



PANTHER *Pediatric Dentistry*

ACKNOWLEDGEMENT OF REFERRAL FOR IN-OFFICE DENTAL SURGERY

Date: _____

Dear Parent/Guardian of _____:

Thank you for bringing your child to Panther Pediatric Dentistry. Based on your Panther Cub's age, dental treatment needs, behavior, and/or other medical considerations, Dr. Kari A. Cunningham decided that your child's dental needs would best be completed while they are under general anesthesia. Panther Pediatric Dentistry has partnered with SmileMD, a mobile anesthesia group, to provide complete dental care to children under general anesthesia in our office. Our initial assessment shows your child may qualify for this in-office service.

YOUR CHILD'S SURGERY IS SCHEDULED FOR: _____

Please understand that this date is subject to change based on availability of the anesthesia group, the follow-up health assessment of your child, and/or approval by the insurance provider. If there is any change to the schedule, you will be notified as soon as possible at the number provided on completed paperwork.

HEALTH CLEARANCE

Please call SmileMD at 614-401-4415 at your earliest convenience, or schedule a time for them to call you to discuss your child's health history. They may request to contact your pediatrician to get information needed to provide medical clearance for your child to be placed under general anesthesia for their dental work. If SmileMD feels your child does not meet the health criteria for their services, you will be notified and Panther Pediatric Dentistry will give you information for other pediatric dental sedation providers. If you do not connect with SmileMD via phone, the case may be canceled. The sooner your child is medically cleared, the better chance of being able to be moved up to an earlier surgery date should one become available.

TIME OF SURGERY DATE INFORMATION

Our Panther Pediatric Dental office will contact you the week of the surgical procedure with an ARRIVAL TIME for the procedure. Please note that there will be a pre-operative assessment with the medical team before the procedure as well as recovery time following the procedure. You can expect to be at our office for a few hours for the dental surgery visit. Plan to be available between 6:30a and 4:00p on the day of surgery as your arrival time and surgery will be scheduled sometime within that timeframe.

Due to limited availability of the anesthesia group to provide in-office sedation for our patients, no-shows, arriving more than 10 minutes after your scheduled arrival time, or appointments canceled with less than a 72-hour notice, may not be rescheduled at Panther Pediatric Dentistry with SmileMD and may be referred to another pediatric dental sedation provider.

PARENT/GUARDIAN MUST BE PRESENT ON DAY OF SURGERY

On the day of surgery, the parent/legal guardian **MUST** be present with the child to sign the necessary paperwork and must remain in the office during the procedure. If the parent/guardian is not present, the surgery will be canceled and the patient may be referred to another pediatric dental sedation provider.

NO EATING AND DRINKING BEFORE GENERAL ANESTHESIA

Your child should have **NOTHING** to eat or drink after midnight the night before surgery, regardless of the time you are expected to arrive. This rule must be followed and is meant to protect your child. If food or drink are on the stomach while receiving general anesthesia, your child could vomit and damage their lungs – a serious medical condition. Violation of this rule may result in cancellation of the procedure and referral to another pediatric dental anesthesia sedation provider. **NO WATER, NO FOOD, NO GUM.** Due to the limited availability of SmileMD to PPD, if this rule is violated and your child eats/drinks before surgery, we cannot guarantee that the case will be rescheduled.

ILLNESS ON THE DAY OF SURGERY

Report any changes in medical status before or on the day of surgery, including cold, flu, cough, fever, wheezing, and newly diagnosed allergies. Please do not bring your child to the center if they are ill. If they are sick, test positive for COVID-19, or have been exposed to someone who has tested positive for COVID-19, the appointment may be rescheduled for 6-8 weeks later to ensure adequate time to heal from the illness. If your child uses an inhaler, you **MUST BRING THE INHALER** with you to the dental surgery appointment.

TREATMENT PLAN

Your child's treatment plan may include multiple complex restorations (fillings, silver crowns, baby root canals, white crowns, etc.) or surgical procedures (extractions, draining of infection, etc.). It is important to follow through with comprehensive care as untreated dental decay only gets worse over time. This treatment plan is subject to change based on the clinical presentation of teeth once treatment begins and cannot always be determined only from the x-rays taken.

FINANCIAL POLICY FOR PATIENTS WITH PRIVATE INSURANCE OR WHO ARE SELF-PAY/FEE FOR SERVICE

Your child's treatment may be scheduled 3-4 weeks from the initial diagnosis visit. This will allow for out-of-pocket expenses to be determined, communicated, and paid before treatment is rendered. Keep in mind, our anesthesia partner has fees associated with their services that will be due prior to treatment.

For patients with private insurance, a prior authorization request will be sent to the insurance company in an effort to obtain a pre-treatment estimate for the proposed dental services. Based on the estimate, Panther Pediatric Dentistry will reach out to you through verbal and/or written communication to share what the out-of-pocket costs were determined to be. Once medical clearance has been received from our anesthesia partner, 75% (for balances over \$300.00) or 100% (for balances under \$300.00) of the estimated out of pocket expenses for the dental procedure are due no less than 2 weeks before the scheduled procedure. The outstanding 25% is due 3 days before the procedure. Once treatment is completed, the claim submitted, and payment has been made by the insurance company, any differences in money owed vs. money paid will be finalized via statement or refund.

For patients who are self-pay/fee for service, once medical clearance has been received from our anesthesia partner, 75% of the balance from the planned procedures is due no less than 2 weeks before the scheduled procedure. The outstanding 25% is due 3 days before the procedure. **Once treatment is completed, any differences in money owed will be collected on the day services are rendered.** Any refunds will be sent to the address the office has on file for the patient.

PLEASE READ THE PRE-OPERATIVE INSTRUCTIONS INCLUDED IN THIS PACKET AS WELL AS THE ANESTHESIA CONSENT FORM PRIOR TO THE DENTAL SURGERY APPOINTMENT

The included information is important to understand and follow. You do not have to sign the anesthesia consent in advance. You will review it, and more, with the SmileMD team on the day of the procedure. If you have any questions, please do not hesitate to contact us.

Thank you for working with us to help your cub SMILE with Panther Pride!!