



## FINANCIAL RESPONSIBILITY

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Payment for anesthesia services is due the day of treatment. Anesthesia fees are based on time and the responsible party (patient, parent, or guardian) is responsible for all anesthesia fees even if different than the estimate. A deposit may be required at the time the appointment is made and will be applied to the final bill. Any deposits will be nonrefundable and forfeited if the responsible party does not give 48 hours notice prior to cancellation.

Insurance carriers may not cover the cost of anesthesia services. Check with the insurance carrier about benefits to which the patient is entitled. We will provide a receipt for services rendered and any information required to file a claim.

By signing below, I authorize and request my insurance company to pay directly to the anesthesia provider benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I authorize my doctor to release any information requested by my insurance carrier.

I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on any outstanding account balances. Any and all unpaid portions of fees owed shall bear interest at the maximum rate allowed by law from the day of treatment until collected. The responsible party hereby consents and agrees that if payment is in default Dr. Eisdorfer may file a legal claim in Kings County, New York, rather than the county in which the responsible party is located, and further that proper venue in all disputes between the parties hereto shall be in Kings County, New York.

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PATIENT NAME

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SIGNATURE OF PATIENT/PARENT/GUARDIAN

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DATE