

## Financial Agreement

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- ◆ **Payment:** Payment is expected in full for each appointment as services are rendered. Payment options are:
  - Cash
  - Check
  - Credit Card (Master Card, Visa and Discover)
  - Care Credit (Special financing on approved credit offering no interest plans)
  
- ◆ **Dental Insurance:** Insurance is a contract between you and your insurance company. There is no direct relationship between our office and your insurance company. Your Insurance benefits are determined by the type and design of plan chosen by you and/or your employer and we are not a party to this contract. We have no control over the terms of your contract, the method of reimbursement, or the determination of your benefits. Some and perhaps all of the services can be defined by your insurance company as “not covered”, “denied” or “over UCR”. We will file your **primary** dental insurance claims as a courtesy to you. We do not guarantee payment and are not responsible for providing you with the plan limitations, exclusions, and provisions determined by your insurance company. You agree to pay any portion of the charges not covered by your insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. We will file a pre-determination for recommended treatment when it is requested by you.
  
- ◆ **Emergency/After Hours Appointment:** If your child is seen for an emergency visit after our regular business hours, an “after hours” fee is charged in addition to any treatment on that visit. All emergency treatment must be paid in full at the time of service.
  
- ◆ **Returned Checks:** There is a fee (\$35.00) for any checks returned by the bank.
  
- ◆ **Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, any new charges to the account, if any and any payments or credits applied to your account during the month. Professional fees are the responsibility of the parent or guardian authorizing treatment; we cannot send statements to other persons.

