dr. A. Isabel Garcia, Dean
- Reviewed: March 2022, Approver: Dr. A. Isabel Garcia, Dean