

# Oregon Dental Anesthesia

## FINANCIAL POLICY

### WELCOME

Thank you for choosing Oregon Dental Anesthesia as your anesthesia care provider. We are committed to providing you with the best possible care. Your clear understanding of and agreement to our practice financial policy is important to our relationship. The following is a statement of our Financial Policy. We require you to read and sign this document prior to any treatment.

### REGARDING DURATION OF ANESTHESIA

Fees will vary depending on the duration of the dental treatment. Your dentist will provide an estimate of the time needed for the procedure(s). While we work with your dentist to make every effort to present accurate fee estimates before each procedure, unforeseen situations occasionally arise during the course of treatment that necessitate a change in the treatment plan or in the fee for a particular procedure and the accompanying anesthesia.

### REQUIRED UPON CHECK-IN

1. Verification of personal contact information via current picture ID, when applicable.
2. Payment of the fee for the estimated duration of anesthesia. If the duration of time increases due to a change in the treatment plan the additional balance will be payable upon check-out.
3. Verification of medical health history.
4. Verification that pre-anesthesia fasting instructions have been followed.

### REGARDING PAYMENT

Payment for the anesthesia services is due on the day of treatment. For your convenience we accept cash, Visa/Mastercard, Discover, American Express, and Care Credit. Sorry, but we cannot accept personal checks.

### DEPOSIT FOR SERVICES

There is a \$200 non-refundable deposit for all services rendered within the city of Roseburg, Oregon and for a 30 mile radius outside of this locality. If you are 200-400 miles outside this area, a \$400 non-refundable deposit is required. If you are over 400 miles outside this area, the total fee estimated for anesthesia is due as your deposit.

The deposit must be paid in full as above at least five (5) business days prior to the anesthesia appointment.

### CANCELLATION POLICY

If an appointment is not canceled at least three (3) business days in advance you will be charged our no show/cancellation fee of \$250.00; this will not be covered by your insurance company and is non-refundable or transferrable to a future appointment.

Your deposit for services may be transferable to future care at Dr. Kobernik's discretion if the above cancellation policy stipulations are met.

### FOR PATIENTS WITH INSURANCE

We will always supply a superbill following the appointment. This superbill (also known as a claim form) will have all the appropriate dental and medical insurance anesthesia codes and the doctor's portion filled out. This superbill can be sent directly to the insurance company to obtain maximum allowable reimbursement under your policy. We are not responsible for billing your insurance for our services nor are responsible for any payment/non-payment by your insurance.

It is important that reimbursement for the anesthesia fee by dental or medical insurance programs NOT be assumed. Many policies do not pay for anesthesia services for dentistry.

**DIVORCE DECREES**

Oregon Dental Anesthesia is not party to your divorce decree. The responsibility for minors rests with the accompanying adult.

**ACKNOWLEDGEMENT AND AGREEMENT**

By signing below, you the patient (or guarantor, if the patient is under 18) agree to the above terms and have had opportunity to ask questions and have had those questions answered to your satisfaction.

I certify that I have read this financial policy. I understand and agree that I must pay for services at the time they are rendered. I understand that if I wish to bill insurance that is my responsibility. I certify that I fully understand this policy.

Signature of patient (or responsible party): \_\_\_\_\_ Date: \_\_\_\_\_