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## Parent/Guardian Instructions

Your child was referred to SedaDent for dental care under general anesthesia. We are here to help you. Please complete the scheduling checklist below.

- Complete the Anesthesia Patient Information/Medical History form. We may need additional medical records. Also, please keep your dental office informed of any recent illnesses or if patient becomes sick before the appointment.
- Complete the HIPAA notice. You may access our privacy policy at <https://www.iheartsedation.com/privacy>
- Review and complete the Payment form.
- Finally, review and sign the Disclosure and Consent for Anesthesia. Anesthesia services in dentistry have proven to be very safe and predictable, however we want to inform you of possible risks and side-effects. Your provider will discuss any questions with you before treatment is performed and you may be asked to re-sign on the day of surgery.
- Please return all the above forms to your dental office for our review.
- Read and carefully follow the Pre-Anesthesia Instructions and Post-Anesthesia Instructions. These contain important instructions for your pre- and post-anesthesia care.

We are out of network with all private insurance and do not file a claim on your behalf. Although we do not accept insurance as payment for our services, our office can send you an insurance claim form to file with your insurance provider. If you would like a claim form, please fill in the insurance section including the policyholder's name and date of birth. We recommend that you check with your insurance carrier about out of network policy limitations, deductibles or co-payments. Also, you will want to ask your dentist for a letter of medical necessity and your dental treatment or progress notes to submit with your claim.

If you have questions that you would like to discuss before your appointment date, please give us a call at 512-909-3171



## Anesthesia Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

NO INSURANCE     PPO/DMO/HMO     CHIP    MEDICAID:  TX     NM     OK

Dental Insurance Carrier: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

## Medical History

List all patient medications: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Does patient have any allergies or reactions to medications, food or latex?<br>If yes, explain _____   | Yes | No |
| 2. Does patient have any congenital disability or syndrome such as trisomy 21 (Down syndrome)?<br>If yes, explain _____   | Yes | No |
| 3. Does patient have any heart problems such as congenital defects, murmurs, high blood pressure or shortness of breath? If yes, explain _____                    | Yes | No |
| 4. Does patient have any lung problems such as asthma, bronchitis, recent cold or flu, RSV or tuberculosis?<br>If yes, explain _____                              | Yes | No |
| 5. Does patient have any stomach or abdominal problems such as reflux, nausea or difficulty swallowing?<br>If yes, explain _____                                  | Yes | No |
| 6. Does patient have any endocrine problems such as diabetes, thyroid problems, pancreas or other?<br>If yes, explain _____                                       | Yes | No |
| 7. Does patient have any muscular problems such as weakness, paralysis, spasticity, muscular dystrophy?<br>If yes, explain _____                                  | Yes | No |
| 8. Does patient have neurologic problems such as seizures, palsy, developmental delay, stroke, autism, ADHD? If yes, explain _____                                | Yes | No |
| 9. Does patient have any kidney problems such as kidney failure?<br>If yes, explain _____   | Yes | No |
| 10. Does patient have any blood problems such as hemophilia, frequent nose bleeds, anemia, poor clotting, sickle cell, HIV or transfusions? If yes, explain _____ | Yes | No |
| 11. Has patient or any blood relatives ever had problems with general anesthesia?<br>If yes, explain _____  | Yes | No |
| 12. Please list all serious illnesses or hospitalizations and dates:<br>_____<br>_____  |     |    |
| 13. Please list all surgical operations and dates:<br>_____<br>_____  |     |    |

*I understand that the accuracy of this medical history is critical to the safety of general anesthesia. I have carefully answered all questions truthfully and to the best of my knowledge. **Please use the back of this form if more room is needed to complete the health history.***

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



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## The Health Insurance Portability and Accountability Act (HIPAA)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The Administrative Simplification portion of HIPAA required the U.S. Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data.

The *SedaDent Anesthesia Services Notice of Privacy Practices* describes SedaDent Anesthesia Services policies in regard to HIPAA. This notice describes how medical information about you or patient may be used and disclosed and how you can get access to this information. Please review it carefully and sign below.

Yes, I've read SedaDent Anesthesia Services' Notice of Privacy Practices

Signature of Patient or Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## Payment Form

Anesthesia services provided in the office setting considerably lowers the cost of care when compared to services provided in a hospital or outpatient surgery center.

Anesthesia fees are time-based. The anesthesia-billing period is from the time the patient is seated until the patient no longer requires monitoring. Anesthesia fees will depend on your treating dentist's time for the procedure and the time it takes the patient to wake after the anesthesia. Time estimates vary based on surgical complexity or anesthesia preparation time. The fee for anesthesia including all pre-anesthesia evaluations, anesthesia medications, supplies, anesthetic care and recovery is as follows.

We accept cash, money orders, MasterCard, Visa, Discover, and American Express and Care Credit

Because of the pre-surgical preparation required by SedaDent Anesthesia Services to provide safe, quality care and the scheduling of our case to the exclusion of other offices and patients, the estimated anesthesia charges will be due prior to the day of service.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dentist Office: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_

Estimated Anesthesia time: \_\_\_\_\_

- ≤30 Minutes - \$750 \$350 Breathe-down Extractions
- 60 Minutes - \$1,000
- 90 Minutes - \$1,300
- 120 Minutes - \$1600
- ≥130 Minutes - \$2000

Please indicate the type of card:

- Credit/Debit
- Care Credit

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC (on back of card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**\*No personal checks accepted**

I authorize SedaDent Anesthesia Services to charge the above referenced card for the amount indicated. Any additional balance due after the procedure will be charged as indicated unless you contact SedaDent to make other payment arrangements.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_



## Acknowledgement Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dentist Office: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_

Estimated Anesthesia time: \_\_\_\_\_

The SedaDent team brings hospital level anesthesia to the office environment familiar to your child. We are an experienced team who transport, set up & test our certified hospital-grade equipment, specialized patient monitors, HD video scopes, and emergency equipment before you arrive. We will strive to provide excellent care for your child - prioritizing comfort and safety.

An important aspect of patient safety is ensuring the patient has had no food or drink on the day of surgery. During anesthesia the muscles above the stomach can relax, releasing stomach contents into the lungs. This can lead to serious complications including death. Patient may have CLEAR liquids (water, apple juice, or Gatorade) up to two (2) hours before the procedure. Patients consuming food, milk, orange juice, or other non-clear liquids within eight (8) hours will be rescheduled.

\_\_\_\_\_ I certify that the patient listed above has had nothing to eat in the past 8 hours **and** has not had a drink of anything except clear liquids since then. I also certify that patient has not had anything to drink during the previous 2 hours.

Please also take a moment to review pricing and initial the fee agreement below:

- ≤30 Minutes - \$750 \$350 Breathe-Down Extractions
- 60 Minutes - \$1,000
- 90 Minutes - \$1,300
- 120 Minutes - \$1600
- >130 Minutes - \$2000

\_\_\_\_\_ I understand SedaDent Anesthesia's fee structure as explained to me.

\_\_\_\_\_ I understand that cases may run longer or shorter than estimated. Examples of things that may cause cases to run longer are: difficult airway structure, extra time to get uncooperative patient in the dental treatment chair, additional monitoring needs after the procedure, changes in dental treatment plan.

\_\_\_\_\_ If my child's case runs longer than expected, I authorize SedaDent Anesthesia to charge my credit card on file for the additional time based on the fee agreement listed above.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## PRE-ANESTHESIA INSTRUCTIONS

- Drinking and Eating: In order to decrease the risk of complications during anesthesia, it is **VERY IMPORTANT** that patient **does NOT have ANYTHING TO EAT OR DRINK eight (8) hours** before your scheduled dental procedure. During anesthesia the muscles above the stomach can relax, releasing stomach contents into the lungs. This can lead to serious complications including death. Patient may have **CLEAR LIQUIDS ONLY**, up to two (2) hours before the procedure. Examples of clear liquids include water, apple juice, or Gatorade. Consuming food, milk, orange juice or other non-clear liquids within eight (8) hours will be rescheduled.
- Clothing: Loose clothing with short sleeves is desirable, as are two-piece outfits, to allow easy monitor placement. Contact lenses must be removed before the appointment. Do not wear fingernail polish the day of appointment. For children, a change of clothing is recommended for unexpected urination. Please use the restroom upon arrival at the dental office.
- Change in Health: Please inform the doctor of any change in patient's health prior to your appointment. The development of a cold or fever can increase the risks of anesthesia. Sick patients may be reappointed for safety reasons.
- Medication: Please follow your regular schedule of medications unless otherwise directed by the doctor. Medications may be taken with only a small sip of water.
- Accompanied by an adult: A responsible adult must accompany all anesthesia patients to and from the appointment. The responsible adult should remain in the office during the appointment unless otherwise authorized by the practitioner. A responsible adult must drive the patient home. (Buses or cabs are unacceptable)
- Questions or Concerns: Please expect a call from the doctor the night before the appointment to answer any questions or concerns.

Please contact SedaDent Anesthesia Services if you have any other questions or concerns:  
**(512) 909-3171**