

FINANCIAL POLICY for
NEBRASKA ORTHOPAEDIC ASSOCIATES, LLP/LOESS HILL ORTHOPAEDICS

Thank you for choosing Nebraska Orthopaedic Associates, LLP. The following is a statement of our FINANCIAL POLICY. All patients must accept our FINANCIAL POLICY before receiving treatment. Please understand that full payment of your bill is considered a part of your treatment.

METHOD OF PAYMENT: We ACCEPT CASH, CHECKS, VISA, and MASTERCARD. A payment plan may be arranged on an individual basis with the Financial Consultant in our office.

REGARDING YOUR INSURANCE: As a courtesy to you, we will submit medical claims to your insurance company. Any balance after processing of our claim by your carrier is your responsibility. Your insurance policy is a contract between you and your insurance company. You are responsible for verifying if providers are in-network with your insurance company. We cannot bill your insurance company unless you give us your complete insurance information for commercial insurance, Medicare and Nebraska & Iowa Medicaid. It is your responsibility to know your insurance benefits; it may not cover all of the services provided to you.

DEFINITIONS

COPAYMENT: A fixed dollar amount set by your insurance contract that is to be paid at the time of an office visit. This amount is usually between \$15.00 and \$50.00.

DEDUCTIBLE: An annual dollar amount established by your insurance plan that is deducted from insurance benefits. This amount is your obligation and must be paid prior to health care services.

CO-INSURANCE: A percent set by your insurance plan that is deducted from insurance benefits. This percent usually ranges between 10% and 30% and is your obligation to pay.

REGARDING INSURANCE PLANS where we are a participating provider: All co-pays are due PRIOR to treatment.

WHEN SURGERY IS RECOMMENDED: For individuals with commercial insurance plans, a financial representative will check your benefits and contact you prior to surgery to inform you of your out-of-pocket expenses. If during the insurance verification process, it is noted that you have a deductible that has not been met and/or co-insurance percentage, you will be required to prepay a portion of this amount. If this prepayment and the actual processing of our insurance claim results in an overpayment on your account balance, you will receive a refund from our office.

SELF-PAY PATIENTS: Require \$150.00 down payment at the initial visit. Financial arrangement will need to be made for all services provided.

PERSONAL INJURY/MOTOR VEHICLE ACCIDENTS: We require a financial arrangement be established for payment in full at the time of service for personal injury cases. We need a copy of your Medical Insurance Card or \$150.00 down payment at the initial office visit. We are not a party to any litigation suits being filed for personal injuries.

REGARDING WORK RELATED INJURIES: We will file Workers Compensation claims with your employer's Workers Compensation insurance carrier. Written or telephone authorization is required from your employer prior to treatment. If prior authorization is not obtained, you are responsible for full payment at the time of service. If your company' workers compensation carrier has not paid your account in full within 90 days of your date of service, the balance may be transferred to your account and then it will be your responsibility to pay in full by the statement due date.

RETURNED CHECKS: A \$25.00 service fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pre-pay in full by cash, Visa, or MasterCard for additional services.

COLLECTIONS: We reserve the right to forward your account to a collection agency if it is determined to be uncollectible.

Signature implies receipt and understanding of our financial policy.

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PATIENT OR GUARDIAN'S SIGNATURE

DATE