Part of our mission at the office of Fletcher Family Dentistry is to provide you with cost effective, state-of-the-art dental care. It is our goal to assist you in obtaining and maintaining the highest level of personal dental health available today.

We want you to have the smile you desire and deserve!

Payment Options:

We provide the following payment options to our patients.

1. Cash, Check
2. MasterCard, Visa, Discover Card or, American Express
3. Care Credit

Dental insurance can help aid patients with the cost of healthcare, however, it was never meant to provide 100% coverage for all services that you may want or need. Most dental insurance policies pay only a percentage of the total cost of basic care. Your policy is a contract between you, your employer, and your insurance company. You are responsible for knowing whether your dental plan covers our services. We are not notified when changes are made in your policy, coverage, or filing addresses. Therefore, we need your help in providing us with complete, current and accurate insurance information in order to make estimates about your possible benefits.

We will gladly discuss your insurance coverage with you and we will estimate, to the best of our ability, what benefits you might expect from the policy your employer has provided for you. For any treatment plan of $300.00 or more, we will submit a pretreatment estimate to your insurance company. The patient’s part of the fee will be due at the time of treatment unless otherwise arranged.

If your account is 90 days or more delinquent, you must speak to the office manager prior to further treatment. If your account becomes 90 days past due and you have not contacted us for payment arrangements, your account will be sent to collections. Ultimately, it is the patient or the patient’s legal guardian, who is responsible for paying, in-full, all fees incurred through our office, regardless of any other party/agency that might be involved in your payment arrangement. We expect patients to make payments as arranged in a timely manner.

In case of a minor child or dependant patient, the parent or guardian presenting the child to our office will be considered to be the person responsible for the account. Our office cannot enter into negotiating benefits that might be due from an absent parent or legal guardian.

We require a copy of a current insurance card for all patients. Please bring the current card with you to each appointment. We also require a picture identification to verify the ownership of the insurance card. If you are designated for a co-payment, it will be due at the time of service for each appointment.

Broken appointments: A Specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. We ask that you provide 24 hrs notice of a change or cancellation of an appointment. A $25/hr cancellation fee will be assessed upon the second broken appointment. We understand that there are unavoidable situations and inconveniences in everyone’s life, but three missed appointments without proper notice will result in dismissal from the practice.

I have read the financial policy of Fletcher Family Dentistry and I understand and accept my responsibilities as a patient in this office.

_________________________          ________________________
SIGNATURE                                      DATE