



2700 Western Center Blvd Suite 128, Fort Worth Tx 76131

## **Appointment & Financial Agreement**

### **Appointments**

We make every effort to stay on or ahead of schedule. A lot goes on preparing for your appointment.

We reserve your appointment time especially for you so that you and the other patients are not kept waiting unnecessarily. Missed appointments hurt you, other patients who may need emergency care, and our practice. You are welcomed and encouraged to request a copy of your appointment agreement.

I. As a courtesy we send a reminder of your appointment, but we are not required to. It is your responsibility to remember your appointment. Always notify us of any changes in your contact information.

II. If you are late for your appointment we may need to reschedule.

III. If you need to change or reschedule, we require at least 24 hours' notice prior to your appointment. We reserve the right to assess a \$50.00 fee per hour reserved to patients who missed their appointment or cancel without proper notice.

IV. Minors cannot be seen if not accompanied by a guardian at the time of their appointment. This guardian must be able to make payment as well as decisions in case of an emergency.

V. As a courtesy we will file your insurance, but we are not required to. If you have any changes to your insurance you must notify us at least 2 business days prior to your appointment. This allows us to prepare for changes in coverage prior to your visit that may affect your payment due.

We cannot guarantee same day insurance verification. If that is the case, full payment will be due at the time of your visit. Once insurance payment has been received you will be reimbursed any monies due.

VI. If you have any questions about the cost for your upcoming treatment, please refer to your treatment estimate or contact our office prior to your appointment. Payment is collected at the time of your appointment.

## **Finances**

We pride ourselves in being honest and transparent with our patients. Therefore, we provide you with our financial policy to ensure no misunderstandings arise regarding the payment of your dental care. We strongly suggest you read through all of it in order to avoid any upset in the future. You are welcomed and encouraged to request a copy.

I. Full payment of treatment is due no later than the date treatment is completed.

This includes deductibles and copays and any pending balance.

III. Cash, Personal Checks, Visa, MasterCard, American Express, and Discover are acceptable forms of payment.

Checks returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the bank service charge.

IV. For your convenience we also accept CareCredit. This third party allows you to make monthly payments to them for treatment with deferred interest for a certain amount of time for qualifying treatment. For more information on CareCredit ask our front desk or go on their website: [www.carecredit.com](http://www.carecredit.com).

V. Any insurance you provide is an agreement between you and your insurance provider. We are not a party to this agreement. Any estimate of what your insurance may cover is not a guarantee of coverage.

Your insurance will have final say on what will be paid, stipulations, limitations, and downgrades. We are not required to re-file a denied claim. Therefore, any balance and/or unpaid claims by your insurance is your responsibility after 30 days. The patient is required to resolve any issues in a timely fashion in order to re-file a claim.

VI. We will notify you of any balance either via text, phone call, or by mailing a statement. It is your responsibility to notify us of any change in your contact information in order to receive notifications and avoid collections. Any balance past 90 days will go to collections.

I agree to the terms outlined above for my upcoming appointment at Titanium Dental & Implants.

Patient/Guardian Signature: Date: