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DENTAL



# DENTAL DIRECTORY

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This directory of providers may change from time to time for any number of reasons. Such changes may sometimes occur before a new directory can be printed. CONNECTION Dental does not guarantee the continued participation of the providers listed or that participating providers are available in all areas. Please refer to your benefit booklet for a complete description of your plan's coverage, limits, and exclusions.



# Hawaii Participating Dentists



## Hawaii County

## Honolulu County

### HAWAII COUNTY

#### General Dentistry

#### Lindgren, Jeremiah M DDS

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#### Snow, Jed C DMD

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#### Thomas, Jonathan M DDS

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#### Orthodontics

#### Chaekal, Won F DDS

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Kailua Kona, HI 96740  
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#### Periodontics

#### Meredith, Gerald M DDS

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### HONOLULU COUNTY

#### General Dentistry

#### Ako, Jason C DDS

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#### Cheng, Ernest D DDS

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#### Cheng, Ping Kang DMD

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#### Ching, Paul G DDS

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#### Choy, Austin G DDS

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#### Choy, Melvin M DDS

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#### Hayashi, Patrick C DDS

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#### Ing, Gilbert DDS

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#### Iwahiro-Tanabe, Marsha Y DDS

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#### Kawasaki, Ben T DDS

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**Sahdev, Bikram DDS**  
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**Sasada, Jennifer M DMD**  
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**Schmidt, Cherry M DMD**  
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**Shimao, Mark Y DDS**  
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**Shoultz, Stephen D DDS**  
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**Sue, Alan K DDS**  
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**Suga, David S DDS**  
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# Hawaii Participating Dentists



## Honolulu County

## Maui County

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**Wong, Robert K DDS**

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**Wu, John T DMD**

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**Young, Donovan W DDS**

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**Zampetti, Herman A DDS**

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(808) 623-2888

**Yamamoto, Roy M DDS**

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**Sumikawa, Bert M DDS**

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**Sumikawa, Mark A DDS**

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**Tan, Jennifer W DDS**

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This list is subject to change.



# Alphabetical Index of Participating Dentists



## A

Ah Moo, Earl DDS .....5  
 Ako, Jason C DDS .....3  
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## I

Imai, Lauren J DDS .....5  
 Imanaka, Russell R DDS .....3  
 Ing, Gilbert DDS .....3  
 Inouye, Dwight I DDS .....3  
 Iwahiro-Tanabe, Marsha Y DDS .....3

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### Dentist Nomination Form

If the dentist of your choice is not listed in this directory, you may complete this form to nominate the dentist to participate in the CONNECTION Dental Network. An application packet will be sent to eligible providers. The normal time frame for credentialing of dentists takes approximately 60 days after application has been received.

#### Dentist Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Member Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Employer Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please mail the form to the following address:

PPO\*USA  
P.O. Box 7010  
Lee's Summit, MO 64086-7010  
Attn: Client Services

Or fax to Client Services at 816-257-4436

Thank you for your interest in the CONNECTION Dental Network.