



Shelton DENTAL CENTER
Financial and Appointment Policy for
Oral Conscious Sedation

There is an additional fee that applies to appointments using oral conscious sedation. It is a flat fee and is not based on the length of the appointment. All payments for the sedation fees and for the day's scheduled estimated fees for treatment are expected 72 hours prior to your appointment. If financial transactions are not completed 72 hours prior to your appointment, we will assume that the appointment will need to be cancelled. Due to the nature of the sedation medications you would lack the mental concentration to pay on the day of services, and due to the amnesiac effects of the medications there would be legal and ethical reasons why we would not want to conduct any financial transactions with you on the day of sedation services.

If your insurance company provides certification beforehand, we will accept insurance payments for your treatment and/or sedation fees. Otherwise, payment is due at the time of service. We accept credit cards and offer financing/payment plan options through Care Credit. Our experience is that insurance companies are not concerned with your fear of dentists and the need for advanced sedative techniques. Most do not pay a benefit for the sedation fees.

Due to the extended length of these types of appointments (often up to four hours) we ask that you provide us with 72 hours notice if you need to cancel your appointment. It is a hardship for our dentists, staff and other patients if we have a large appointment block set aside for you, that is cancelled at the last minute. If you fail to show up for your appointment or give adequate cancellation time the sedation fee will be forfeited and a \$50 penalty fee will be added to your bill.

At your initial consult visit we will be reviewing your medical history, answering questions and filling out the forms in the sedation packet. We will be taking or reviewing your radiographs (x-rays), completing your records and deciding your treatment needs. Your treatment needs are then prioritized and organized into time blocks of treatment. We will try to address as many of your needs in as few appointments as possible.

I have read and understand the above policy for appointments and financial arrangements.

Signature _____ Date _____

Name _____