

Frederick Pediatric Dentistry, LLC (Drs. Camacho and Virts)

Same-Day Surgery Instructions

77 Thomas Johnson Drive, Suite A, Frederick, MD 21702
301-682-3887 (phone) 301-682-7984 (fax)

Procedure Date: _____

Location: Frederick Memorial Hospital (FMH)
400 West Seventh Street
Frederick, MD 21701
240-566-1420

*Please note that if you will need an interpreter please advise us at the time of scheduling.

Arrive at the location at _____ a.m. in order to be prepared in time for your child's procedure scheduled at approximately _____ a.m.

For your child's safety, the procedure may be cancelled if the instructions below are not followed. However, the ultimate decision to proceed with treatment will be at the discretion of the Department of Anesthesiology and/or the attending anesthesiologist.

MEDICAL:

1. **DO NOT** allow your child to eat or drink ANYTHING after midnight the night before the procedure.
2. Complete and sign the "Request and Authorization for Operation or Other Procedures" form.
3. Your child needs a physical exam from your pediatrician within **10 days of the surgery** for procedures at Frederick Memorial Hospital, and the **results faxed to us** at (301) 682-7984 **no later than 1 day prior to the surgery.**
4. **Your pediatrician must be credentialed at FMH. If they are not, they are required to fill out the "FMH Non-Staff Preop History and Physical Privileges"** Credentialing forms, and fax it back to us at (301) 682-7984.
5. Please take the Hard Copy of the Preop Physical form with you on the day of the same-day surgery.

INSURANCE:

1. If you carry insurance, we will obtain the necessary dental and medical pre-certification. **Without insurance authorization, we will not schedule the procedure. We do advise you to contact your medical insurance company to confirm that you have benefits for the facility and anesthesia for dental procedures. Ultimately, we are not responsible for non-payment by your medical insurance, and the fees to the facility and anesthesiologist are your responsibility as the policy holder.**
2. The fee for the "Professional Hospital Call" is not usually covered by most dental insurance companies and at least half (\$225) **must be paid as a deposit PRIOR** to scheduling your child's surgery.
3. After contacting your insurance and verifying the **ESTIMATED coverage**, we require that your portion (the Guarantor's) portion **to be paid two business days prior** to the surgery date.
4. In cases where you may need **to cancel the surgery, we require a seven business day notice** or the \$225 deposit will NOT be refunded.