



1401 AVOCADO AVENUE, SUITE 703, NEWPORT BEACH, CA 92660
TEL: 949 760 0190 FAX: 949 760 0439

PATIENT FINANCIAL POLICY

This office has contracts with Medicare and with many managed care plans. Please check with our front office staff to determine whether your plan is one of these.

If we have a contract with your plan, we will file a claim with your insurance company. The amount for which you are responsible (any deductibles, copays, percentages or non-covered services) is required at the time of service.

If you do not have one of the plans with which the practice is contracted, the total cost of your visit is required at the time of service.

If at any time you are concerned about the cost of a procedure proposed by the doctor, you may ask for someone from the business office who will be happy to discuss the cost with you.

For your convenience in paying, this office accepts credit & debit cards in addition to cash and checks.

I certify that I have read the Silverberg Surgical & Medical Group Financial Policy and agree to abide by the policy.

Signature _____ Date _____