

Robert E. Anderson, M.D.
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(949) 642-8727

Financial Policy

All fees for procedures and treatment are due and payable at the time services are rendered. If you are enrolled in a health plan that is contracted with Dr. Anderson, all services that are a *covered benefit* will be billed directly to your health plan. Your infertility co-pay is due at the time of service. Any treatment that is a *non-covered benefit* will be due at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party in that contract. We bill your insurance as a courtesy for you, however, you are the responsible party if your insurance fails to pay.

Members of Bristol Park Medical Group and Greater Newport Physicians are required to obtain a referral to our office for the initial consultation. Subsequently, all future services need to be pre-authorized by your IPA. Any services that have not received prior authorization, or are a non-covered benefit, *will be the financial responsibility of the member*. Please communicate with the office staff prior to beginning new treatment to ensure that proper authorization has been obtained.

It is your responsibility to be aware of your infertility benefits.

Monthly statements will be mailed to all patients with an outstanding balance.

Our office accepts payments in the form of cash, personal checks, Visa, Mastercard, American Express and Discover. A \$25.00 fee will be charged for all returned checks. We also have financing available. Please contact the billing department for details.

Fee schedules are available upon request.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I understand and agree to this financial policy.

X _____
Signature of Patient or Responsible Party

Date _____

X _____
Signature of Co-Responsible Party

Date _____