



William B. DeNamur, D.M.D., P. C.
2326 Warm Springs Rd., Ste. A
Columbus, Georgia 31904
(706) 324-1415

Financial Policy

In an effort to provide quality service to our patients, we try to alleviate the need and cost of mailing monthly statements for balances owed. We ask that the amount due for services provided is paid in full at the time of service.

As a convenience to our patients, we accept MOST dental plans, MasterCard, Visa, Discover, cash, and personal checks. There is a \$30.00 service charge on returned checks and once this occurs, we will no longer accept payment by check. Future services would be due by cash or charge. If an account has been placed in collections, insurance will no longer be filed and payment is due in full at the time of service, payable by cash or charge.

Appointment Policy

Due to an increased amount of broken appointments, all appointments must be confirmed by the patient to keep the scheduled time. We will make an attempt to remind you of the scheduled appointment, but it is your responsibility to keep up with the appointment, and contact us. You must contact the office ONE DAY prior to your appointment in order to cancel or confirm. You may reach the office at any time by calling the MAIN NUMBER: (706) 324-1415. If we do not reach you or you do not contact the office, the appointment time will be filled.

Insurance Policy

As a courtesy to our patients, we will file claims to the insurance company and attempt to receive maximum allowable benefits. However, acceptance of insurance payment does not excuse the patient's responsibility of payment of services in full.

In order for us to provide this courtesy you must:

- 1) Make sure we have the correct insurance carrier and mailing address to submit claims.
- 2) Supply a copy of your DENTAL insurance card (front and back).
- 3) Pay any amount including the deductible that insurance will not cover at the time of service.

The estimated amount due provided by our office is to be considered an ESTIMATE until full payment is received from the insurance company. **This office can make NO GUARANTEE of the insurance payment as estimated.**

All balances unpaid, after the insurance company has completed payment; upon notice, are due in FULL within thirty days. All past due balances are subject to be charged interest (at our discrepancy) until paid in full.

I understand and agree to the above financial and insurance policies.

SIGNATURE _____

DATE _____