



**CASLER
DENTAL GROUP**

6911 South 66th East Avenue - Suite 300
Tulsa, Oklahoma 74133-1748
(918) 477-7677

DENTAL INSURANCE AGREEMENT

As a courtesy to the patients of our office, we will be glad to complete dental insurance forms without charge. We accept your dental insurance, BUT DO REQUIRE THAT YOU PAY AT EACH VISIT THE AMOUNT WE **ESTIMATE** THAT YOUR INSURANCE COMPANY WILL NOT PAY. This estimate is NOT A GUARANTEE that your insurance company will pay. Each insurance company issues a disclaimer with every estimate of benefits that they DO NOT GUARANTEE PAYMENT.

- () 1. I will pay for all charges in full at the time of service, and I will have the insurance company reimburse me according to my benefits.
- () 2. I agree to assign my dental insurance benefits to Dr. Conrad C. Casler, Jr. I understand that MY PORTION DUE IS ONLY AN ESTIMATE AND THAT IT IS MY RESPONSIBILITY TO BE FAMILIAR WITH MY POLICY'S CURRENT COVERAGE. I agree that I am FULLY responsible for any balance remaining after insurance pays.

****NOTE****

Any questions regarding your insurance coverage can best be answered at your insured's place of employment. We try, to the best of our ability and knowledge, to give you an accurate estimate of your portion. HOWEVER, changes in coverage do occur and our office is NOT responsible for changes or advised of those changes.

Date

Signature

I authorize the release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

Date

Signature

I hereby authorize payment of insurance benefits directly to the above named dentist.

