

FINANCIAL POLICY

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. In order to maintain an enduring partnership between our patients and practice, we have developed the following policy to serve as an agreement between the responsible party and our practice. We want you to have the smile you desire and deserve!

******PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED******

PAYMENT OPTIONS:

*For your convenience, we accept Cash, Check, Visa, MasterCard, Discover, American Express, or Care Credit

MAJOR SERVICE:

Payment in full is required at the time service. However, we will make payment arrangements for major procedures. Lab related services (crown, bridge, partial, denture or bleaching kits) for both cash or insurance patients require 50% at the preparation date and 50% at the completion date.

EMERGENCIES:

The office is closed on Weekends, and Major Holidays. If you have an after-hours emergency simply call the office at 828-654-7450 to receive the after-hours number which will allow you to leave a message for the dentist.

CANCELLATION POLICY:

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.

RETURNED CHECKS:

There will be a returned check fee of \$35 for any returned check. This fee may increase depending on the bank's charges. This fee will be added to the outstanding balance and may incur finance charges if not paid within the 30-day grace period.

ALL PATIENTS:

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. In this event, there will be a 25% processing and handling fee charged to your account. 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 dependent 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.

Consent to Treatment:

I authorize and give consent to Fletcher Family Dentistry and associates to perform dental services agreed upon between doctor and patient. I am responsible for informing the doctors about any changes about medical history prior to treatment. I understand that this medical information will be used as necessary for diagnosis and treatment.

Payment for all treatment and services rendered are my responsibility. Your **estimated** copayment for treatment, which is that amount not covered by your insurance, is due at the time treatment is rendered. I understand that any fee estimate for dental care can only be extended for a period of six months from the date of the patient examination

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

Please Print Name

Date of Birth

Patient's Signature / Responsible Party

Date