HEATH C. SNELL
DDS ✦ PC

Financial Agreement for Anesthesia/Sedation

This is a contractual obligation with Dr. Heath Snell providing the sedation service and the patient (or responsible party) accountable for payment on the day of the sedation service. The fee for this service is separate and independent of the fees that are charged by your dentist for your dental work, and thus, is billed separately from the dental fees.

The anesthesia fee for any sedation appointment is $675.00 for the first hour and then an additional $150.00 for every 30 minutes beyond the first hour, up to a maximum time of four hours, if needed. These fees include all preparation, equipment set-up, supplies, medications, and patient monitoring during the procedure, as well as during recovery.

In order to reserve your sedation appointment, a **non-refundable** deposit of $150.00 is required and should be given to the front office staff at your dentist's office. This will be applied to the total cost of the anesthesia services on the day of the procedure. The remaining amount is due in full on the day of treatment. Payment of both the $150.00 deposit and the remaining anesthesia fees can be made by cash or check payable to: Heath Snell, D.D.S., P.C.

Unfortunately, at this time most insurance plans will not cover sedation, as they view this service as "elective" treatment. As such, Dr. Snell has a fee-for-service policy where all sedation fees are due on the day of service. Because all insurance companies are not the same, Dr. Snell does encourage the patient to contact their insurance company to pursue reimbursement. If your insurance does cover any portion of the service, any and all reimbursement received should be sent directly to you, since you will have already paid Dr. Snell in full for your sedation on the day of treatment. If Dr. Snell receives any reimbursement from your insurance company, that amount will be mailed to you.

If you have any questions regarding the terms of this agreement, please call Dr. Snell directly at 480-648-5091.

In addition to the agreement above, the individual signed below will be responsible for all attorney and collection service fees in the event of failure to pay as agreed within this legal contract.

I have read, understand, and accept all conditions of this Financial Agreement.

_____ _____

Patient/Parent/Guardian Signature Date

— General Dentist Providing Oral Surgery Services —
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