Kalaheo Dental Group
KalaheoDental.com

Welcome to our practice! We are delighted that you are trusting us with your oral healthcare needs. We strive to make your time with us as pleasant, comfortable and affordable as possible.

Our office policy regarding finances & dental insurance:

Please understand that;

If you have dental insurance coverage, whether you have purchased a private plan or your employer, spouse or other family member has provided it to you, it is the patient's responsibility to know and understand the coverage provided. As a courtesy to our insured patients, we submit the claims to your insurance company at no cost to you and we will do our best to help you receive the maximum allowable benefits. In order for us to do so, we will need your current insurance card and/or insurance policy information on your first visit of every insurance benefit year. Please note that your insurance benefit year may not necessarily run January to December.

Regardless of what we may calculate your insurance company to pay, it is only an ***estimate***. Our estimate is based on limited information provided to us by your dental insurance company. Unfortunately, we cannot always accurately forecast what they will cover.

Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost based on the coverage provided. A better term for dental insurance is "dental assistance" or "dental benefits".

The financial obligation for dental treatment provided is between the patient and our office, and not between our office and your dental insurance company.

We must stress that it is the patient's responsibility for payment made in full on the day of service. Unless, you have previously entered into a payment plan agreement with our office.

NOTE: <u>All of our doctors will diagnose treatment based on your dental health, NOT on your dental insurance coverage.</u>

Our cancellation & broken appointment policy:

In order for us to meet the needs of our patients, we reserve time in our schedule according to your preferences and the treatment planned for your appointment. Therefore, in consideration of other patients, we ask that you contact our office at least 2 business days prior to your appointment if you need to reschedule. This way we may have time to contact and accommodate others who wish to be seen during the time reserved for you. A $50 cancellation/broken appointment fee will be assessed should we not receive notice of your need to reschedule within 24 hours of your appointment.

I have read and understand the information provided to me by Kalaheo Dental Group regarding the office policy for finances, dental insurance and cancelled or broken appointments. By signing below I am indicating my acceptance of these policies and for the mutual convenience of the practice and I, it is understood that this executed copy of the office policies shall also cover my dependent children, if they are patients of the practice. Mahalo!

_____	_____	_____
Patient Name (Print)	Patient/Guardian Signature	Date