

NEBRASKA UROLOGY/UROLOGY SURGICAL CENTER FINANCIAL POLICY

5500 Pine Lake Road, Lincoln, NE 68516 Phone: (402) 489-8888 Fax: (402) 421-1945

We would like to take this opportunity to welcome you to our office and to assure you that Nebraska Urology/Urology Surgical Center is committed to providing you with the best possible care. Please read the following information regarding our Financial Policy.

If you have insurance coverage we will file insurance claims with an assignment of benefits, with the exception of Medi-Share and other medical expense sharing plans. If necessary a claim form will be provided for any unfilled claims. We participate with most major insurance companies. Please contact your insurance company directly if you have any questions regarding participation.

Please remember the following regarding insurance:

- Your insurance is a contract between you and your insurance company.
- Not all services are a covered benefit in all insurance policies.
- You are responsible for any balance due on your account.
- We reserve the right to pre-collect for any medical condition, regardless of coverage.

High Deductible Health Plan (HDHP):

If you have a HDHP (i.e. you do **not** have a copay when you visit your physician office) and your deductible is **unmet**, you will be asked to pay \$50 at the time of check-in. The \$50 will be applied toward the total cost of your care for the day and Nebraska Urology will bill you for the remaining balance. If you are uncertain if you have a HDHP, please be prepared to pay \$50 at the time of check-in.

No Insurance Coverage/Self Pay:

If you have no insurance coverage or insurance information is not provided at check-in, you will be asked to pay \$50 at the time of check-in at Nebraska Urology and \$200 at the time of check-in at Urology Surgical Center. The \$50 will be applied toward the total cost of your care for the day, with Nebraska Urology billing you for the remaining balance, while the \$200 will be applied similarly, with Urology Surgical Center billing you for the remaining balance.

Copays will be collected at the time of check-in.

There will be a \$25 fee for any no show clinic appointments and a \$50 fee for any surgery center procedure. This must be paid prior to rescheduling.

We accept cash, check, MasterCard, Visa, Discover and American Express. There will be a \$25 charge on all returned checks.

Please contact our billing department promptly at 402-489-8888 option 4 if you have questions or are unable to pay your bill in full within 30 days of the first statement you receive. We offer monthly auto debit payment plans based on account balance and low interest bank loans upon request. We do use outside agencies as a means of collections should we deem it necessary.

Please remember to bring your current insurance card and any referrals required by your insurance.

At your request, we can provide you an estimate of your financial obligations regarding any proposed treatment/surgery.