

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:

- The \$500.00 deposit placed when scheduling appointment is **NONREFUNDABLE**
- 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 \$1500.00.***
- ***PAYMENT FOR ANESTHESIA IS DUE BEFORE THE DAY OF SERVICES BEING RENDERED.***
- Any time over the estimated time of anesthesia services will be billed immediately after the procedure and due upon receipt of bill. If the anesthesia time required is less than the estimated time it is possible that a partial refund will be issued. Refunds are issued in 15-minute intervals.
- 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 ANESTHESIA SERVICES

Hourly Rate=\$ _____ .00

Estimated length of procedure= _____ (rounded to the nearest 15minutes)+45 minutes
for setup and recovery from anesthesia= _____ .

Total Estimated Amount Due BEFORE Day of Procedure=\$ _____ .



**Selkirk
Anesthesia**
Mobile Anesthesia Services