

Dental Care Kapolei  
525 Farrington Hwy., Ste. 104  
Kapolei, HI 96707

**Please read our following Office Policies and after reading each policy initial, then sign at bottom. If you have any questions in regard to these policies please feel free to ask our staff.**

- 1) **Broken appointments** – We kindly ask that you give our office at least 24 hours notice if you are unable to keep your scheduled appointment. **A Broken appointment fee of \$25 for a Hygiene appointment & \$50 for a Doctor’s appointment** may be assessed to the account. Excessive missed appointments may result in dismissal from our practice. **Courtesy** calls are made one to two days prior to appointments with the exceptions of holidays. \_\_\_\_\_
- 2) **Contact information & change of address** – It is the responsibility of the **patient, parent** or **guardian** to notify us with any changes to contact number (s) or change of address. This will help us to facilitate your treatment. \_\_\_\_\_
- 3) **Insurance coverage** – **Patient** shall notify Dental Care Kapolei of any changes in status of insurance coverage (s); for example, adding, deleting, or a change of insurance carriers. This will include any primary, secondary, or tertiary insurance. Keeping this information current will help to expedite insurance claims in a timely manner. Not keeping insurance information current may result in an out of pocket expense for the patient. \_\_\_\_\_
- 4) **Copayment** – Estimated copayments are due on the day services are rendered. As a courtesy we will submit your dental claim for payment. Any remaining balance after the claim has paid will be billed to the patient. Financial arrangements may be allowed at the discretion of this office. Should a financial arrangement be allowed, payments will be by monthly credit or debit only. Accounts that are delinquent will be reported to an outside agency. \_\_\_\_\_
- 5) **Payment** – We accept payment by cash, check, Visa/MasterCard, and CareCredit. Please make check payable to: **DENTAL CARE KAPOLEI**. \_\_\_\_\_  
**\*Please ask us about CareCredit**
- 6) **Mobile phones** – In order to maximize your appointment time please refrain from using your mobile phone during your scheduled visit. Please turn your mobile phone off or place it in the silent mode during this time. \_\_\_\_\_

We truly appreciate and thank you for your business. Your understanding and compliance of these policies are very much valued by our staff at Dental Care Kapolei.

---

Patient (parent/guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_