

FINANCIAL POLICY

Thank you for choosing **Newport Heart Medical Group** as your cardiac care provider. We are committed to your treatment being successful. Please understand that payment of your bill is a considered part of your treatment. The following is a statement of our financial Policy.

We accept cash, checks, Visa, or MasterCard.

Regarding Insurance Billing:

We will bill your insurance company as a courtesy. Your insurance policy is a contract between you and your insurance company. It is your responsibility to know your benefits and how they will apply to your treatment by the doctor. We are not a party to that contract. If your insurance company has not paid your account in full with 60 days, the balance will be transferred to you and/or the guarantor listed on the Patient Information form.

HMO Plans (with which we are contracted): **All co-pays must be satisfied at every visit.**

There can be no exception, due to the contractual and uniform compliance issues with your insurance company. You are responsible for obtaining prior approval with your Medical Group or PCP prior to treatment.

PPO Plans (with which we are contracted): We have agreed to take a discount from your insurance company. Your co-insurance is your responsibility and is due at the time of treatment. In the event your insurance coverage changes to a plan where we are not a participating provider, you will be responsible for any out of pocket deductible or co-insurance amounts.

Medicare: We accept assignment with Medicare. Medicare pay 80% of their allowed amount after your satisfy the yearly deductible. You are responsible for the 20% of Medicare's allowed amount. We will bill your secondary insurance as a courtesy.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual customary rates.

Cash Patients

All services must be paid in full at the time of treatment, unless prior arrangements have been made. There is a 20% discount applied if paid in full at the time of treatment.

Returned Checks

A \$30.00 fee will be charged for any returned checks. We will be unable to accept your check for services thereafter.



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FINANCIAL POLICY SIGNATURE PAGE

Thank you for understanding the Financial Policy. Please let us if you have questions or concerns. You can reach the Billing Department at 888-679-3904 of the Office Manager at 949-548-9611.

I have received a copy of the financial Policy for Newport Heart Medical Group.

Print Name	Date of Birth
Signature	Date