



3 Corporate Plaza Dr. Suite 140. Newport Beach, CA. 92660
Tel: (949) 642-7757 Fax: (949) 642-5091

CONSENT FOR TREATMENT AND NOTICE OF POLICIES

I hereby consent and authorize Harbor Medical Associates, Inc. healthcare providers to perform diagnosis, medical treatment and psychotherapeutic interventions as may be indicated for my health and well-being. If I will not comply with the medical program of care provided or recommended, I understand that thereupon I relieve my physician(s), medical staff, and the company, of all responsibility resulting from my action.

I also authorize Harbor Medical Associates, Inc., all associated physicians and all associated agencies, to gather, maintain and release any and all of my information that might be required for processing of any of all claims for third party payors (including but not exclusive of, private insurance, Medi-Cal, Tricare, Work-Comp, etc.)

I acknowledge that I have been given the ability to review Harbor Medical Associates, Inc's policies including the Financial Policy.

PRESCRIPTION REFILL POLICY

Established patients are always given enough medication refills until the next office visit, so refills are not necessary over the phone. This is to limit medication errors and to protect your safety. If you have missed or cancelled an appointment, you will be provided with enough medication until the rescheduled visit, within 1-2 weeks of the missed appointment. You are responsible to notify the office at least 1 (one) week in advance if you are running out of your medication. If you have a mail-in service, they require a minimum of 2 (two) week notice to mail the medication to you on time. Medication refills are not emergencies and must be taken care of during your appointment and regular business hours Monday through Friday (9 am-5:00 pm).

FINANCIAL POLICY

We will submit claims to your insurance company for all medical services rendered at Harbor Medical Associates, Inc. It is **your** responsibility to verify that we are part of your insurance plan. We will attempt to verify your eligibility and benefits with your insurance carrier, however, this does not guarantee that they will pay for the services provided, and you will remain financially responsible if they do not provide payment.

Insurance Carrier or Policy changes -- If your insurance carrier or policy changes, please notify us immediately. We might not get reimbursed for services not authorized in advance by your new insurance company. You will be financially responsible for 100% of the billed charges if your insurance is terminated and you continue to receive services from this office and fail to notify us.

Self Pay (uninsured) – Payment is due in full at the time of service.

Legal Forms, Letters and Court Related Services -- If you need a simple letter or a short form filled out by the doctor, please ask the doctor to take care of it during your appointment. For more lengthy and time consuming forms there will be a fee based on the amount of time spent. Please do not wait until the last moment to take care of these forms. Give us at least 1-2 weeks to complete the paperwork. The fee for paperwork pertaining to Disability will be \$100. (one-hundred dollar) Minimum charge for the Legal Reports is \$200 (two-hundred dollar) but it could be more depending upon the time required. For other court related deposition, expert witness, etc. we can provide the fee details upon request.

Medical Records – all medical records requests are subject to a preparation fee. Any additional costs related to shipping and handling will be added to these costs (if applicable).

Divorce Related – the parent authorizing treatment for a child will be the parent responsible for the charges related to the care. If the divorce decree requires the other parent to pay all, or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent.

Bad Debt—patients who do not pay bills within 90 (ninety) days of the statement date will be referred to collections agency, and **may be discharged from the practice for non-payment.**

Missed Appointments or Appointments cancelled with Less than 24 hour advance notice—we reserve the right to charge \$100 (one-hundred dollar) for each missed appointment and the appointment not cancelled at least 24 hours before the appointment time (Monday through Friday 9am-5:30 pm). This charge is not covered by your insurance. In case of 3 (three) No Shows or appointments cancelled with less than 24 hours of advance notice within a year, we reserve the right to discontinue further care.

Financial Responsibility—based on our contractual agreement with the insurance companies and our internal policies, we are informing you of the following:

- Your health insurance deductible and any expenses deemed not covered by your insurance company will be your financial responsibility.
- All monies owed by you, such as office visits co-payments and non-covered services, are due at the time of service.
- If you are not prepared to pay any amounts due at the time of visit, you will be asked to reschedule the appointment, unless the physician determines that your medical condition prohibits this.

Method of Payment – Our office accepts the following forms of payment: credit cards, cash, money order, and checks. A \$35 (thirty-five dollar) service charge will be assessed to your account for any returned check by your bank. This charge is not covered by your insurance.

Thank you for understanding our policies. If you have any questions or concerns, please do not hesitate to contact our office at (949) 642-7757.

By signing in the box below indicates that you are acknowledging and are in agreement with all of the above. Further, you understand and agree that your consents/assignments remain in effect until you choose to revoke them in writing.

_____ (Signature of Patient or Authorized Representative)	_____ (Printed Name)	_____ (Date)
_____ (If signed Above by Representative, Relationship of signer to Patient)	_____ (Name of Patient if Different from Above)	