



Steve Carstensen DDS

FINANCIAL AGREEMENT

We are pleased to offer you the following payment options:

❖ CASH OR PERSONAL CHECK

❖ PERSONAL CREDIT AND DEBIT CARDS

VISA
MasterCard
Discover
American Express

❖ FINANCING OPTIONS

Care Credit

Please ask our administrative staff for details

Patient/guarantor agrees to and understands the following:

- Payment is due at the time of service.
- Patient/guarantor is responsible to pay at the time of service. If treatment is covered by insurance, your patient portion/deposit is required by the patient/guarantor.
- As a service to our patients, we will contact your insurance carrier for your dental benefits. However, **we are not responsible for any incorrect or incomplete information provided to us by your insurance company.**
- Patient is responsible to pay all charges not covered by insurance, including any fees considered above their insurance carrier's usual and customary fee schedule.
- The office will submit a claim up to two times; further insurance appeal becomes the responsibility of the patient/guarantor.
- Patient/guarantor is responsible for balance in full after 60 days regardless of expected insurance or third party payments.
- Patient/guarantor authorizes their insurance benefits to be paid directly to the doctor.
- Patient/guarantor authorizes the doctor or insurance company to release any information required for any claim.
- I have received a copy of this financial agreement.

Signature (Responsible Party)

Date