



Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Financial Policy

Thank you for choosing the Regenerative Institute of Newport Beach for your care. We are committed to helping you optimize your quality of life through medical treatment and care. Please understand that payment for services rendered are part of your treatment and care. Any balance older than 30 days; any balance after insurance coverage, are the patient's responsibility.

Frequently asked questions

### How may I pay?

We accept cash, check, care credit and all major credit cards.

### Do I need a physician referral?

No. We are an out of network provider, therefore you do not need a referral.

### Which plans do you contract with?

We are not contracted with any insurance carrier. However, if your plan includes out of network benefits, we gladly welcome it.

### What are my financial responsibilities for services?

It is your responsibility to verify if you have out of network benefits. Unfortunately, very few insurance policies cover all medical services. Payment of the patient responsibility- deductible, copay, non-covered services- are due at the time of visit. I understand that I am expected to pay any applicable co-payment at the time of service. If I have a deductible and/or a balance that the insurer determines is my responsibility also called co-insurance, or my insurer does not cover certain services, I will be responsible for payment.

I understand that if my personal portion is not paid in full:

- My past due balance will incur interest up to the maximum allowed by law.
- Collection may follow.

### Cash option

More and more we are seeing high deductibles which unfortunately leaves some people without the ability to seek medical care. We offer cash rates [at time of visit] for those who wish to pursue this option. Under the HIPAA (Health Insurance Portability and Accountability Act), patients can request a restriction on a disclosure of PHI (protected health information), to a health plan if they pay out of pocket, in full for the service. We will gladly honor your privacy request. Request must be made in writing prior to treatment.

### What if I missed my appointment to see the physician?

We understand that on rare occasions, unforeseen events may arise causing you to miss an appointment. Please call our office to reschedule as soon as possible.

Dr. Zaffarkhan is committed to your health and wellbeing and has thus reserved time just for you. Patients that do not provide the office with a minimum 24-hour notice prior to the scheduled appointment, will be subjected to a \$250 missed appointment fee.

We reserve the right to amend and update this policy in the future.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company [of which I am responsible to verify], as well as applicable co-payment, deductibles and any charges older than 30 days from the date of service, are my responsibility.

I authorize Regenerative Institute of Newport Beach to release pertinent medical information to my insurance company, and/or the billing company when requested, or to facilitate payment of a claim. I authorize my insurance benefits be paid directly to Regenerative Institute of Newport Beach.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date