

LINDSAY A. SMITH, DDS, PLLC
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Financial Arrangements & Insurance Notice

Dr. Smith and staff are committed to providing you with the best possible care. If you have dental insurance we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for service is due at the time of service unless payment arrangements have been approved in advance by our staff. **If you do not have insurance, payment is due at the time of service.** We accept Cash, Visa, MasterCard, American Express, Discover and Care Credit. Dr. Smith is in network with Delta Dental "Premier", BlueCross BlueShield "DNOA", Healthchoice. We have the ability to file all other insurances as a courtesy to our patients; they may just pay less as they pay off of a fee schedule.

You Must Realize:

1. **Your insurance is a contract between you and your employer, and the insurance company.** We are not a party to that contract.
2. Our fees are generally considered to fall within an acceptable range by most companies, and therefore, are covered to the maximum allowance determined by each carrier
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover. In that event we charge our custom fee.
4. All Co-Pay's, deductibles and/or previous balances are due at the time of services.
5. If your account is turned over to collections, your personal information, including your cell phone number will be released to the collection agency.

We must emphasize financially that our relationship is with you and not with your insurance company. While the filing of certain insurance claims is a courtesy that we extend to our patients. **All charges are your responsibility for the date the services are rendered.**

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help.

I hereby authorize Lindsay A. Smith, DDS to furnish information to insurance carriers concerning my dental treatment, and I hereby assign to the doctor all payments for dental services rendered to myself or my dependants. **I understand that I am responsible for all charges.**

Financially responsible party signature

Date