

**Henry D. Duncan, D.D.S., P.A.**

814 Sloop Avenue  
Kannapolis, NC 28083  
(704) 933-2116

**DENTAL INSURANCE**

We are committed to helping you receive the benefits of your dental insurance policy. Your employer has purchased an insurance policy that has guidelines for how much the insurance company will pay for dental treatment. Some policies have waiting periods, deductible amounts and pay a set percentage of each fee. Please carefully read and understand your insurance policy. We do not participate in any managed care, HMO plan. We do accept Delta Dental benefits for our patients.

Our business office personnel have experience working with most insurance companies and will help answer your questions. At the first visit to our office, you will be expected to pay the full amount for that visit. We will file the insurance claim for your dental treatment so that you will be reimbursed. Once your insurance is verified and established we will accept assignment of benefits. Our computer will estimate the amount your insurance should pay and you will be responsible for your portion the day that you receive treatment. If the insurance pays more or less than the estimated amount, we will either send you a bill or credit your account. Refunds are made on the first of each month.

**Insured**

**Authorization for Signature on File**

I hereby authorize the office of Henry D. Duncan, DDS, to affix my name to any and all claims or documents as related to any and all health benefits due me and my dependents.

I hereby authorize payment of dental benefits otherwise payable to me, directly to the office of Henry D. Duncan, DDS. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan.

This "Signature on File" will be valid from this date and shall expire in one year. A photocopy of this document may act as an original.

Today's Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_  
Witnessed by: \_\_\_\_\_

**Patient**

**Authorization for Signature on File**

I hereby authorize the office of Henry D. Duncan, DDS, to affix my name to any and all claims or documents as related to any and all health benefits due me.

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless Dr. Duncan has a contractual agreement with my plan. To the extent permitted under applicable law, I authorize release of any information relating to my dental treatment.

This "Signature on File" will be valid from this date and shall expire in one year. A photocopy of this document may act as an original.

Today's Date: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_