

Online Scheduling

Dental Office**Patient Last Name****Patient DOB****Parent Name****Address****State****Primary Phone****Email address****I prefer to be contacted by:**

Text Email Phone

Procedure Date**Patient First Name****Gender**

Male Female

City**Zip****Secondary Phone****Anesthesia Fee Estimate Form**

Patient Name:

Estimated Dental Procedure Minutes	Total Prepaid Fee	Deposit due at scheduling	Balance due prior to procedure
5	\$450	\$250	\$200
20	\$650	\$250	\$400
40	\$850	\$250	\$600
60	\$1050	\$250	\$800
80	\$1350	\$250	\$1100
100	\$1550	\$250	\$1300
120	\$1800	\$250	\$1550
140	\$2100	\$250	\$1850
160	\$2350	\$250	\$2100
180	\$2600	\$250	\$2350
200	\$2900	\$250	\$2650
220	\$3200	\$250	\$2950
240	\$3500	\$250	\$3250

Estimated anesthesia minutes given by dentist:

Payment Policy:

- \$250 Deposit is due at the time of scheduling. There is a \$250 charge for patients who fail to keep the IV Sedation appointment without giving us a 24 hour notice.
- Our financial office can help patients with medical insurance determine their out of network benefits. On the day of the patient's procedure, you will be given a Superbill to file the anesthesia through your out of network benefits. Many medical insurance companies do not cover anesthesia services for office based dental care, however, PDAA is committed to fully assisting you with the pursuit of any potential reimbursement.
- Your dental treatment plan may change after treatment is begun. Charges for anesthesia services may be more or less than the estimated amount based on the final length of the procedure. The anesthesia charges may be more than initially estimated and an additional payment by credit card is due at the time of service. Any overpayments will be refunded automatically to you.
- We accept cashier's check, American Express, Discover, Visa, MasterCard, and Carecredit for payment in full 3 business days before the patient is treated. You can apply for Carecredit at www.carecredit.com



• I understand that my health plan (Tricare and other plans) may impose a limit on balance billing by out of network providers. I wish to waive any limit on balance billing and receive treatment from this out of network provider.

• I understand that I am seeking the care of PDAA for a service that may not be covered by my insurance company. I understand that my insurance plan may not cover any part of the charges, costs or expenses related to Anesthesia services and I will be responsible for all charges incurred.

Date: December 8, 2021

X _____

Signature Certificate

Document name: Online Scheduling

🔒 Unique Document ID: 63453A43636C835026DA792C6601419126E8561B

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

March 5, 2021 9:30 am EST

Audit

Online Scheduling Uploaded by Pediatric Dental
Anesthesia Associates - billing@pediatricsedation.com
IP 47.201.198.107



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 3 of 3