



11001 W 120th Ave STE 400
Broomfield, CO 80021
720-315-1319
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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 \$175 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): _____

