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## Financial Agreement

I understand that the anesthesiologist does not participate as an in-network provider with insurance plans. Upon my request, a receipt will be provided to me which will be suitable for submission to my medical or dental insurance company to seek reimbursement; however, anesthesia for dental services is rarely a covered benefit. Mile High Dental Anesthesia takes no responsibility for limits of insurance coverage.

**Payment of \$1030 is due prior to the scheduled appointment. Any remaining payment will be collected at a later date. Payment can be made via cash or credit card. Checks are not accepted.** I understand the time for anesthesia includes the dentist's total treatment time, anesthesiologist's preparation time and recovery time. The anesthetic coverages are based on the following fee schedule: \$1030 for the first 2 hours and \$175 for each additional 15 minutes thereafter.

**Tri-Care and CHP require a payment of \$850 prior to the scheduled appointment. That initial payment will cover the first 2 hours of anesthesia services. Additional fees of \$100 per 15 minutes thereafter will be billed directly to you following the appointment.**

I understand that failure to pay for services in a timely manner may result in my account being submitted to an attorney or collection agency for collection and agree that I will be responsible for all attorney's fees and costs associated therewith.

**I acknowledge that I am signing this statement voluntarily and that it is not being signed under duress or after the services have been provided. I understand that by signing this form, I will be fully responsible for the total billed charges for the services listed above and will pay the provider this amount, regardless of any payment received from my insurance company.**

**Patient Name:** \_\_\_\_\_

**Signature of Patient/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Payor (if different):** \_\_\_\_\_

