



6140 Village Drive, Suite 1, Lincoln, NE 68516 • 402.489.3450 • Fax 402.489.3452

Financial Policy

Welcome to our office. Please read this information about our financial and billing policies. If you do not have insurance, or are using CareChoice payment option, you need to make arrangements with our billing staff. We accept cash, personal checks, Money Orders, MasterCard, Visa, or Discover Card.

If you have insurance that we are billing for you then we will need a copy of your current insurance card, or insurance company and policy number. You will need to authorize payment directly to us. **You** are responsible for paying us for any services not covered by insurance. We will send you a monthly statement so that you know when your insurance company has made a payment and what the remaining balance is.

When there is a balance on your account we will send you a monthly statement, including any new charges.

Unless arrangements have been made with our finance/billing department, accounts not paid in full within 90 days (after trial period) are considered past due. We will contact you regarding the account and attempt to make arrangements with you. If we cannot reach you then we will submit your account to a collection agency.

There will be a charge of \$35 for each returned check.

If you have any questions about this information, please call our billing office at 402-489-3450 ask for the Office manager.

If you have any questions about your insurance that we are billing for you please call our office ask for the Insurance Specialist.

"I certify the accuracy of the billing information and I authorize the release of any medical information necessary to process my medical claims."

Patient or Authorized

Signature _____ ***Relationship*** _____ ***Date*** _____