



Koko Head Dental  
Ann Hashitate D,D,S,  
6700 Kalaniana'ole Hwy, Suite 107  
Honolulu HI 96825  
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Thank you for choosing us to provide for your dental health, We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to treatment.

### Dental Insurance

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and your insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive full benefits of your policy. If for some reason your insurance company has not paid their portion within a reasonable amount of time, you are responsible for payment at that time. Secondary insurance is submitted after primary insurance payment has been received,

### Payment Options

- Credit cards: Visa, Mastercard
- Cash or check
- Care credit (inquire)

Uncollected balances due will be sent to a collection's agency unless prior financial arrangements with us have been made.

### Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments a minimum of \$50.00. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. I have read and agree to the terms of this financial policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_