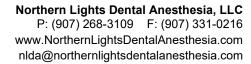


Northern Lights Dental Anesthesia, LLC P: (907) 268-3109 F: (907) 331-0216 www.NorthernLightsDentalAnesthesia.com nlda@northernlightsdentalanesthesia.com

Financial Agreement for Anesthesia Services

Patient Name	DOB	Date
E-mail	Contact Number _	
Your dentist has estimated treatment time to b	pe: hour(s)	minutes
The estimate anesthesia fee includes pre-o and 15 minutes for recovery. The anesthes operatory room for the full duration of the	iologist will be actively monito	
If the patient fails to reschedule an appoint appointment, you will be responsible for a possible.		
Estimated Treatment time: Estimated Anesthesia time: Estimated Anesthesia fee:		
Anesthesia fees are:		
\$1,150.00 for the first hour \$250.00 for each additional 15 minutes (or	r portion thereof)	
Anticipated method of payment: Cash	Visa / MasterCard / Discover	CareCredit
The estimated anesthesia fee is based upon the de the average patient's response to the anesthetic u		anesthesia preparatory time, and
Payment for anesthesia services is due in full on the estimate, you are responsible for the additional charged less than the estimated fee. Should	narges. However, if the anesthesia ti	me is less than the estimate, you
Many insurance policies do not pay for anesthesia regarding your benefits. We will be happy to provi	•	
I understand that if I fail to pay the anesthesia fees I will be charged an interest of 18% APR and will be		
I have read, understand, and agree with the above	e estimate of fees.	
Print Patient's Name	Pho	ne
Print Parent/Guardian's Name	Date	e
Signature		





Anesthesia Fee Schedule and Services

By discussing your needs with us, an anesthetic plan is individually created to suit your specific goals. Some specific services that we commonly provide are:

- 1. **Intravenous Mild sedation**: the patient is awake through the entire experience with medications given to help control anxiety and pain.
- 2. **Intravenous Moderate Sedation**: the patient is at a depressed level of consciousness but remains easily arousable.
- 3. **Intravenous Deep Sedation**: the patient's level of consciousness if very depressed and the patient is not easily arousable.
- 4. **General Anesthesia**: the patient is unconscious throughout the procedure and is not arousable until the end of the procedure.

The anesthesia fee includes dentist's time plus 15 minutes to put the patient to sleep and 15 minutes for recovery. Payment is due in full at the time of service, either by cash, care credit, or credit card.

Dentist's Time	Total Anesthesia Time	Anesthesia Fee
30 minutes	1 hour	\$1,150
45 minutes	1 hour 15 minutes	\$1,400
1 hour	1 Hour 30 minutes	\$1,650
1 hour 15 minutes	1 Hour 45 minutes	\$1,900
1 hour 30 minutes	2 Hours	\$2,150
1 hour 45 minutes	2 Hours 15 minutes	\$2,400
2 hours	2 Hours 30 minutes	\$2,650
2 hours 15 minutes	2 Hours 45 minutes	\$2,900
2 hours 30 minutes	3 Hours	\$3,150
2 hours 45 minutes	3 Hours 15 minutes	\$3,400
3 hours	3 Hours 30 minutes	\$3,650



Date of Treatment:	
Patient's Name:	
Patient's Birthdate:	
are estimations based on probable treatment time	enesthesia fee schedule. I understand that the estimated fees es and I understand that the fees may change based on actual tal Anesthesia, LLC to charge my credit card for the fees
Signature of Card Holder	Date
	(Day of Treatment)
To help us better assist you, if you plan on submitti provide the following information:	ng for reimbursement to your MEDICAL insurance please
Insurance Company	
Subscriber Name	Subscriber DOB
ID#	Group #
Employer	
Claims Address (on back of card)	
Credit Card Information	
Payment Method: □Cash □Check □ Credit Card	I □CareCredit
If Care Credit, please select promotion:	
No Interest if paid in full within the promotion	period: \square 6 Months \square 12 Months
	uired until payed in full □36 Months □48 Months □60 Months
Name on Card	
Credit Card Number	
Expiration Date	
Security Code	
Billing Address	
E-mail for Credit Card Receipt	