



FINANCIAL AGREEMENT

Patient: _____

Date of Service: _____

I, _____, fully understand/agree *that I am responsible for the anesthesia fees before the day of the procedure.* I realize that "anesthesia time" consists of operative time plus roughly one hour. The additional time is utilized for both induction and recovery of the patient. *I am aware that the fee for anesthesia is \$625 per hour, with a \$1250 minimum.*

Signature of Responsible Financial Party
(Circle one: Patient, Parent, Guardian, Other)

Date

Methods of Payment

- 1) **Check:** Please make the check payable to *Patrick McCarty*.
- 2) **All Major Credit Cards:** Please provide the information below.

Name as it appears on card: _____

Card number: _____

Type of card: _____

Expiration Date: _____ Security Code (on back): _____

Billing Zip Code: _____