

# Pediatric Care of Ogden

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## Statement of Financial Obligation and Consent for Procedure

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Responsibility Party Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your health insurance may not pay for the items or services that are described below. Health insurers do not necessarily pay for all of your health care costs. Insurance only pays for covered items and services. The fact that insurance may not pay for a particular item or service does not mean that you should not receive it; your doctor recommends that you do receive one or more of the following services:

### Destruction of Benign or Premalignant Lesions-

<u>Code</u>	<u>Description</u>	<u>Cost</u>
17110	1-14 Destruction by laser surgery, electrosurgery, chemosurgery, cryosurgery, or surgical curettement, premalignant lesions.	\$150
17111	15 or more Destruction by laser surgery, electrosurgery, chemosurgery, cryosurgery, or surgical curettement, premalignant lesions.	\$180

### Destruction of Vascular Proliferative Lesion-

<u>Code</u>	<u>Description</u>	<u>Cost</u>
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	\$104

### Surgical Incision of Floor of Mouth or Tongue-

<u>Code</u>	<u>Description</u>	<u>Cost</u>
41010	Incision of lingual frenum (frenotomy)	\$324

I hereby authorize \_\_\_\_\_ MD/PNP to perform the following procedure upon my child.

Procedure: \_\_\_\_\_

I understand that during the course of the procedure, unforeseen conditions may necessitate additional procedures than those explained. I therefore authorize the above named provider and associates to perform such procedures as necessary. I further consent to the administration of anesthesia as needed.

I understand the proposed procedure involves risk and the possibility of complications. Complications have been known to occur even when the utmost skill and judgment are implemented.

I accept the risk in an effort to obtain the desired result of the procedure. I have been given adequate explanation of the procedure, risk and benefit. All of my questions were answered satisfactorily.

I have read and understand this document and wish to proceed with the above named procedure.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: 5/8/14