

William W. Schell DDS, MAGD, FACD

Payment Policy

1. Full payment is required as services are rendered unless prior arrangements have been made.
2. As a convenience to you, we will file your dental insurance claim, providing you furnish our office with accurate insurance billing information.
3. Some insurance companies will NOT send payment to us. For those patients, payment is required at the time of service.
4. Regardless of your insurance benefit, IT IS YOUR RESPONSIBILITY TO ENSURE THAT FULL PAYMENT IS MADE WITHIN THE 60 DAY TIME PERIOD. Visa, MasterCard, Discover, American Express, cash and personal checks are accepted.
5. We offer a 10% discount for private pay patients who pay for services in cash or check at the time of service.
6. The state of Texas requires insurance companies to remit claims within 30 days. Some companies routinely violate this law. We have extended our grace period by 30 days to accommodate this. FULL PAYMENT FOR ALL SERVICES RENDERED MUST BE RECIEVED WITHIN 60 DAYS.
7. Accounts not paid in full within 60 days will incur a monthly 15% interest fee.
8. Each insurance sets its own "usual and customary" charges. If desired, YOU may contact your insurance company to request this information. We do not base our fees on insurance "usual/customary" benefits.
9. Returned checks will be assessed a \$50.00 processing fee.

Patient/Responsible Party Signature

Date