

# Nebraska Hand & Shoulder Inst. P. C.

## Patient Payment Policy

- 1) Insurance - As a courtesy, NHSI will file with your insurance company. We do not file disputes nor do we hold accounts for disputes you may choose to file with your insurance company. Accepting your insurance does not place all financial responsibility onto this practice, and you will be held accountable for any unpaid balances by your plan.
- 2) Co-payments & deductibles - Copays and deductibles are part of your contract with your insurance company. Please come to your visit prepared to pay.
- 3) Non-covered services - Please be aware that some – and perhaps all – of the services you received may be non-covered by your insurance. If you have questions regarding our fees, contact us. You are 100% responsible for all charges incurred: your physician’s referral and our verification of your insurance benefits are not a guarantee of payment by your insurance company.
- 4) Proof of Insurance - All patients must complete our patient information form *before* seeing the doctor. We must obtain a copy of your current and valid insurance and your photo ID to provide proof of insurance. **If a claim can’t be filed with insurance due to an invalid ID card by the subscriber, the balance is solely your responsibility.**
- 5) Claims Submission - We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Insurance companies have filing deadlines which must be met for them to pay. Please be aware that the balance of your claim is your responsibility. Your insurance contract is between you and your insurance company. We are not party to that contract.
- 6) Coverage Changes - If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive maximum benefits.
- 7) Nonpayment - If your account is over 90 days past due, you will receive notice that you have 10 days to pay your account if full. Partial payments may be accepted with an agreed upon payment plan. Please be aware that **if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice.** If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you on an emergency basis.
- 8) No Call/No Shows - Should circumstances arise that you will be 15 minutes or more late to your appointment, please contact our office at (800)-433-9147, so if necessary, we can reschedule your appointment. New patients that fail to give a 48-hour cancellation notification will be charged a non-refundable \$75.00 No Show fee. Existing patients will be subject to a \$45.00 No Show fee.

Our Commitment to you.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

We accept MasterCard, Visa, Discover, American Express, and Care Credit.

I acknowledge that I have read and understand this policy as written \_\_\_\_\_

Patient Signature

Date