

FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES

Patient Name: _____ Date: _____

Procedure: _____

Estimated treatment time: _____ Estimated anesthesia fee: _____

I understand that the anesthesia fees are:

\$ 600 for the first hour + \$150 for each additional 15 minutes (or portion thereof)

Please circle anticipated method of payment: Visa Mastercard Discover

Is the patient a TriCare insurance beneficiary? Yes or No

No American Express, personal checks, or any other type of payment will be accepted. The estimated anesthesia fee is based upon the dentist's estimate of treatment time, anesthesia preparatory time and the patient's response to the anesthetic used.

Payment for anesthesia services is due the day of treatment. In the event anesthesia time exceeds the estimate, the patient is responsible for the additional charges. However, if the anesthesia time is less than the estimate, the patient will receive a prorated refund.

Most insurance policies do not pay for anesthesia services for dentistry. Please check with your insurance company regarding your benefits if you wish to seek reimbursement directly from them. We will be happy to provide a receipt for the anesthesia services. Dr Johnson does not directly bill insurance for anesthesia services. Any anesthesia covered by your plan will be the member's responsibility to redeem.

SDDA is a separate business and independent from the operative dentist. The fees associated with your child's dental work are completely separate from the fee associated with the anesthesia.

I understand that if I fail to pay the anesthesia fees, I will be charged an interest of 38% APR and will be liable for all the collection charges and or court fees.

I have read, understand, and agree with the above estimate of fees.

Print Patient's Name: _____ Phone: _____

Print Parent/Guardian's Name: _____ Date: _____

Signature: _____



SAN DIEGO DENTAL ANESTHESIA
GIVING PEACE TO DENTISTRY