



Patient Financial Agreement

This is a Patient Financial Agreement for:
Newport Integrated Behavioral Healthcare
Dr. John Moseri

(Hereinafter in this document, these entities will collectively be referred to as **NIBH, Inc.**)

NIBH, Inc. requires all patients to make financial arrangements with us before we provide treatment.

1. I understand that full payment is due at the time of service for myself and any party for whom I am financially responsible.
2. I understand that it is solely my responsibility to confirm which treatments or procedures are covered and/or paid by my insurance (including, but not limited to, any applicable exclusions, deductibles, and annual or lifetime maximums.)
3. I understand that as a courtesy, NIBH, Inc. will attempt to verify my insurance coverage from information that I provide and will file two claims per appointment. I am required to pay in full, before treatment is performed, the estimated portion of any procedures or treatment that will not be covered by my insurance.
4. I understand that insurance claims will only be filed if I provide NIBH, Inc. with my social security and insurance identification numbers (if applicable). If I choose not to provide NIBH, Inc. with my social security number, I understand that I must pay in full for all services rendered. It is Newport IBH's policy to require social security numbers and a copy of government-issued picture identification (driver's license) for recordkeeping purposes even though that may not be the policy of my insurance carrier.
5. I understand that although I pay my estimated patient balance on the date of services, the insurance estimate may differ from what my insurance carrier ultimately pays. I will be responsible for any amounts not paid by my insurance for any reason, and I may receive a bill/statement for a balance due which will be immediately payable upon receipt.
6. I understand that all account balances over 30 days will incur an interest charge at the maximum legal rate allowed.



7. I understand that I will be charged the maximum service charge allowed by law for any returned check, electronic authorization or any debit sent or provided to NIBH, Inc. for payment.
8. I understand that I must inform Newport IBH, in writing, of any concerns, questions, or disputes I may have concerning my treatment or charges in a timely manner but not more than 30 days from either the completion of the procedure or awareness of dispute.
9. I understand that if I fail to pay my account upon it becoming due, NIBH, Inc. may report my account to credit rating bureaus or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney's fees, collection and/or court costs.*
10. I understand that unless patient records are sent directly to another provider, the charge for copies of medical records is \$18.00 and treatment information is \$5.00 or the maximum amount allowed by law or my insurance carrier. These fees are subject to change without notice.
11. I understand that NIBH, Inc. currently charges \$25.00, or the amount allowed by insurance, for a broken or cancelled appointment unless 24 hours advance notice is given. This fee is subject to change without notice.
12. I understand that it is my responsibility to immediately notify NIBH, Inc. of any changes to my address, phone number, work contact information, work status, insurance changes, etc.
13. I authorize payment of the behavioral health benefits otherwise payable to me directly to the below named behavioral health entity. I further authorize NIBH, Inc. to deposit checks received on my account when made payable in my name.
14. I understand that if I discontinue treatment for a requested procedure, I remain responsible for paying all related costs for materials and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled for discontinued treatment and I may receive a bill/statement for a balance due.
15. REFUND OF PRODUCTS: I understand that NIBH, Inc. return policy for unopened or unused non-prescription products is thirty days from the date of purchase.

I have thoroughly read, understand and agree to the above terms and conditions.



Newport Integrated Behavioral Healthcare, Inc.

Printed Name

Date

Signature of Patient (or authorized guardian)

If authorized guardian, relationship to patient

*Interest charges will accrue on balances that have not been paid on the 30th day after the billing date. Late payment fees and returned check fees, if any, are not included in the daily/monthly balance. The interest rate imposed by NIBH, Inc. shall be 18% per annum or the highest rate permitted under the applicable law or Georgia, depending upon where patient treatment was performed. Your payment to any outstanding balance may be allocated in a manner which NIBH, Inc. determines and as legally allowed, and may change from time to time. NIBH, Inc. reserves the right to apply payments to balances with lower interest rates. The dentists and hygienist are employees or independent contractors of Georgia.