

Sleep Apnea Risk Questionnaire

Instructions: Please circle yes or no to the following questions:

Q. Have you previously been diagnosed with Obstructive Sleep Apnea?	YES	NO
If yes are you satisfied with current treatment?	YES	NO
If not diagnosed, answer questions 1 through 4.		

1. S: Do you snore loudly? (louder than talking or loud enough to be heard through closed doors)	YES	NO
2. T: Do you often feel tired, fatigued or sleepy during the daytime?	YES	NO
3. O: Has anyone observed you stop breathing during your sleep?	YES	NO
4. P: Do you have, or are you being treated for high blood pressure?	YES	NO

For office use only:

B: BMI >35

A: Age >50

N: Neck > 17 inches Male
 16 inches Female

G: Male?

STOP ≥ 2 yes = high risk OSA

STOP-BANG ≥ 3 – high risk OSA

Insurance and Payment Information

Welcome to the Dental Anesthesia Center. We welcome any questions you may have about billing procedures, dental insurance and payment arrangements.

Dental insurance is a benefit provided to you, as arranged by your employer. Please contact your carrier to determine if you may seek care outside of your dental insurance network.

Once the treatment plan has been determined, we will provide the courtesy of submitting your dental expenses to your dental insurance. You must provide your insurance card and a source of personal identification. If your insurance agrees to assign the benefits directly to us, we will contact the insurance carrier for an estimate of the copay you are personally responsible for. This ESTIMATED copay is due at the time services are rendered. (the portion not covered by your insurance). When your dental insurance finalizes your dental claim, any portion above or over what we have estimated is due at that time or will be refunded to you.

If you are a patient without the benefit of dental insurance, payment for services will be due on the day services are completed (we do accept Visa, MasterCard, American Express and Discover). For account balances over 300.00 we can provide extended payment plans through CARECREDIT. There is a 6 month interest free plan available, as well as extended 2, 3, 4 and 5 year payment plans at an interest rate determined by your credit history.

Charges for the first visit are due at the time of services.

Please let us know if you have any questions, (314)862-7844.

Thank you, Cheri Williams

Letter of Medical Necessity

Many of our patients have special needs that require deep sedation and general anesthesia to cooperate for dental care. Children under the age of five, a person who is severely disabled or a person who has a medical, mental or behavioral condition will require a letter of diagnosis and medical necessity for general anesthesia.

The Dental Anesthesia Center would like to assist you in obtaining additional benefits from your dental insurance that may cover a portion of the sedation services. To do this you will need to obtain a letter of diagnosis and medical necessity for general anesthesia from your primary care physician or the doctor that diagnosed the medical condition.

Please bring this letter with you to your first appointment. Below is a brief example of the letter with the appropriate information needed. If you have any further questions or need assistance, please call 314-862-7844.

Thank you,

Cheri Williams

Date: _____

(Name) has been diagnosed with (medical condition) and will require sedation services to have dental care completed.

Please complete the enclosed documents and bring them with you to your scheduled appointment.

Please obtain a Letter of Medical Necessity (if applicable)

White Medical History- Complete front and back of form

Blue, Green or Yellow form- Complete front and back

White Sleep Apnea Risk Questionnaire- front

HIPPA Form- please complete

We appreciate your help in having your paperwork completed. We look forward to seeing you soon.

***Please arrive 30 minutes prior to your scheduled appointment time to complete your registration.**