



Dental Treatment in a Hospital Setting

Oral rehabilitation at the hospital under general anesthesia is an option for patients needing extensive dental treatment, special needs, and/or severe anxiety. Since a child will be treated in an operating room, all necessary treatment will be completed. It is recommended to treat limited decay while the child is under general anesthesia to avoid progression of decay, which may require additional treatment with anesthesia. Treatment will be done in an outpatient setting with Dr. Kierstin Kerr at Franciscan Children's Hospital.

Franciscan Children's Hospital
30 Warren Street, Brighton, MA 02315
(617) 254-3800 x2970

- There is a non-refundable \$395.00 facility fee that is not covered by insurance in order to schedule your child for a hospital visit. This fee covers any evaluations, follow-up visits, and any applicable operating room fees Duxbury Children's Dentistry incurs from the hospital. This fee does not apply to any co-pays, deductibles and/or balances.
- We will make a copy of your **medical** insurance card and submit that information to Franciscan Hospital. Your medical insurance should be verified by Franciscan Hospital and they will notify you of network status, approval of anesthesia and facility fees and any co-payments or deductibles, if applicable. It is your responsibility to check with Franciscan Hospital for any medical insurance coverage or questions at (617)254-3800 x1542.
- An estimate of benefits (EOB) / dental pre-treatment estimate is provided based upon any obtained radiographs and/or a complete clinical exam at our office. Additional treatment may be needed at the hospital visit that was unanticipated. Our office will submit a dental insurance claim on your behalf as a courtesy for any additional treatment, if applicable.
- Your child will be required to have medical clearance from their pediatrician/primary care physician within 60 days of the scheduled hospital visit.
- A PCR COVID test must be completed within 72hrs of the visit per hospital requirements.
- **OPTION 1:**
You may choose to have a pre-treatment estimate submitted to your dental insurance company prior to scheduling the hospital visit. By doing so, you will receive an estimate in the mail, typically within 4 weeks, explaining any benefits, co-pays, deductibles and/or coverage. If you decide to proceed with scheduling for a specific date we will provide you with a parent packet of information and the facility fee of \$395.00 will be due at that time. Please note that payment for your dental treatment will be due 2 weeks prior to your appointment. Any additional dental treatment cost will be due within 30 days of your hospital visit. Our office will submit dental insurance claims on your behalf as a courtesy. It is your responsibility to check with your insurance plan for remaining yearly benefits.
- **OPTION 2:**
You may choose to schedule your hospital visit for a specific date now (next available date is typically in 4-6 weeks). The facility fee of \$395 will be due in full. Our office will submit dental insurance claims on your behalf as a courtesy. An estimate of benefits is typically received within 4 weeks, however, if it is not received prior to your appointment it is your responsibility to check insurance coverage prior to any treatment. It is your responsibility to check with your insurance plan for benefits. Payment for your dental treatment will be due 2 weeks prior to your appointment. If an estimate of benefits is not received by that time 20% of the dental pre-treatment estimated cost will be due to our office. Any additional dental payments/ treatment cost will be due within 30 days of your hospital visit.

We are pleased to offer this service to our patients. The option allows all treatment to be done in a safe, anxious-free environment. Dr. Kierstin Kerr has had operating room privileges at Franciscan Children's Hospital since 2008. We have chosen this hospital because of it's impeccable reputation and expertise.

Please see reverse side for dental treatment cost submitted to your insurance

The following is a list of dental treatment cost for your reference.
 This amount will be submitted to your insurance, if applicable.

Summary of Treatment Cost:

CODE	# OF TEETH	Dental Work Planned	Our Fee: Amt billed to Ins (not reflective of actual cost)
D1351		Sealant-permanent tooth	\$75 Co-pay usually \$0.00
D1351A		Sealant-primary tooth	\$75 Co-pay varies- check EOB
D7140		Extractions	\$225 Co-pay varies- check EOB
D2391		1 surface posterior composite	\$230 Co-pay varies- check EOB
D2392		2 surface posterior composite	\$275 Co-pay varies- check EOB
D2393		3 surface posterior composite	\$325 Co-pay varies- check EOB
D2394		4 surface posterior composite	\$375 Co-pay varies- check EOB
D2330		1 surface anterior composite	\$230 Co-pay varies- check EOB
D2331		2 surface anterior composite	\$275 Co-pay varies- check EOB
D2332		3 surface anterior composite	\$325 Co-pay varies- check EOB
D2335		4 surface anterior composite	\$375 Co-pay varies- check EOB
D1510		Space Maintainer -fixed	\$425 Co-pay varies- check EOB
D2390		Stainless Steel Crown	\$350 Co-pay varies- check EOB
D3220		Pulpotomy	\$290 Co-pay varies- check EOB
D1352		Preventative Resin Restoration	\$100 Usually \$0.00 co-payment