

MONESMITH & WOOD ORAL & MAXILLOFACIAL SURGERY, P.C.

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Oral and Maxillofacial Surgery Fee Estimate

Patient's Name				///
Appointment _				a.m. / p.m.
	day	date	time	
Scheduled witl	h:			-
Procedure:				2 *
No personal items, including cell phones, are allowed in the surgery suite during surgery.				
Anesthesia: □ local anesthesia		☐ nitrous oxide	☐ intravenous sedation	
Total Cost Estimate		*patient is responsible for this fee. This is an estimate based on our initial evaluation. If additional procedures are required to complete your treatment, additional fees may be incurred.		
Down Payment		*due day of surgery.		
Remaining Balance		*Insurance will be filed. Regardless of what insurance may or may not pay, this is the patient/guardian responsibility.		
Our fees on this estimate will be honored for 90 days. After this time, fee increases may occur.				

Our office files insurance claims as a courtesy only.

The actual amount owed by you may be higher than the down payment given. Please be advised that it is your responsibility to determine what insurance coverage is available for the proposed treatment. Our office will be happy to provide any codes necessary to help you in this process.

Most IV sedation patients will receive an additional medication that will help control post-operative swelling and nausea. This medication is not always covered by insurance and you may be billed for the cost of this medication.

Pre-operative Instructions for General Anesthesia or Intravenous Sedation

Eating/Drinking

If your surgery is to be performed under general anesthesia or intravenous sedation, do not eat or drink *anything* for at least eight (8) hours before the procedure. *Failure to comply could be life threatening.*

Medication

If you are taking any medication on a regular basis, the decision will be made by your doctor whether or not to continue it on the morning of your surgery. If medication is taken, it can be swallowed with only a sip of water.

Smoking

If you are a smoker, please abstain for at least 24 hours prior to your surgery and for two weeks after surgery.

Clothing

Wear comfortable loose clothing, including a short sleeve shirt if possible. Avoid turtle-neck styles.

Contact Lenses/Removable Dental Appliances

If you wear contact lenses, do not wear them to your surgery appointment or bring your container so that you can remove them prior to surgery.

If you wear a removable dental appliance (denture, retainer), it must be removed prior to the procedure.

Transportation

A responsible adult (or parent or legal guardian if patient is a minor) must accompany the patient and **remain** in the reception room during the procedure and recovery period. It will be this individual's responsibility to escort the patient home.

Other

No personal items, including cell phones, will be allowed in the surgery suite during surgery.

Please remove nail polish and lipstick before surgery.

All facial and oral piercings must be removed prior to surgery.

If you have any questions about scheduled procedures, anesthesia, pre-operative instructions or any issue not addressed here, please feel free to contact the office.