

JOHN L. STARKS, DDS
Suite 720 Medical Dental Building
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Welcome to the dental practice of Dr. John L. Starks, a general family dentist certified and licensed by the State of Washington. Dr. Starks graduated from Northwestern University Dental School in 1979 and completed a residency in hospital dentistry at the University of Washington in 1980. Dr. Starks has practiced family dentistry in the Seattle area since 1980 and is an active member of the American Dental Association, Washington State Dental Association and the Seattle King County Dental Society.

APPOINTMENT POLICY

To respect your time and ours we operate on an appointment basis. Our schedule has emergency time built into each day. Occasional delays may occur due to unexpected emergencies; however, we make a sincere effort to stay on time. We understand that your busy schedule may change; therefore, we confirm your appointment a week in advance. If you do not call back to confirm your appointment or at your request; we will also provide a courtesy call the day before your appointment. Our office cancellation policy is 48 hours (two business days). If you are unable to honor your scheduled appointment, please notify us as soon as possible so that we may offer this time to another patient. It is our policy to charge \$65.00 for any missed appointments not cancelled at least 48 hours in advance. _____(Please initial).

EMERGENECES POLICY

Should an emergency arise, we encourage our patients to call us **immediately** so that we can determine how best to assist you. We have reserved time in our schedule during office hours for emergencies to be seen. After hours, your call will be received by our voicemail system. This will allow you to page Dr. Starks. Please leave a detailed message and Dr. Starks will return your emergency call ASAP.

FINANCIAL POLICY

We expect our patients to pay their estimated portion of fees at the time they receive treatment. If you do not have insurance, please be prepared to fully cover the fees for each visit at the time of service. Our business team will let you know your estimated portion prior to your scheduled appointment. Our office accepts checks, cash, debit cards, MasterCard, VISA, American Express and Discover Card.

Your insurance is a contract between you, your employer and your insurance company. As a courtesy our office will bill your insurance company for your dental treatment. To ensure timely and accurate insurance billing; we ask patients to notify our office of any changes to your coverage on the day of your appointment. Any outstanding balances not paid by insurance are the full responsibility of the patient.

“I have read and understand the financial policy of this practice and agree to its terms. I also understand and agree that such terms may be amended from time-to-time by this practice.”

Signature of Patient or Responsible Party if a minor

Date

Print Name