

PAX MEDICAL ASSOCIATES, INC./Dr. Amanambu  
1655 W. Market St. Ste. L Akron, Ohio 44313  
Telephone (330) 375-0000 Fax (330) 375-0002

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**PATIENT FINANCIAL RESPONSIBILITIES**

- The patient (or patient’s guardian, if a minor) is ultimately responsible for the payment for his/her treatment or care.
- Patient is responsible for knowing the terms of his/her insurance.
- We are pleased to assist you by billing for our contracted insurers, however the patient is required to provide us with the most correct and updated information about their insurance and will be responsible for any charges incurred if the information provided is not correct or updated.
- Patients are responsible for the payment of co-pays, co-insurance, deductibles and all other procedures or treatment not covered by their insurance. Payment is due at the time of service.
- Patient balances are due immediately and are not contingent upon receiving a statement. Insurance companies provide an explanation of benefits outlining payments and patient balances.
- Patients may incur and are responsible for the payment of additional charges at the discretion of Pax Medical Associates (PMA). These charges may include but are not limited to:
  - Charge for returned check \$35.00
  - Charge for missed appointments without 24 hours advanced notice \$20.00
  - Charge for copying and distribution of patient medical records
  - Charge for completion of forms

**PATIENT AUTHORIZATION**

I certify that I (or my dependent) assign directly to my provider all insurance benefits otherwise payable to me for services rendered. I understand that I am ultimately responsible for all charges accumulated. I hereby authorize the doctor to release all information necessary to secure the payment of benefits, and authorize the use of this signature on all insurance submissions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date