

# Marjon B. Jahromi, D. D. S.

## Anesthesia for Dentistry

### **FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES**

Patient Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_ Email: \_\_\_\_\_

Your dentist has indicated treatment/surgical time to be: \_\_\_\_\_ hours.

Total Anesthesia time= Dentist's treatment time **PLUS** 60 minutes (30 mins induction and 30 mins recovery)

**Anesthesia Time:** Surgery time + 1 hour: \_\_\_\_\_ Anesthesia Fee: \_\_\_\_\_

**Anesthesia Fees are: \$650 for the First Hour  
\$325 for each additional 30 mins**

The 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. The anesthesia fee is a SEPARATE fee from your surgeon's treatment fee.

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. Anesthesia fees are due the day of your 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 receipt for the anesthesia services.

Please note that Dr. Jahromi is not a Medicare provider, as Medicare does not cover anesthesia expenses and Medicare will not process dental claims.

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

Print Patient's Name \_\_\_\_\_ Phone \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_