



RONALD O. DAVIES, D.D.S.

Diplomate American Dental Board of Anesthesiology
A PROFESSIONAL CORPORATION

ANESTHESIOLOGY FOR DENTISTRY

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ESTIMATE FOR ANESTHESIA SERVICES

Name: _____
Address: _____

Anesthesia Fee: **Estimate** _____ hours @\$_____/hr on _____ ""= _____
Anesthesia Fee: **Actual** _____ hours ""= \$ _____

Please enclose your remittance with these forms (See Fees and Cancellations page) for anesthesia services on _____ at the office of Dr. _____ Checks, VISA, AMEX, MC, CareCredit and Discover cards are all accepted. As the anesthesia fee estimate is based upon the surgeon's estimated time, the actual fee will vary with the surgical complexity and with the patients's response to the drugs and surgery. Anesthesia time begins when you are seated and monitors are placed, and ends when you are fully recovered and discharged to a responsible adult. Pharmacy and set up charges are included.

I authorize Dr. Davies to charge my Amex/Discover/MasterCard/Visa/CareCredit*:
_____ Security digits on back of card _____
Cardholder Name: _____ **Exp. Date:** _____
Address if other than patient _____

I agree to the attached: Remittance of Fees, Cancellations and Rescheduling Policies
***If CareCredit: (circle Plan) "6 mo No Interest" or 24/36/48/60 months "Extended Pay Plan"**
Signature of Financially Responsible Party _____ **Date:** _____

[\(Please sign even if remitting by check\)](#)

INSURANCE INFORMATION

Our office will provide you with an *Attending Doctor's Statement of Anesthesia Services Form* for you to review and attach to your own insurance claim form after the procedure. It is important that reimbursement for the anesthesia fee by dental or medical insurance programs not be assumed. Some insurance policies do not pay for anesthesia services when rendered for procedures other than exodontia (removal of teeth). Please check with your insurance company representative if you have questions regarding your coverage. Also, please note that Dr. Davies is not a Medicare provider, as Medicare does not cover dental expenses and Medicare will not process dental claims.

PLEASE READ CAREFULLY BEFORE SIGNING YOUR FORMS

PLEASE RETURN

Remittance of Fees, Cancellations and Rescheduling

For: Qp

Fees

Our commitment is to provide our patients with a safe, pleasant and relaxing experience the day of treatment. Because patients generally arrive and take a sedative, and will be drowsy after treatment, financial matters must be dealt with ahead of time.

Accordingly, your remittance of should accompany these forms by either...

Credit Card: If you would like to remit by credit card, please provide that information on the Fee Estimate form. You will be promptly refunded on your card if the surgery proceeds more quickly than expected and correspondingly, your card will be charged if your procedure is more complex and extends beyond the dentist's estimated time.

or

Check: If you prefer to remit by check, please enclose it with these forms. You will be billed or refunded for any difference; refunds by check will be issued promptly.

or

Financing: Please do not hesitate to call the office if you have questions regarding financial matters. Low cost and interest free financing is available through CareCreditTM. You may access them directly on their web site at www.CareCredit.com or call (800) 677-0718 provide them with our merchant ID# 5348120284824315 and the fee estimate. Then enclose the signed approved CareCredit Authorization that they fax you with these forms. "

We accept "6 mo No Interest" or 24/36/48/60 months "Extended Pay Plans"

Cancellations or Rescheduling

Your forms and remittance must be received to confirm and reserve your cr r qkpw gpv'qp with us. After that time we will assume you are not ready for this particular scheduled appointment and your time may be released to accommodate another patient. We realize that life can be hectic so it is very important that you carefully review your vacation, work and family calendars before confirming your appointment by signing your forms. You must be home at least 3 days prior to your appointment. Cancellations or reschedules after today will incur a charge equal to 1/3rd of the estimate. Cancellations or rescheduling within 48 business hours of the surgery will incur a 100% charge of the estimate. Cancellations on the day of the procedure will incur a 100% charge of the estimate. Failing to follow the dental or anesthetic pre-operative instructions resulting in the canceling of the appointment (eating, taking or not taking a prescribed medication, etc) will incur a 100% charge. Illness requiring medical intervention will not incur a charge.

Please initial