



Ocean View Dental

Office of:

Summer T. Wood, D.M.D.

Keith Vodzak, D.M.D., M.S.D. (Orthodontist)

Keith Dung, D.D.S., Andrea Braun, D.D.S.

970 North Kalaheo Avenue, Suite C309, Kailua, HI 96734

Phone (808) 254-5503 Fax (808) 254-4645

Financial Policy and Agreement

Thank you for choosing to be a part of our dental family. We are committed to providing you with the highest quality dental care. We are pleased to offer you these options for payment:

- Personal checks
- Cash
- Personal Credit cards (Visa, Mastercard, Discover, American Express)
- Third party financing (**Care Credit**)

We want to support you in understanding your dental health, so that you will always be able to make the best choices. Our goal is to ensure that you have an outstanding experience.

Payment:

Payment in full is due at the time services are rendered, unless financial arrangements have been made.

Insurance:

Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Therefore, owing to the complexity of insurance, you are fully responsible for knowing your own insurance plan and what benefits the plan allows. WE will be happy to review your plan and provide a treatment estimate. Treatment is recommended based on what you need NOT what your insurance provides. As a courtesy, we will gladly file all claims on your behalf.

Minors:

A parent or guardian must accompany all minors to their dental appointments. The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. This office will not attempt to collect payment from a parent that is not present in the office at that visit.

Missed Appointments:

Appointment times are reserved especially for you. Please be considerate and allow at least two business days to change your appointment to avoid a service fee of \$75.

“I agree to pay all fees and charges for services rendered at Oceanview Dental, regardless of my insurance involvement.”



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Print name

Signature

Date