Express Care Clinic/West Lincoln Family Medicine
201 Capitol Beach Blvd. Suite 1A
Lincoln, NE 68528
402-435-0228
Financial Policy and Patient Responsibilities

Thank you for choosing Express Care Clinic/West Lincoln Family Medicine as your primary health care provider. We are committed to assisting you with timely insurance filing and payment of your account. The following is a statement of our Financial Policy which we require you to read and sign prior to initial visit.

Express Care Clinic/West Lincoln Family Medicine is committed to providing the best treatment possible for our patients. Patients are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Our practice participates with many insurance plans and a current listing is available at each location and on our website www.expresscareclinic.org. If your insurance plan does not cover our services, payment in full is expected at the time of your visit. We accept cash, checks, MasterCard, Visa, Discover, and debit cards.

Updated insurance information must be given to us at the time of service. We will require a copy of your insurance cards before services are performed and these will be scanned into our system. We file all insurance claims in a timely manner. After filing, we allow 30 business days for your insurance company to pay. If your insurance company fails to make payment, you will be responsible for payment in full.

If the patient is a minor, the adult accompanying the child for treatment will ultimately be responsible for payment. We cannot become involved in third party liabilities, personal injury, or custody issues to determine the responsible party for payment. We cannot accept an attorney's letter of payment guarantee.

If you have a past due personal balance on your account, you will need to contact the billing office to make payment arrangements prior to receiving most services. Any account that is over 90 days past due will be sent to an independent collection service and may be subject to reporting to the credit bureau and possible termination of the doctor/patient relationship.

Copays, Co-insurance and /or Deductibles – There may be some copay, co-insurance or deductible charges associated with certain medical services and tests. Patient payment of the copay, co-insurance, or deductible is required at the time of service.

Pre-certification – Pre-certification or prior approval may be required by your health plan before certain procedures, tests, or surgeries are performed. We will assist you in the pre-certification process by contacting your insurance company on your behalf. It is your responsibility to confirm that you have been granted approval of certification before your appointment so you do not incur any unnecessary personal charges.

Other physician charges – Our practice is committed to providing the best treatment for our patients which may necessitate the outsourcing of some services to other professionals.

When this occurs, you may receive a statement from the provider of ancillary services such as Pathology, Laboratory, and/or Radiology interpretation services, unless Express Care Clinic/West Lincoln Family Medicine purchased these services.

Motor Vehicle Accident – Medical insurance will be filed and any copay, co-insurance or deductible is required to be paid at the time of service. If no payment is received from the insurance company after 30 business days, it will become the patient's responsibility. Filing claims to the auto insurance is the responsibility of the patient.

Unless contractually prohibited by your insurance carrier, you may be personally charged the following additional fees. These fees will not be filed to your insurance carrier and are the direct responsibility of the patient. Please initial to the left of each category to indicate your acknowledgement.

_____ ***Missed Appointments –*** Unless canceled at least 24 hours in advance, depending
(INITIAL) on the type of appointment, you may be charged a fee of $25.00 to $50.00 for each occurrence.

_____ ***Patient Billing Fee*** – Unless other suitable arrangements are made in advance,
(INITIAL) patients who fail to pay their co-payment, co-insurance, deductible, or estimated balance due at the time of service may be billed a fee up to $25.00 for each occurrence

_____ ***Forms / Letters / Copy of Medical Records –*** There is a charge for completion
(INITIAL) of all forms, letters, or copying of medical records. Payment must be made before the forms, letters, or medical records are given to the patient. Forms for medication assistance programs are $10.00. Letters may be billed up to a maximum of $40.00. Copying of medical records is charged of $5.00.

I certify that the information given by me in applying for payment under my insurance contract is correct. I authorize any holder of medical or other information about me to release to any third party payers (including Medicare and Medicaid) information needed for claims for health care benefits. I request that payment of authorized health care benefits be paid and I assign the benefits payable for the physician services to the physician or organization furnishing the services. I authorize such physician or organization to submit a claim to my health insurance carrier or any other third party payer, including Medicare and Medicaid, on my behalf. I request payment of benefits under Title XVIII (Medicare and XIX Medicaid) of the Social Security Act to Express Care Clinic/West Lincoln Family Medicine. I understand that I am financially responsible for charges not covered by the assignment, and I hereby guarantee timely payment in full of any such charges.

By signing below, I acknowledge that I have read and fully understand this Policy and my financial responsibilities as a patient of Express Care Clinic/West Lincoln Family Medicine.

Print Patient Name: _____Date _____

Signature of Patient or Responsible Party _____