



Staller Dental & Associates

5869 West Atlantic Avenue, Ste A2A · Delray Beach, FL 33484 · Phone (561) 637-9300

Welcome to our office. Please read and sign the bottom of this form. Then please go through this packet and fill out all the information to the best of your knowledge. Thank You

FINANCIAL POLICY

In an effort to keep our fees reasonable and to continue to provide quality care, we are establishing the following payment policy:

1. All routine treatments will be paid in full at the time the treatment is rendered
2. Cash, Checks or Credit cards are all acceptable forms of payment
3. Extensive treatment plans shall be paid $\frac{1}{2}$ on the date of the initial appointment and the balance due by the date of delivery or completion of the treatment **unless** a prior financial arrangement has been made ahead of time. We have our Financial Consultant who will be happy to help you with your individual needs
4. If you are unable to keep your appointment, kindly give 24 hours notice. **A broken appointment fee of \$25 is charged for appointments cancelled with less than 24 hours notice**

FOR THOSE PATIENTS WITH DENTAL INSURANCE

Staller Dental and Associates are happy to bill your insurance carrier. We do, however, require payment of any uncovered services, deductibles or co-payments to be paid by you at each appointment. In order to properly bill your insurance company, you must completely fill out and sign the assignment of benefits on your registration form payable to Staller Dental.

For larger treatment plans, you will be given an **estimate** of how much your insurance company will pay with a co-payment you may have handled according to the financial policy.

While the filing of insurance is a courtesy that we extend to our patients, **all charges are your responsibility** from the services rendered.

Remember, our staff is here to help make your visit with us a pleasurable one. Please do not hesitate to ask any questions or voice any concerns that you may have. We value you as our patient and thank you for choosing Staller Dental and Associates as your dentist.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OUTLINED ABOVE

Signature of patient

Date