Malama I Ke Ola Dental Registration Checklist

All Required Forms and Documents need to be turned in At or Before Appointment

Complete Dental Registration Form and complete/submit required forms and documents.

**Adult Patients (18 years and Older)**
- **___ Identification** (ex. Driver’s License, Passport, Military ID)
- **___ Dental Insurance** Card or Information, if applicable
- **___** If NO Dental Insurance, Sliding Fee Discount Application Form **(Need to Complete Annually)**
  - †Need POI (Proof of Income). Non-Qualifying Patient Waiver Form if no POI.
- **___ New Patient, Malama I Ke Ola Medical History Form**
- **___ Existing Patient, Dental Medical History Update Form** **(Need to Update Annually)**
- **___ General Dental Treatment Consent Form** **(Need to sign Annually)**

**Adolescent Patients (14-17 Years Old)**
- **___ Patient Birth Certificate**
- **___ Identification of Legal Guardian** (ex. Driver’s License, Passport, Military ID, Court Document)
- **___ Dental Insurance** Card or Information, if applicable
- **___** If NO Dental Insurance, Sliding Fee Discount Application Form **(Need to Complete Annually)**
  - †Need POI (Proof of Income). Non-Qualifying Patient Waiver Form if no POI.
- **___ New Patients, Malama I Ke Ola Medical History Form**
- **___ Existing Patients, Dental Medical History Update Form** **(Need to Update Annually)**
- **___ General Dental Treatment Consent Form** **(Need to Sign Annually)**
- **Authorization for Treatment of a Minor Not Accompanied by a Parent or Guardian Form** **(If parent or legal guardian cannot accompany patients under 18 years of age)**

**Pediatric Patients (Under 14 Years Old)**
- **___ Patient Birth Certificate**
- **___ Identification of Legal Guardian** (ex. Driver’s License, Passport, Military ID, Court Document)
- **___ Dental Insurance** Card or Information, if applicable
- **___** If NO Dental Insurance, Sliding Fee Discount Application Form **(Need to Complete Annually)**
  - †Need POI (Proof of Income). Non-Qualifying Patient Waiver Form if no POI.
- **___ New Patient, Dental Pediatric Health History Form**
- **___ Existing Patients, Dental Pediatric Update Medical History Form** **(Need to Update Annually)**
- **___ Pediatric General Dental Treatment Consent Form** **(Need to Sign Annually)**
- **___ Authorization for Treatment of a Minor Not Accompanied by a Parent or Guardian Form** **(If parent or legal guardian cannot accompany patients under 18 years of age)**

†Please submit one of the following as (POI) proof of income:
- Your most recent paycheck stub
- You most recent federal income tax 1040 form (including Schedule C if self-employed);
- A letter from your employer indicating earnings (signed, with employer Tax ID#);
- Social Security, Unemployment, Retirement Benefits statements or pay stubs; or
- Your most recent bank statement.

Your proof of income is good for one year and must be updated annually. Applications lacking required documentation may disqualify you from receiving a discount. For Clinical services, if you are able to pay in full at the time of your visit, you will receive a Prompt Pay Discount of 50%. This discount may not be applied to insurance copays.