Newport Beach OB/GYN Medical Group, Inc.

Financial Policy

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Newport Beach OB/GYN Medical Group will bill your insurance company for services rendered as a **courtesy**. However, **you are ultimately responsible** for all charges for services rendered. In the event services rendered are not covered by your insurance company, we will require that you remit payment to Newport Beach OB/GYN Medical Group. Please ask if you have any questions about our fees, financial policy or your responsibility.

UNINSURED PATIENTS/CASH ONLY PATIENTS

Payment in full is due at the time of service for all office visits and/or procedures, unless other arrangements are made in advance. We accept cash, checks, Visa and MasterCard.

INSURANCE**

It is your responsibility to know your insurance plan and to verify coverage for referrals to other doctors, recommended tests and laboratories.

PPO Insurance

We will bill your insurance company. Co-payment and any anticipated deductible is due at the time of your visit.

HMO Insurance

The only IPA we are contracted with is Greater Newport Physicians. You must bring a copy of your current insurance card. Infertility visits must have prior authorization in order to schedule an appointment. Your co-pay will be collected for each office visit.

Surgery Charges

We will bill your insurance. Anticipated deductible and co-payment must be paid prior to the scheduled surgery.

LAB TESTS AND OTHER CHARGES

If your visit includes lab tests, x-rays, biopsies, pap smears or cultures, you will receive separate billing from the company performing the processing and evaluation of those tests; i.e. Hoag Imaging, Quest labs, etc.

MINORS

The parent (or guardian) of a minor is responsible for full payment.

**Insurance is a contract between you and your insurance provider company. We are a party to this contract in some cases. If we are a party to your insurance contract, we will handle claims according to our agreements with the insurance company. We will not becomes involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual and customary charges, etc. other than to supply information as necessary. You are ultimately responsible for the timely payment of your account.

I have read and understand the above information.

Patient Name: _____ _____ _____

Print name | Signature | Date

Responsible Party's Name: (parent or guardian of patient under age 18)

_____ _____ _____

Print name | Signature | Date