

SMILE IN STYLE DENTAL STUDIO

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FINANCIAL RESPONSIBILITY AGREEMENT

Dental insurance is rapidly playing a larger role in helping people obtain dental treatment. Since we strongly feel our patients deserve the best possible care we can provide, and in an effort to maintain the high quality of care, we would like to share some facts about dental insurance with you. Our office staff understands dental insurance and we will be glad to assist you in obtaining the maximum benefits specified in your contract with your insurance company. However this doesn't mean that we will lower our standards to meet your insurance company's specifications. Since our office recommends the best type of treatment to the patient, if your insurance company doesn't cover the procedure it will become your responsibility even if we are in contract with your insurance company as a preferred provider.

1. Your dental benefit program is a contract between you, your employer, and the insurance company. **WE ARE NOT A PART OF THAT CONTRACT.**
2. Dental insurance is not to be a **PAY-ALL**, it is only meant to be an aid.
3. Our fees are generally, but not necessarily, covered in full by the maximum allowance determined by your carrier. Many plans tell their insured they will be covered "up to 80% or up to 100%," but do not clearly specify the plans fee scheduled allowance, annual maximum or limitations. We have found that most plans cover about 35% to 65% of major services based on plans pre-established fee allowance, which varies from carrier to carrier.
4. Insurance carriers do **NOT** cover many routine dental services. If we feel the services are necessary we will still provide them, **an YOU THE PATIENT WILL BE RESPONSIBLE FOR THE CHARGES EVEN IF WE ARE IN CONTRACT WITH YOUR INSURANCE COMPANY AS A PREFERRED PROVIDER.** We will not limit your treatment, because your insurance doesn't feel it's necessary for you to have it. Such services include but are not limited to indirect/direct pulp caps, tooth colored fillings on posterior (back) teeth, and many other procedures. We reserve the right to go back and collect on those fees at any time.
5. You are responsible to us for all fees for services rendered. If your insurance company has not paid on your claim within 30 days, it is your responsibility to see why the claim has not been paid, and your balance is due in full. Our staff will be glad to assist you in anyway they can in regard to your insurance recovery. Insurance is your responsibility. **REMEMBER WE FILE YOUR INSURANCE AS A SERVICE TO YOU AND YOUR FAMILY.**
6. You are responsible for all finance charges, collection fees, bank fees, and attorneys' fees if they are applied to your account for collection.
7. You are responsible for informing our office of any changes concerning your insurance.
8. If you are using a flex spending card we will provide a receipt of estimated charges with your co-pay if they reject the services you will still be responsible for those fees. **OUR OFFICE HAS NOTHING TO DO WITH THE FLEXIBLE SPENDING ACCOUNTS.**

I have read and understand the office policy of Dr. Stephen M. Buchanan regarding my insurance coverage and my responsibility of all services rendered:

PATIENT NAME: _____ DATE: _____

PATIENT/LEGAL GUARDIAN SIGNATURE: _____