

Lake Charles Oral Surgery  
Dr. G. Rawleigh Fisher  
Dr. Donald Boudreaux Jr.

## **Dental Implant Policy**

### **Implant fees**

Implant Surgery Total - \_\_\_\_\_

Covered under this total:

- Implant
- Bone grafting material
- Surgical placement of implant
- Healing abutment
- Post-operative care
- All follow up appointments
- Encode digital impression for custom abutment

**(THIS FEE DOES NOT INCLUDE THE FINAL ABUTMENT OR DENTAL CROWN. THIS WILL BE DONE BY YOUR REFERRING DENTIST, AS DR. BOUDREAUX DOES NOT PERFORM ANY RESTORATIVE WORK.)**

In some cases, once a tooth is extracted the implant may not be able to be placed immediately. In this case, ridge preservation will be performed, and the implant will have to be placed at a later date. At this following planned surgical appointment, you will be given the option to either have IV sedation, or have the remaining procedure performed under local anesthesia. If you choose IV sedation there will a charge of \$290.00. Local anesthesia will be performed at no charge.

### **Payment of Fees**

Implants are required to have a 50% deposit paid to secure your surgery time & order materials-\_\_\_\_\_ On the day of your surgery the final 50% is due in full, regardless of implant placement-\_\_\_\_\_ (This may be done with cash, check, major credit card, or Care Credit.)

Should you choose to cancel your appointment, at least 48 hours notice must be given and HALF of your deposit will be refunded. If you choose to cancel your appointment for implant placement after the ridge preservation is done, you WILL NOT be refunded your deposit.

### **Insurance**

It has been our experience that dental insurance often does not pay for the cost of implants. Although we are not providers for insurance, we are willing to file the insurance for you as a courtesy. If the insurance company sends the payment to our office, we will return the payment to the insurance company and have them reissue the check directly to the policyholder.

Thank you for understanding our implant policy. Please let us know if you should have any questions or concerns.

I have read the implant payment policy. I understand and agree to the above mentioned guidelines.

\_\_\_\_\_  
Patient Named Printed

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date