

OFFICE OF DR SOPHIA K. MARTZ
PAYMENT POLICY

1. Payment is due and expected at the time of service.
2. Patients are personally responsible for the amount charged for professional services rendered.
3. Patients who carry dental insurance should remember that their dental insurance is a contract between the patient and the insurance company. Insurance claims are submitted by this office as a courtesy to you.
4. In the event your insurance company denies your claim, or only pays a portion of the claim, the patient is responsible for the balance.
5. Dental insurance companies, in some instances, require a deductible or a percentage of the cost of the procedure. That amount is due at the time of the procedure.
6. Office visits will be submitted to your insurance and their payments will be credited toward your total charges.
7. Because of the high demand for appointment time in our office, we require twenty-four (24) hour notification if an appointment can not be kept. If a twenty-four hour notice is not provided to our office, a broken appointment fee will be charged to your account.

NOTE: Not all office visits are covered by insurance. Therefore, the patient is also responsible for these uninsured amounts.

I, the undersigned, agree-to pay for all reasonable fees and costs for collection incurred by Dr Martz in connection with the collection of any past-due balances.

Patient Signature

and/or

Responsible Party

Date:
