

STEVEN M. UMBERGER, DMD
155 Jefferson Parkway
Newnan, GA. 30265
(770)-251-3838

Thank you for choosing us for your dental care. Our staff strives to deliver high quality dental care. Our claims processor will be happy to answer questions regarding the office billing or insurance procedures.

INSURANCE

Be aware that you need to provide our office with updated insurance information in order to file insurance claims. If we do not have accurate information, the claim cannot be filed and the total bill will be your responsibility.

Due to the multitude of dental insurance plans, coverage for dental services varies. Insurance often does not cover the total cost of dental treatment and the remaining balance will be your responsibility. To avoid disappointment please contact your provider to determine the extent of payable dental coverage for your particular plan. Some plans have a limited list of dentists on their plan. If in doubt please contact your insurance provider.

After our office files insurance, most insurance companies send the patient an EOB . Your EOB should explain the extent of coverage for the charges. If you have questions regarding your bill , referring to the EOB may be helpful.

MISSED APPOINTMENTS

Our office tries to work efficiently and to keep waiting time to a minimum. When you have a scheduled appointment please honor your appointment time. We ask for 24 hours notice for cancellation of an appointment. We reserve the right to charge \$15.00 for a broken appointment.

PAYMENTS

Our office will accept cash , checks , Visa and Mastercard. Unpaid balances (balances not covered by insurances) which are not received by our office by the due date may be subject to 1.5 % per month finance charge.

For crowns , partials and root canals we ask that 50% of the total cost be paid at the first appointment.

I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents. If this account is assigned to an agency for collection and/or suit, then I shall be responsible for agency fees and costs of collection. A responsible party for billing must be established. An adult must be designated as a responsible party for a minor.

I give permission for my dentist & his clinical team to take any necessary x-rays, photos or study models in order to have accurate diagnosis and treatment.

I have read the above office policy and I understand the financial policy and terms of this agreement.

Date: _____ Signature of the responsible party _____