

## Online Scheduling Sign

Patient Name	Procedure Date		
Estimated Dental Procedure Minutes	Total Prepaid Fee	Deposit due at scheduling	Balance due prior to procedure
5	<b>\$450</b>	\$250	\$200
10	<b>\$525</b>	\$250	\$275
20	<b>\$650</b>	\$250	\$400
40	<b>\$850</b>	\$250	\$600
60	<b>\$1050</b>	\$250	\$800
80	<b>\$1350</b>	\$250	\$1100
100	<b>\$1550</b>	\$250	\$1300
120	<b>\$1800</b>	\$250	\$1550
140	<b>\$2100</b>	\$250	\$1850
160	<b>\$2350</b>	\$250	\$2100
180	<b>\$2600</b>	\$250	\$2350
200	<b>\$2900</b>	\$250	\$2650
220	<b>\$3200</b>	\$250	\$2950
240	<b>\$3500</b>	\$250	\$3250

### 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](http://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.

**December 8, 2021**



**Dentist Name**  
**Patient Last Name**  
**Patient First Name**  
**Patient Nickname**  
**Address**  
**State**  
**Parent Name**  
**Email address**  
**Home Phone**  
**I prefer to be contacted by:**

**Procedure Date**  
**Patient DOB**  
**Gender**  
  
**City**  
**Zip**  
  
**Work Phone**  
**Cell Phone**

Order ID:

Redfin ID:

Today's Date

**Parent Name:**

X \_\_\_\_\_



# Signature Certificate

Document name: Online Scheduling Sign

🔒 Unique Document ID: DE868A410C155DA09EEB0D24468E333BCBB77C48

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

July 22, 2021 4:47 pm EST

## Audit

Online Scheduling Sign 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.

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