



1710 S. 70th Street  
Lincoln, NE 68506  
(800) 742-2224 • (402) 484-9000

## FINANCIAL POLICY

### Patient Responsibilities

1. You are expected to provide our office with correct and accurate contact information and insurance coverage at the time of registration and notify us promptly of any changes. You must complete and sign the patient information form every year.
2. You are ultimately responsible for making sure your account is paid in full, regardless of the source of payment involved.
3. Co-payments and payments for non-covered services will be collected at the time of check-in. Deductible payments, if known, will be collected at the end of the office visit. If you do not have the means to pay at the time of service, your appointment will be rescheduled. For your convenience, we accept cash, personal checks, money orders, VISA, MasterCard, Discover and American Express.
4. For insurance plans that require pre-authorization or referral, it will be the patient's responsibility to obtain this approval prior to the scheduled appointment. If this does not occur, you may call your primary care physician to request the document be faxed to our clinic. If this cannot be obtained immediately, you may reschedule your appointment or pay in full for your services received that day.
5. Account statements with balance due by the patient are mailed each month. Payment is expected within 30 days of this statement. Failure to pay the amount due within 60 days will result in a written notice. Failure to pay in full or contact the Insurance and Billing Department (402-484-9005) within 10 days of this written notice may result in the account being placed with a collection agency. Our office will notify your insurance carrier of non-payment of any deductible, co-insurance, co-payment or non-covered service.
6. If you fail to notify us of an address change and we are unable to locate you, your account may be assigned to a collection agency.
7. Patients who are not covered by insurance must pay in full for all services at the time of the service. For major surgery, a payment of half of the total fee is expected prior to receiving the service(s). The balance is due within 30 days. Payment plans are available through financial agencies for services over \$1200.
8. For children/minors seen in our office, the parent or legal guardian will be the responsible party for billing purposes. In the case of divorce or transfer of custody, the adult who brings the child for the appointment will be responsible for payment, regardless of what may be stated in the divorce decree.
9. Our office will not get involved in matters delaying payment of the account due to legal separations, divorces, or third party litigations.

# FINANCIAL POLICY

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## Practice Responsibilities

1. All claims for your service will be accurately coded and submitted on your behalf within 2 business days of your appointment.
2. We will send a statement of account to you every four weeks as long as there is a balance payable by you on the account.
3. If your insurance company fails to notify our office of the processing of your claim within 60 days of submission, our business office will contact them to learn the status of the claim. Appropriate and reasonable action will be taken on our part to ensure the claim is processed. Follow-up will continue on the status of the claim until it is properly resolved.
4. If an overpayment occurs on an account, the appropriate party(ies) will be refunded within 30 business days.
5. All inquiries you make regarding your account will be answered honestly. If your question requires information not readily available, our business office will obtain the necessary data and resolve the issue as soon as possible.
6. Our physicians are participating providers for Medicare and most major insurance plans. Please call our office to verify our participation with your insurance plan prior to your appointment.
7. If you have questions regarding your account or this financial policy, please contact our Business Office at (402) 484-9005.