

FINANCIAL CONSENT FOR GENERAL ANESTHETIC TREATMENT:

Thank you for booking your General Anaesthetic session with Dr Jannen Tan. We look forward to providing you with the best care in a stress and anxiety free environment.

To ensure you are aware of all costs associated with the procedure, please see the below information. If you have any questions, please liaise with our General Anaesthetic Booking Coordinator.

There are 3 cost components involved in the General Anaesthetic Process:

1. Facility/Theatre Fee

- This is paid to cover the cost of the hospital or facility where the treatment will be completed. It is paid directly to the hospital/facility that you are being admitted to. Depending on the location and your private health insurance company there may be out of pocket costs associated with this fee. This will be discussed further with our GA Booking Coordinator.

2. Anaesthesiologist Fee

- This fee is to cover the cost of the Anaesthetist for the day of your procedure. This will be paid either to the facility or to the Anaesthetist directly. This will be discussed further with our GA Booking Coordinator.

3. Surgeon Fee / Dental Treatment Fee

- We require a \$500 deposit to be paid at the time of booking to secure a spot in the hospital/facility.
- If you have private health insurance, we will run a quote to see what the gap payment will be in our clinic after your initial consultation. **Please note, if you use your dental benefits after this quote on other treatment, this may impact the amount available at the time of surgery. Please advise us if this is the case.*
- For easy health insurance claims, please drop your health insurance card to the reception team of your clinic 5 days prior to your procedure. We will process the claim on the day of surgery. You can collect your card after this day.
- Payment of the gap (less deposit) is due 5 business days prior to surgery and is to be completed at the clinic you attended upon booking.

**Please note, the deposit is refundable only if cancellation is made fourteen (14) or more days prior to surgery. Any cancellations made within fourteen (14) days must have a valid reason and the deposit will be kept as a credit towards your rebooked surgery date.*

**Any last-minute cancellations or No Shows without a valid reason will forfeit the deposit.*

I have read and agree to the terms and conditions of this document. I agree to make the payments that are required for the procedure, and I am aware of the cancellation policy.

Patient Name: _____ Patient/Guardian Signature: _____

Guardian Name: _____ Date: _____

GA BOOKING COORDINATOR:

Tanisha: Ascend Dental 0401 497 671