

## Patient Financial Agreement

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_ Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Parent or Gaurdian \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Email Address \_\_\_\_\_

### PAYER AGREEMENT:

- We accept cash, money order, any credit card, and any debit card. We do not accept CareCredit.
- ***Charges for anesthesia have been explained to me and I had an opportunity to ask questions. Billing is done in 15-minute intervals. The minimum charge is for \$500.***
- ***PAYMENT FOR ANESTHESIA IS DUE ON THE DAY OF SERVICE BEFORE SERVICES ARE RENDERED.***
- Please have a responsible adult with you, who knows your preferred payment method.
- Selkirk Anesthesia LLC will not bill insurance.
- Any delinquent or accrued charges may be sent to collections.

I have read, understand and agree to the payer agreement. I also understand that payment is due in full on the day of service. I also understand that this is an estimate and that the final price could change based on the length of the procedure.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Time \_\_\_\_\_

### MY ESTIMATED PRICE FOR SEDATION SERVICES

Hourly Rate=\$ \_\_\_\_\_ .00

Estimated length of procedure=\_\_\_\_\_ (rounded to the nearest 15minutes)+30 minutes for setup and recovery from anesthesia=\_\_\_\_\_.

Total Estimated Amount Due Day of Procedure=\$\_\_\_\_\_.