

# Financial Agreement for Anesthesia Services

Patient Name \_\_\_\_\_

Date of Treatment \_\_\_\_\_

Name of Treating Dentist \_\_\_\_\_

Estimated treatment time \_\_\_\_\_ hours. Minimum \$600.

The anesthesia fee estimate is based upon the surgeon's estimated operating time. The actual fee will vary with the surgical complexity, the time required by Dr. Matsunaga to consult the patient's physician if necessary, and the patient's response to the surgery.

I understand that there is a cancellation charge equal to 25% of the estimate should it be necessary to cancel or reschedule my appointment without giving Dr. Matsunaga's Office at least three working days notice, except in cases of illness.

**Payment for anesthesia services are due in full on or before the day of treatment** unless prior arrangements have been made with Dr. Matsunaga. The minimum fee is \$600.00. If the anesthesia time exceeds the estimated treatment time, the patient is responsible for the additional charges. If the anesthesia time is less than the estimated treatment time, the patient will receive a prorated refund for payment in excess of the minimum charge.

**Payment for anesthesia services may be made by cash, check, VISA or MasterCard.**

## Insurance Information

Dr. Matsunaga 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. It is important that reimbursement for the anesthesia fee by dental or medical insurance programs should NOT be assumed. Many insurance policies do not pay for anesthesia services when rendered for dental surgery. Please check with your insurance representative if you have any questions regarding your coverage.

I have read and understand the above financial agreement

Responsible party \_\_\_\_\_

Date \_\_\_\_\_