



**Nebraska Orthopaedic**  
A S S O C I A T E S  
Orthopaedics • Sports Medicine • Joint & Hand Specialists

To: All patients being scheduled for Surgery

From: Business Office of Nebraska Orthopaedic Associates, LLP

RE: Insurance and Patient's Financial Obligation

Nebraska Orthopaedic Associates, LLP will verify insurance coverage and complete any pre-certification requirements of your policy. However, per your insurance carrier, this verification is no guarantee of payment.

*We request that you contact your insurance company and also check if any additional requirements may need to be completed prior to surgery.*

**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 contacted by our financial counselor and 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.

**DEDUCTIBLE:** An annual dollar amount established by your insurance company that is deducted from insurance benefits, and, as a result, is your obligation to pay our office.

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

All account balances are to be paid within 30 days following the processing of our claims by your insurance carrier. \*

By signing below I acknowledge to abide by the above policy and agree to pre-payment terms as established by the office.

\_\_\_\_\_  
(Patient's / Guarantor's signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date signed)

\* This document only pertains to the Nebraska Orthopaedic Associates (Surgeon's Charges). It does not pertain to other healthcare charges (i.e. hospital, anesthesia, etc.).