

Earl Santos, DMD
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Clearwater, FL 33761

Financial Policy

Thank you for selecting us as your personal dental care team. To promote a long-term, mutually satisfying relationship, we would like to explain our office policy regarding treatment, insurance, appointments, and fees. Please read this carefully and ask any questions or bring up concerns before treatment is rendered.

Treatment:

We will always recommend treatment base on optimal care, and not on insurances benefits. Insurance companies exist only to make money and do not always have your best interest in mind. We will, however, always offer alternate treatment options that may better fit your health care budget.

Insurance:

As a courtesy to you, we will submit all insurance claims on your behalf, and any follow-up processes that may be necessary. Our staff prides itself on helping our patients maximize their benefits and is always available for questions. Ultimately the patient is fully responsible for the charges for the treatment rendered. Your Insurance may not cover the services or may only partially cover them, and any estimate given by this office is considered a guideline until insurance payment is received and the patient's account is reconciled. The office makes no guarantee of the actual payment by your insurance company. At no time will we change treatment codes or dates of service to manipulate your insurance benefits. This is insurance fraud.

Payment at time of service:

We accept cash, personal checks, MasterCard, Visa, Discover, American Express and Debit Cards. In addition, we offer Care Credit for those requiring extended payment plans. We will collect any deductible or estimated co-pay at time of service.

I understand that I am responsible for all fees incurred for dental treatment and agree to pay according to the option I have chosen.

Signature: _____

Date: _____

(Patient/Parent/Legal Guardian)