

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 Patient, 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 one of the following as (POI) proof of income:

- Your most recent paycheck stub
- Your 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 co-pays.