



NEWPORT HARBOR CARDIOLOGY, INC.

Policies of Newport Harbor Cardiology

Parents: Please initial all boxes to indicate you understand each individual policy. If you have any questions regarding these policies, please do not hesitate to ask us. We are committed to providing you with the best possible care.

- PAYMENTS:** All payments are due at the time of service. Newport Harbor Cardiology will kindly file your claims to your insurance company as a courtesy to you.
- COPAYMENT:** Co-payments are due at the time of service for each visit.
- COVERAGE:** Not all services are covered by all insurance policies. Any services that are not covered by your insurance are your responsibility. It is your responsibility to know what your insurance policy entails.
- INSURANCE DISPUTES:** It is your responsibility to contact your insurance company with any disputes regarding your coverage.
- COLLECTIONS:** Newport Harbor Cardiology will send out reminders regarding your bill. Failure to remit payment may result in your account being sent to collections. Newport Harbor Cardiology cannot withdraw your account from collections once it is sent.
- BILLING:** Newport Harbor Cardiology will bill your insurance as courtesy to you. At the time the EOB is received your account will be credited. Any denied amounts or any remaining **patient responsibility** are expected to be paid upon receipt of the statement. While we are happy to assist you by filing claims with your insurance, all charges are your responsibility from the date the services are rendered.
- RETURNED CHECKS:** There will be a service charge of \$25.00 for all returned checks.
- FINANCIAL HARDSHIP:** We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.
- ARBITRATION AGREEMENT:** Additional paperwork includes an arbitration agreement. By signing the agreement we are agreeing that any dispute arising out of the medical services you receive are to be resolved in binding arbitration rather than in a suit in court.
- CONSENT TO TREAT:** Newport Harbor Cardiology will be unable to treat minors without the consent and presence of a parent or legal guardian.
- OFFICE HOURS:** Monday thru Friday 8:30am to 5:30 pm.

Printed Name of Parent / Legal Guardian

Relationship to patient

Signature of Parent / Legal Guardian

____/____/____
Date