



Donald A. Koontz, DDS  
12812 3<sup>rd</sup> Ave SE, Suite B Everett, WA 98208

Financial and Cancellation Policy

We are committed to providing you with the best possible care. Our fees reflect our professional commitment to excellence. If you have insurance, we're happy to help you receive your maximum allowable benefits. To achieve these goals, we need your assistance and your understanding of our financial policy.

**Financial Policy:** North Creek Dental Care is happy to partner with our patients who have dental insurance by billing the insurance for you. However, it is your responsibility to inform us when your policy changes so we can bill the correct carrier. We ask that you are familiar with your dental policy and your dental benefits, please call your insurance company if you have questions about your dental benefits. Please understand that our responsibility is to provide superior dental care and treatment that meets your dental needs.

Our front desk staff wants to assist you in obtaining the maximum benefits specified in your contract. It is important that you understand the following:

- Your insurance benefit is a contract between you and the insurance company, we are not party to that contract. We will file your claims as a courtesy to you.
- Not all recommended services are covered benefits by your insurance.
- You are responsible for all fees for services rendered to you, not your insurance company.
- Upon request a pre-determination of dental benefits can be provided to you.
- Estimated patient portions are due at the time of service. These estimates are based on the outline given by your insurance plan. There is no guarantee of payment from your insurance plan until the claim is processed.
- A finance charge of 18% APR will be applied to any account balance 90 days or older.

**Cancellation Policy:** When you schedule an appointment, we reserve a specific amount of time especially for you and we trust you to be responsible for remembering and keeping your appointment. As a courtesy, we will do our best to confirm your appointment with our first reminder 7 days prior to your scheduled appointment. Please be sure we have your correct phone number and email address. We understand that schedules change, and emergencies happen and ask for as much notice as possible. If you are unable to keep your scheduled appointment, we respectfully request a two-business day notice to cancel or change an appointment to avoid a broken/missed appointment fee of \$50.00 fee for the first hour and \$25.00 subsequent hour. Failed appointments or "No-Show" appointments will also result in a broken/missed appointment fee.

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Patient Signature

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Patient Name

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Date