



## Office Financial Agreement

The following describes our financial policy. All patients are ultimately responsible for payment of all charges and must sign this AGREEMENT, a copy of which will be kept in your record.

### HEALTH INSURANCE

We will bill MEDICARE and your PPO Health Plan (if we are contracted with them) as a courtesy if you present:

- A valid, current insurance card
- Valid identification
- Payment of co-payment when checking into the office, co-insurance when leaving the office, and/or unmet deductible.

### CASH PATIENTS

Cash patients must pay, in full, at the time of service. A discount of 20% will be given for the office visit portion of the total charge. We accept cash, check, VISA, Mastercard, American Express, and Discover.

### PAYMENT RESPONSIBILITY

If insurance payment is not received in full within 45 days of the date of service, the patient is responsible for payment. We will bill this to a credit card of your choice (see below). In the following circumstances we require payment in full at the time of service:

- Whenever we are unable to verify insurance eligibility.
- If you are involved in an auto accident.
- If you have out of state insurance that we are not contracted with.

### REFUNDS

Any overpayment will be refunded within 30 days of the insurance payment; however if there is an outstanding balance the overpayment will be applied.

### RETURNED CHECKS

There will be a \$35 fee for returned checks.

I have read the above AGREEMENT and understand and agree to its terms. I also authorize Newport Urgent Care to furnish information to insurance carriers concerning my treatment and I hereby assign all payment for services rendered.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_