

FINANCIAL POLICY

Thank you for choosing Bellevue Family Practice, P.C. The following is a statement of 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, LOCAL CHECKS, VISA, MASTERCARD AND DISCOVER. A payment plan may be arranged on an individual basis with the Billing Department.

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 insurance carrier is your responsibility. Your insurance policy is a contract between you and your insurance company. We cannot bill your insurance company unless you give us your complete insurance information for commercial insurance, Medicare and Nebraska Medicaid. If your insurance information is not received prior to treatment then payment is due in full. It is your responsibility to verify the benefits covered by your plan as the insurance company may not cover all the services provided to you. If your insurance company has not responded and paid in full within 45 days of the date of service, then the balance will become your responsibility to pay in full by the statement due date. An Administrative fee of \$5 will be applied to your account if full payment is not received by the statement due date.

DEFINITIONS:

CO-PAYMENT: A fixed dollar amount set by your insurance contract that is to be paid in full at the time of service. This amount is usually between \$15 and \$50, but may be more.

DEDUCTIBLE: An annual dollar amount established by you 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% to 30% and is your obligation to pay.

REGARDING INSURANCE PLANS where we are a participating provider. All co-pays required by your insurance company are due prior to treatment.

REGARDING PERSONAL INJURY: We require payment in full at the time of service for personal injury cases. We are not a party to any litigation suits being filed for personal injuries. In all cases we require our payment in full and any payment from litigation is to be sought by you for reimbursement of your medical services.

REGARDING WORK RELATED INJURIES: We will file Workers Compensation claims with your employer or 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's Workers Compensation carrier has not paid your account in full within 90 days of your date of service, the balance will be transferred to your account and it will then be your responsibility to pay in full by the statement due date.

MISSED APPOINTMENT: Notify our office at least 24 hours in advance if you cannot make your appointment. If you are unable to provide 24 hours' notice, you will be billed a \$25 to \$50 charge for your scheduled appointment time. We reserve the right to discharge you from our practice if you fail to keep three appointments in the span of one year.

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 pay by cash or credit card for additional services.

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

I UNDERSTAND AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

Signature of Patient/Responsible Party

Print Patient/Responsible Party

_____(Date)