

Capital District Pediatric Dentistry

Office Policy Regarding The Sedation (Premedication) Fee

Dear Parents/Guardians:

The sedation (Premedication) fees charged by our office include, but are not limited to the following:

- 1) The reservation of 1 ½ hours of Specialist Professional Office Time;
- 2) The utilization of Six-Handed Specialty Team Dentistry – The Pediatric Dentist and two specially trained and very experienced Dental Assistants will treat your child in 1/3 the time usually required;
- 3) The use of sophisticated electronic vital signs monitoring equipment;
- 4) Drug and medications used in conscious sedation.

The Sedation ("Premed") Fee must be paid in full in advance of each premedication appointment. The appointment cannot be scheduled until this fee has been received by the office.

Failure to keep a premedication appointment without 24 hours notice (call the office or our answering machine at 785-3911) will automatically result in the sedation prepayment fee being charged out as utilization of 1 ½ hours of office time.

Unacceptable reasons for failing to keep a premedication appointment include, but are not limited to:

1. You forgot
2. Your spouse forgot
3. You/your spouse/your child overslept
4. Your child ate something in the morning
5. Your child has a cold (let us know the day before if symptoms develop)
6. You have no transportation (please arrange it in advance)

A subsequent appointment will not be scheduled until another premedication fee plus the full portion of your (the patient's) dental charges for that visit are paid in full in advance.

Fairness (Yours and Ours)

We must institute these policies to be fair to all the children who are in dental pain and are waiting to be treated by our office. Failure to keep a premedication appointment deprives another child who is in pain of the opportunity to be treated sooner. We are sure you understand.

I have read and understand this information and the office policies regarding premedication (sedation) appointments are discussed above.

Name of Parent _____ Date _____