



I _____ understand that I am suffering from snoring and mild/moderate/severe obstructive sleep apnea TMJ syndrome. I agree to pay Dr. Michael Selleck any remaining benefits not covered by my carrier(s) for the initial phase of diagnosis and treatment of my snoring/obstructive sleep apnea/TMJ disorder.

The initial phase of treatment will include:

1. A comprehensive dental exam
2. A comprehensive TMJ exam
3. Diagnostic plaster study models of the oral cavity
4. TMJ x-ray analysis if necessary
5. Panoramic x-ray analysis of the oral cavity if necessary
6. Fabrication and delivery of an FDA approved oral appliance

The goals of treatment are to reduce the AHI to less than 10 with no symptoms for mild and moderate sleep apnea patients and have a 50% reduction in the AHI for severe obstructive sleep apnea patients. Symptoms may include fatigue, snoring, etc.

I have read the Dental and Sleep Medicine Office of Michael J. Selleck financial policy and the following payment options. _____ (initial)

To help expedite the insurance process and insure prompt payment of claims, we often prepare a comprehensive report of findings. A compilation of all tests, screenings, questionnaires and results, is prepared at no charge to you. It outlines the "medical necessity" of oral appliance therapy.

Understanding the information that is required by my insurance company/Medicare, I hereby give my consent to have my personal medical health history and any personal information (name, address, social security number, etc), forwarded to them as it may be required by the insurance company/Medicare. I also authorize the release of my information to my primary care physician and/or any other health care providers involved in my care.

Signature _____ Date _____

Every effort to have your treatment covered by your insurance will be made on your behalf. DME (Durable Medical Equipment) coverage varies widely from carrier to carrier. While we can give you basic information regarding your coverage, we cannot tell you your exact out of pocket expenses. Once authorization for treatment is obtained, most carriers will give this information directly to the patient only.

Fees: Comprehensive Evaluation (99204) \$500.00
Custom Fabricated FDA Approved Oral Appliance (E0486) \$3000.00