



Keiki Dental

Payment/Appointment Policy

Our goal is to provide each patient with the finest dental care in professional environment which inspires trust and confidence. We try to manage our clinic efficiently in order to serve patients with quality care. We believe that our fees are fair and reflect the care and expertise with which we treat each patient.

We treat every patient with equal care with or without insurance. If you have insurance, please be aware that some insurance companies and plans do not cover certain established, routine and acceptable procedures. However, we feel your child deserves proper treatment that should not be influenced by your insurance company's limitations. Since we do not have access to every contract, it is therefore difficult for us to know every limitations, deductible, or allowance for every policy. This is to inform you that you are responsible for any fees that your insurance company does not cover.

For all clinical services rendered in office, your payment is due on the day of service unless other payment option is pre-arranged.

Also, please note that a **24-hour (business hours) notice** is required for a change in your appointment time. There will be a **\$75 charge** applied per patient if we don't receive a notification 24-business-hours in advance for a change or cancellation of an existing appointment. Reminder calls/texts are for courtesy only. You are responsible to maintain your child's appointment. If you do not show for an appointment without the advance notice, your child may be dismissed from our dental practice, and have to find a new dentist.

My signature on this form constitutes signature on file. This enables this dental office to submit insurance forms on my behalf without my signature.

I understand and agree that I am responsible for the payment of all treatment fees on my account. If my insurance company fails to make payment or denies any dental service rendered, I will be responsible for the full amount owed.

Patient's name Printed

Print and Sign (Father / Mother / Legal Guardian)

Date