



Financial Agreement for Anesthesia

Patient Name: _____

Patient birthday: _____

Dental office: _____

Appointment Date: _____

Phone number: _____

Payment Schedule

1st 90 min of anesthesia: \$900.00 (minimum time), Every 15 minutes thereafter: \$125.00
 Preoperative/ Recovery time 45 minutes included regardless of actual recovery time

<u>Total anesthesia time</u> (Minimum time -1:30, including 45 min pre-op/recovery)	<u>Anesthesia Fee</u> (Minimum fee, = \$900)
1:30	\$900
1:45	\$1025
2:00	\$1150
2:15	\$1275
2:30	\$1400
2:45	\$1525
3:00	\$1650

Total anesthesia time includes 15 minutes of preoperative evaluation and 30 minutes of recovery time as well as anesthesia procedure time. Pre-op and recovery time are charged at a flat rate even if more time is needed for either. **Anesthesia procedure time** starts when the patient is brought into the procedure room and ends when the patient is safe for the recovery period. Safe for recovery means the patient is breathing on their own, does not need any respiratory support, and vital signs are stable. In most circumstances the recovery period begins shortly after the dental procedure ends and after the breathing tube (if applicable) is removed. Anesthesia procedure time is longer than the dental procedure time because of anesthesia induction procedures (placing IV's and breathing tubes) and anesthesia emergence procedures such as extubation (removing breathing tube) and making sure patient is safe for recovery.

Deposit: A \$350 deposit will be due at time of scheduling. You may call and pay this over the phone, or pay online at www.mobiledreams.net. This deposit is not-refundable if your procedure is cancelled on the day of procedure because of eating or drinking prior to the procedure. This will be reviewed prior to your procedure.

I accept full financial responsibility for the payment of anesthesia services provided by Dr. Samuel C Seiden. I understand that by signing this document, I am agreeing to pay Dr. Seiden's full fee for anesthesia services at the time services are rendered. Your dentist can provide an estimate of the total dental treatment time which can be used to provide an estimate of the total anesthesia fee. The balance due on the day of the appointment will be adjusted up or down according to the Total Anesthesia Time. A NON-REFUNDABLE DEPOSIT of \$400.00 is required before the anesthesia appointment will be confirmed due to the extensive preparation and coordination time between dentist, anesthesiologist, and patient. If the patient fails to appear in a timely manner for the appointment, or if the patient fails to comply with the preoperative instructions requiring that no food or drink be consumed for eight hours prior to his/her scheduled appointment, the appointment will be canceled and you will forfeit the \$400.00 deposit. Payment may be made using cash, or credit/debit card. Dr. Seiden



does not bill insurance for anesthesia services. If you would like to request reimbursement from your insurance carrier, a copy of the anesthesia record will be provided to you.

By signing this form, I, _____, am authorizing Dr. Samuel C Seiden/Mobile Dreams to charge my credit card. Should my credit card payment be rejected or denied by the credit card company for any reason, I understand that I am still obligated to pay Dr. Seiden/Mobile Dreams the amounts owed and hereby agree to make a full payment. Cash/check deposits may also be provided via the dentist's office.

Credit card number _____ Expiration Date _____ Security code _____ Billing zip _____

Printed Name: _____ Signed: _____ Date: _____