

KidShine Pediatric Dental Group

Pearl City Shopping Center
850 Kamehameha Hwy #215
Pearl City, HI 96782
(808) 638-3313

Kapolei Shopping Center
590 Farrington Hwy #155
Kapolei, HI 96707
(808) 428-8019

Financial Agreement/Cancellation/Missed Appointment Policy

Our goal is to provide quality dental care in a timely manner. See below for our updated financial policies and cancellation/missed appointment policy, effective 2/4/2021. This policy allows us to better utilize available, appointments for our patients in severe pain needing immediate care.

Financial Agreement:

In our continued commitment to provide the highest quality dental care to you and your family, we are pleased to offer these different forms of payment. We appreciate payment for services at the time they are rendered. Patients who have dental insurance can pay their estimated copayments and deductibles at time of service. Payments may be made with Cash, Check, Visa, Mastercard, Discover, or Amex. There will be a fee of \$25 for all returned checks.

Alternative Payment Options:

1. Pay-In-Full Discount: We offer a 5% discount for all services over \$300, if paid in full prior to services being rendered.
2. Term Loan: We offer CareCredit, which is a financing option for healthcare expenses. Through CareCredit, we can offer (upon approval) an interest-free term loan for up to 18 months, with no down payment, no annual fee, and no prepayment penalty.

Treatment Plan Estimates:

As a courtesy to our patients, we will provide treatment plan estimates prior to treatment rendered so that you may have an estimate for your patient portion. Please note that treatment plans may change and that it is only an estimate of what your insurance will cover.

Insurance Information:

As a courtesy to our insured patients, we will submit claims to your insurance company on your behalf. In order to help you to receive you maximum benefits allowed, we ask that you provide us with your insurance card and any updated insurance information. Any remaining balance not paid from insurance will be patients responsibility.

Cancellation of an Appointment:

To be respectful of the dental needs of other patients, please be courteous and call the office promptly if you are unable to make your child's/children's appointment. This time will be reallocated to someone who is in urgent need of treatment. If necessary to cancel your scheduled appointment, we require 72 hours in advance.

How to Cancel Your Appointment:

To cancel appointments, please call 808-638-3313 or 808-427-9987 and request to speak to someone in the office your appointment is scheduled in.

No-Show Policy:

A "no-show" is someone who misses an appointment without calling 72 hours in advance to cancel. A failure to show up at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". Without notice, we charge \$50 missed appointment fee & will only schedule on a same day basis.

If patient accumulates 2 no-shows, patient will be released from our office and we will only scheduled your child on an emergency basis for 90 days and assist with finding your child a new dental home.

By signing this agreement, you are agreeing to the terms and conditions specified above.

Parent Name

Parent Signature

Date