

Marjon B. Jahromi, D. D. S.
Anesthesia for Dentistry

FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES

Patient Name _____ Date _____

Procedure _____

Estimated procedure time _____

Estimated Anesthesia fee: (Procedure time + 45 mins) _____

Anesthesia fees are as follows:

- \$1000 for the first 2 hours
- \$500 for each additional hour (\$125 for each 15 min increment)

Please indicate anticipated method of payment:

Cash Check VISA/MC American Express Discover

The estimated anesthesia fee is based upon the dentist's estimate of treatment time, anesthesia preparatory time and the patient's response to the anesthetic used. The anesthesia fee includes the time it takes Dr. Jahromi to place the patient under anesthesia and terminates when the patient is alert and awake enough to be discharged to home.

In the event anesthesia time exceeds the estimate, the patient is responsible for the additional charges. However, if the anesthesia time is less than the estimate, the patient will receive a prorated refund. **There is a 2 hour anesthesia minimum. Payment for anesthesia services is due the date of treatment.**

Many insurance policies do not pay for anesthesia services for dentistry. Please check with your insurance company regarding your benefits. Our office does not bill insurance companies. We will be happy to provide a superbill with insurance codes for the anesthesia services.

I have read, understand and agree with the above **estimate** of fees.

Print Patient's Name _____ Phone _____

Print Parent/Guardian's Name _____ Date _____

Signature _____