



395 W. Central Avenue, Brea, CA 92821
www.BreaUrgentCare.com

HOURS:
Mon - Fri: 8am - 8pm
Sat & Sun: 8am - 6pm
714.494.2828
714.482.2871 Fax

Office Financial Agreement

The following describes our financial policy. All patients are ultimately responsible for payment of all charges and must sign this AGREEMENT, a copy of which will be kept in your record.

HEALTH INSURANCE

We will bill MEDICARE and your PPO Health Plan (if we are contracted with them) as a courtesy if you present:

- A valid, current insurance card
- Valid identification
- Payment of co-payment when checking into the office, co-insurance when leaving the office, and/or unmet deductible.

CASH PATIENTS

Cash patients must pay, in full, at the time of service. A discount of 20% will be given for the office visit portion of the total charge. We accept cash, check, VISA, Mastercard, American Express, and Discover.

PAYMENT RESPONSIBILITY

If insurance payment is not received in full within 45 days of the date of service, the patient is responsible for payment. We will bill this to a credit card of your choice (see below). In the following circumstances we require payment in full at the time of service:

- Whenever we are unable to verify insurance eligibility.
- If you are involved in an auto accident.
- If you have out of state insurance that we are not contracted with.

REFUNDS

Any overpayment will be refunded within 30 days of the insurance payment; however if there is an outstanding balance the overpayment will be applied.

RETURNED CHECKS

There will be a \$35 fee for returned checks.

I have read the above AGREEMENT and understand and agree to its terms. I also authorize Newport Urgent Care to furnish information to insurance carriers concerning my treatment and I hereby assign all payment for services rendered.

Patient/Guardian Signature: _____ Date: ____/____/____

Credit Card Number: _____ Exp Date: ____/____/____