



621 Ridgely Avenue, Suite 101
Annapolis, Maryland 21401
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Payment Agreement

Assignments of Anesthesia Insurance Benefits, Deductibles, Co- Pays and Balances:

By signing below, and in return for anesthesia services rendered, I assign any and all anesthesia insurance benefits due and payable for treatment, and/or any other anesthesia services performed on the patient's behalf, to Maryland Anesthesia Providers, PA.

I understand and agree that I am personally responsible for any denied claims, "deductibles", or "co-payment" amounts applied by my insurance company for Maryland Anesthesia Providers' services. I will immediately forward all proceeds I receive from my insurance company related to this claim to:

Maryland Anesthesia Providers, PA
C/O Annapolis Billing Services
621 Ridgely Avenue, Suite 404
Annapolis, MD 21401

Furthermore, I understand that if my insurance company is out of network with Maryland Anesthesia Providers, PA, I may be billed for unpaid anesthesia charges.

Print Patient Name

Signature of Patient/ Guardian

Date