



Pete N. Bougas Jr. DMD, PC

ORTHODONTIST **This office only files Dental**

Dental Insurance Only

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Fill all info in please: info needs to be correct or insurance will not be filed correctly. Insurance not filed in timely manner or correctly because of patient neglect will be patient responsibility.

Patient Full Name _____ M _____ Last _____ DOB _____

(circle one) Is pt a full-time or part-time student or NOT a student

Is this new insurance YES or NO Date insurance started _____

Date previous insurance ended _____

Insured First Name _____ MI _____ Last _____ DOB _____

address _____ cell _____

Insured Place of Employment _____

Is this a new place of employment? YES or NO Is this the Primary insurance _____

Insured Member # or SS # _____

Group or Plan # _____ Policy# _____

Name of Insurance Company _____

Address of Insurance Company _____

Telephone # of Insurance Company _____

Amount Insurance Pays for Orthodontics \$ _____

***If you have 2 dental insurances fill out this form a 2nd time for the 2nd insurance.*

Dr. Bougas' office electronically files insurance as a courtesy to our patients. We do not guarantee payment and are not responsible for how your insurance pays. Our office is not "in network" for any insurance company. Some companies will pay more for an "in-network" provider; however, most companies will pay the same whether you are in or out of network. Please check with your insurance company if this is a concern, I will only be able to tell you what they cover for our office. Please understand your policy and what your benefits are, and how much your insurance will pay. You can call the number on the back of your dental card or go on-line for this information.

Insurance pays at a percentage of 40% to 50% for orthodontics. Most companies have a lifetime cap of \$1000 to \$2000 dollars, on average most companies pay \$1500. Your policy may have age limits it depends on how your employer has set up the policy. Your portion of payment is due at the time service is complete or at the time the contract is signed.

All payments should come to Dr. Bougas' office. If you receive a payment from your insurance company, you need to bring the original check to our office. Do Not Cash checks you receive bring them to us and sign the check (Pay to the order of Dr. Bougas). If you receive a payment and do not apply it to your insurance account the insurance balance will be added to your portion of out-of-pocket expenses. If you have any changes to your insurance and the benefits please notify us immediately, insurance must be filed in a timely manner or you lose that portion of your benefit. We are not responsible for what insurance does not pay. You are responsible for anything your insurance does not pay. We want insurance to run smoothly and appreciate all your help.

Signature _____

Date _____