



**Robert E. Anderson**

**361 Hospital Road, Suite 333  
Newport Beach, CA 92663  
Phone: (949) 642-8727 Fax (949) 642-5413**

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## **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. 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 Greater Newport Physicians, Memorial Care, and/or Monarch Medical Groups (HMO'S) 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, and are due upon receipt. Outstanding balances that go beyond 90 days are subject to collections.

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 provide options for financing through Prosper Healthcare Lending. 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 \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient or Responsible Party

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Responsible Party



THE NEXT GENERATION

361 Hospital Road, Suite 433  
Newport Beach, CA 92663  
Phone: (949) 642-5954 Fax (949) 642-2954

## Financial Policy

Please note: **Ovation Fertility is a NON-CONTRACTED Fertility Laboratory.** 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 provides **Out-Of-Network Benefits**, all services that are a **covered benefit** will be billed directly to your health plan. You are responsible for any Co-Insurance and/or deductible amounts. Since we are non-contracted provider, there is no provider write-off, and you are financially responsible for these amounts.

**\*\*Patients with Blue Cross/Blue Shield policies will be required to pay for services up front, as Blue Cross/Blue Shield pays the subscriber on the policy directly. \*\***

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I understand and agree to this financial policy.

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient or Responsible Party

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Responsible Party