



NEWPORT

ORTHOPEDIC INSTITUTE

FINANCIAL POLICY

We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and agree to prior to any treatment.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS.

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 within 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. Due to contractual and uniform compliance issues with your insurance company, there are no exceptions to the policy of collecting co-pays at every visit. You are responsible for obtaining authorization and approval for treatment with your Medical Group or PCP prior to treatment.

PPO Plans (with which we are contracted): We have negotiated rates with your insurance company. Your co-insurance and unmet deductible is your responsibility and payment is due at 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 network deductible or coinsurance amounts.

Medicare: We accept assignment with Medicare. Medicare pays 80% of the allowed amount after satisfaction of the annual deductible. We will bill your secondary insurance for the remaining 20% of the Medicare allowed payment as a courtesy; however, you are responsible for any remaining balance regardless of payment from a secondary insurance.

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 and customary rates.

Cash patients

All services must be paid in full at time of treatment. Our office can provide you with an estimate of the cost of treatment prior to your visit with the Physician.



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Returned checks

A \$25.00 fee will be charged for any returned checks. We will be unable to accept your check for any services thereafter.

Administrative Fee

All co-pays will be collected at the time of service. If a patient does not submit payment at the time of service, the patient will be billed for the co-pay and a \$15 Administrative Fee will be added to cover the cost of billing and collections.

Surgery Deposits

Newport Orthopedic Institute charges only for professional services provided by your physician. There will be additional billing directly to you from the facility where your procedure is performed, the anesthesiologists and other assistants that your surgeon may require. Once a decision for surgery is made, an Insurance Coordinator will contact your insurance carrier to confirm eligibility of benefits. At this time the Surgery Scheduler will provide you with an estimated cost of the Physician's professional services along with your estimated responsibility. This process normally happens within two business days of scheduling your procedure. The estimated responsibility will be collected as a deposit at the time of your pre-op appointment.

Durable Medical Equipment

Newport Orthopedic Institute provides Durable Medical Equipment (DME) as ordered by your physician. Your insurance will be billed in accordance to your insurance coverage guidelines; however, you will be responsible to pay for unpaid balances and co-insurance rates. Some DME products are not covered by insurance, in which case, you will be notified of the item and its cost. For better understanding of you DME coverage, contact your Insurance Provider. DME is intended for single patient use only. As that is the case, DME is not subject to returns.

Medical Records

All Medical Record requests are subject to a clinical preparation fee of \$15.00. For diagnostic films, such as an X-ray, MRI, and CT scan, you will be charged the actual cost of films printed. The actual cost of shipping and handling will be added if applicable.



Notice of Privacy Practices

We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures.

The Notice of Privacy Practices explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. The policy in its entirety can be requested from the receptionist or found on our web-site. Please review it carefully. For your convenience the following is a summary of the information discussed in the notice.

- Our Pledge
- Your Personal Information
- Our Privacy Practices
- How We May Use or Share Your Information for:
 - Treatment
 - Payment
 - Health Care Operations
 - Notifications and Special Circumstance and the Law
 - Research and Marketing
- Your Written Permission
- Other Restrictions
- Your Rights
- Changes
- Questions or Complaints

Your agreement only acknowledges that we have made available for your review a paper copy of our Notice of Privacy Practices and have retained a copy of this acknowledgement as required by law.



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Patient Acknowledgement of Policies

Thank you for choosing Newport Orthopedic Institute as your health care provider. We ask that you carefully read the attached copies of our policies prior to agreeing to them. If you have any questions about these policies, an NOI employee will be happy to help explain them to you.

Financial Policy (attached)

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party	Printed Name	Date
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Notice of Privacy Practices (attached)

I hereby acknowledge the receipt of the Notice of Privacy Practices. A personal copy of the Privacy Practices will be available per my request.

Signature of Patient or Responsible Party	Printed Name	Date
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I authorize the release of my patient health information to the following personal contacts (Spouse, Child, Assistant, etc). I understand it is my responsibility to notify NOI of any changes in the information below.

_____	<input type="checkbox"/> Appointment Information
Name Relationship	<input type="checkbox"/> Treatment Information
	<input type="checkbox"/> Billing Information

_____	<input type="checkbox"/> Appointment Information
Name Relationship	<input type="checkbox"/> Treatment Information
	<input type="checkbox"/> Billing Information



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Patient Acknowledgement of Policies

DME Acknowledgment of Driving Impairment

While you are under the care of your Physician, you may be fitted into Durable Medical Equipment, or DME (Cam Walking Boots, Shoulder Slings etc). While the DME is to be utilized to protect or support your condition, by wearing the DME, it might impair your ability to operate automotive vehicles.

You might not be able to operate a vehicle safely due to the use of your DME, please arrange for proper transportation and use the proper precautions. If you have any questions regarding this matter, please ask the DME Coordinator at Newport Orthopedic Institute or your physician.

Signature of Patient or Responsible Party

Printed Name

Date

Medication Acknowledgement of Driving Impairment

While you are under the care of your Physician, you may be prescribed medication that could impair your ability to operate a motor vehicle, heavy machinery or equipment.

Please refrain from operating a motor vehicle under the influence of prescribed medications that impair judgment. Arrange for proper transportation and use the proper precautions when taking prescribed medications. If you have any questions, please ask your Physician or your pharmacist.

Signature of Patient or Responsible Party

Printed Name

Date

Diagnostic Testing Results

While under the care of a Physician/Provider with NOI, you may be sent to have diagnostic testing performed (MRI, CT-scan, bone scan, lab work). It is the patient's responsibility to return to the office to receive the results of any diagnostic testing. Most testing is completed at an outside facility. It is the patient's responsibility to obtain the results of all tests in addition to ensuring all outside results are sent to the Physician's office prior to the follow up appointment. Reports may be faxed to (949) 630-4903. NOI is able to directly access testing performed at Hoag Facilities as well as Newport Imaging Center.

Signature of Patient or Responsible Party

Printed Name

Date