



**RONALD O. DAVIES, D.D.S.**

Diplomate American Dental Board of Anesthesiology  
A PROFESSIONAL CORPORATION

**ANESTHESIOLOGY FOR DENTISTRY**

**WWW.DENTALANESTHESIA.COM**

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***ESTIMATE FOR ANESTHESIA SERVICES***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Anesthesia Fee: **Estimate** \_\_\_\_\_ hours @\$500/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 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 patient'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 in the minimum charge. \*The minimum charge is \$1500. This is not a minimum payment.

**I authorize Dr. Davies to charge my :**

AmEx/Discovery/MasterCard/Visa # \_\_\_\_\_ last 3 digits on back of card \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Address if other than patient** \_\_\_\_\_

**I agree to the attached: *Remittance of Fees, Cancellations and Rescheduling Policies***

**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: \_\_\_\_\_ on \_\_\_\_\_

#### 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 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.

#### Cancellations or Rescheduling

Your forms and remittance must be received by \_\_\_\_\_ to confirm and reserve your appointment on \_\_\_\_\_ with us. After that time we will assume you are not ready for this 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 of \$500. Cancellations or rescheduling within 48 business hours of the surgery 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   \_\_\_\_\_