



PATIENT INFORMATION FORM

This information is being provided to you to help you understand Hawaii Family Dental Center's (HFDC) outlook toward providing our patients with quality dental care. Your dentist wants to be certain that you are provided with all of the information you need to know before your treatment begins. This is HFDC's way of insuring that you, as an HFDC patient, are confident and well informed regarding the dental care you receive. **PLEASE ASK QUESTIONS!** The HFDC staff will be happy to answer any questions you have concerning your dental care.

EXPLANATION OF THE EXAMINATION:

1. Medical and dental history, oral examination(s), x-rays, and other diagnostic aids obtained from you by your dentist will determine the recommended treatment for you. Diagnostic aids are services such as photographs or study models of your teeth and/or surrounding areas of your mouth, and pulp vitality tests that reveal the condition of the inside of your teeth.
2. The condition of your bones and tissues cannot be seen by the naked eye. Therefore, your dentist will recommend the number of x-rays necessary to reach an accurate diagnosis. During exposure to x-rays, the American Dental Association (ADA) requires that precautionary measures are adhered to. HFDC remains in compliance with the requirements at all times. Please speak with your dentist if you have any concerns regarding x-rays.
3. Any information you may have regarding your individual necessities or preferences are welcome by your dentist and staff. Your signature is required on the treatment plan. You are responsible to be certain that when you sign the treatment plan, you understand all of the information in it, the information in it is complete, and that it satisfies all of your individual needs. Your dentist will take into consideration the wants and needs you have as a patient. Please be sure to communicate your preferences to your dentist.

PROPOSED TREATMENT:

The dentist will recommend a treatment plan and a dental cleaning based on the condition of your mouth at the time of the examination. The dentist will explain to you the nature, complications, and alternatives to the proposed treatment. The dentist will also discuss with you the estimated time it will take to complete the treatment.

ALTERNATIVE TREATMENT:

There are many ways to treat a patient's dental condition. The dentist will choose the treatment that best fits your needs. There may be other options of treating a particular dental condition. Your dentist will explain those options to you.

RISKS OF RECOMMENDED TREATMENT:

There is no dental treatment that is free of risk. Your dentist will take the reasonable and steps necessary to limit any complications during treatment. There are some complications that tend to occur with some regularity. When you have questions about these complications, or about any other complications you have heard or thought about, please ask our staff. Your dentist believes that treatment is more successful when the patient knows as much as possible about it. Only you will be able to provide the necessary information for your dentist and ask the best questions that pertain to the treatment plan for you.

FINANCIAL INFORMATION

1. A financial consultation is given before the start of any and all treatment; and after your initial examination. All charges that are your responsibility are due at the time of service. If you cannot make payment please notify the Patient Service Representative. All outstanding account balances are the responsibility of the account guarantor (the individual financially responsible for the account). When an account accumulates a substantial balance, dental services may be discontinued until the balance is paid.
2. We will do our best to give you the best estimate for your treatment. We can only **ESTIMATE** your insurance coverage – the actual payment by your insurance company may be more or less.
3. For those patients who have a private insurance carrier for which HFDC is not participating, HFDC is happy to complete the necessary claim forms at no charge. It is the patient's responsibility to file the claim form with their insurance carrier.
4. A fee will be charged when an appointment is broken or canceled less than 24 hours prior to the appointment time. The General Practitioner fee will be \$25.00 plus tax. The Specialist the fee will be \$50.00 plus tax.
5. A handling fee of \$20.00 will be charged for checks returned from the bank due to insufficient funds.
6. A finance charge of 1% per month or 12% annual percentage rate (APR) will be charged on a delinquent balance over 30 days. Accounts that are 60 days delinquent and beyond, may be forwarded to a collection agency.

The undersigned certifies that he/she understands the foregoing, and is the patient, or the patient's parent or legal guardian, and is duly authorized to execute and accept the terms explained in this document.

Patient

Date

Signature

Because the patient is a minor of _____ years, the above consent is given on the patient's behalf by:

Parent or Guardian's Name (print)

Date

Parent or Guardian's Signature