



FINANCIAL POLICY

It is the goal of DreamGuard Anesthesia (DGA) to provide your child with the highest quality of anesthesia care at a reasonable cost. Providing anesthesia services in the dental office setting can potentially significantly lower the cost of treatment when compared to the same treatment performed in a hospital setting. It is important that you discuss the details of the procedure, including costs and coverage, and have all your questions answered prior to your child's scheduled treatment. This document is intended to inform you of the fee structure and process for the anesthesia care provided by your child's Dentist Anesthesiologist. It also explains to you your financial responsibility for services rendered. Please reach out to us if you have any additional questions.

- ✓ **Anesthesia Fee** estimate is based upon the dentist's estimated operating time, which will vary with the anesthesia preparatory time and patient's individual response to the anesthetic agents used. The anesthesia fee includes pre-anesthesia evaluations, consultations with your child's physicians (if necessary), all drugs, supplies, anesthetic care, and recovery. The anesthesia billing period is from the time your child is seated until recovery is complete. Payment for anesthesia services is due on the date services are rendered, less any deposits made. If the anesthesia time exceeds the estimate, the patient/parent will be responsible for the additional charges. If the anesthesia time is less than the estimate, the patient/parent will receive a pro-rated refund.
 - Your child's dentist has ESTIMATED treatment time to be: _____
 - Anesthesia time (approximately operating time plus 30minutes): _____
 - Anesthesia fees are: **\$1200 for the first 90 minutes; additional \$300 for all cases over 90 minutes (\$1500 maximum)**
 - **Anesthesia Fee Estimate:** \$ _____
- ✓ **Deposit:** To schedule anesthesia services for your child's appointment, **a deposit of \$1200 is required.** This deposit will be applied to your child's final balance on the day of treatment.
- ✓ **Insurance:** Insurance companies vary in coverage, but most policies do not cover anesthesia in the dental setting. Some dental and medical insurance plans might provide reimbursement for anesthesia services rendered for dental procedures. It is your responsibility to submit for insurance reimbursement directly to your insurance company after you make full payment for services rendered. Ask the dentist for a letter of medical necessity and for your child's dental treatment notes to attach to your claim. DGA is not enrolled in-network with any medical or dental providers. If covered, services may be covered at an in-network rate if your dentist is an in-network provider. Please note the following billing codes when contacting your insurance:
 - CPT or procedure codes: Dental Billing Code (also Aetna or TriCare Medical): D9222, D9223.
 - All Other Medical Insurance Billing Code: 00170
- ✓ **Payment** can be received via cash, credit card (Visa, MasterCard, American Express and Discover cards) or Care Credit. A additional 4% processing fee will be charged on all credit card transactions. There will be a fee assessed for all reimbursements amounting to the processing fee charged by your credit card/care credit or a minimum of \$50.

Patient Name

Parent/Guardian Signature

Date