

## LINCOLN OB-GYN, P.C. BILLING & INSURANCE FINANCIAL POLICY

Welcome to Lincoln OB-GYN, P.C. We are glad that you have chosen one of our providers for your obstetrical or gynecological care.

Lincoln OB-GYN, P.C. participates with many insurance carriers, including Medicare, Blue Cross/Blue Shield and numerous other PPO organizations. We recommend you contact your insurance carrier for specific coverage details.

If you belong to an HMO plan, we will follow the guidelines set forth in those plans. Please be sure to bring a referral form with you for your appointment, if it is applicable.

We will file insurance claims for you as a courtesy if we have your complete insurance information and assignment of benefits. However; please remember your insurance plan is a contract between you and your insurance company. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of every insurance plan. Each insurance plan has different stipulations, for example, how often services may be rendered or where a service may be performed. Please inform us, at each visit if your plan has special requirements, i.e. a specific lab or hospital etc. and we are not informed of these specific requirements, your plan may deny a claim or process a claim at a non-participating provider rate. We are more than willing to provide that care within your insurance contract guidelines if you let us know at EACH time of service *exactly* what those guidelines are. We will work with you to assure your insurance company will process each claim with the highest level of reimbursement allowed by your particular plan. Please be aware that if you do not advise us of the specific requirements of your insurance plan, Lincoln OB-GYN, P.C. or the selected medical facility may bill you directly for those charges. Payment for those services provided is solely your responsibility.

\*\*Please note that all labs will be sent to Nebraska LabLinc and/or Pathology Medical Services unless otherwise requested.

Payment to us is your responsibility. Please keep in mind that not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Once a claim is processed by your insurance company, and if you have questions regarding the processing of that claim, please contact them as insurance policies differ greatly from plan to plan and even from year to year. Also, please be aware that interest will start to accrue on your account 90 days after the account becomes your responsibility.

Payment can be made by MasterCard, Visa, Discover, cash, personal checks. Please note that all returned checks will be assessed a \$35.00 Nonsufficient Funds Fee. Payment may also be made on our website through our online payment portal. Simply go to our website at [www.lincolnobgyn.com](http://www.lincolnobgyn.com), select the Billing and Insurance category and enter your account number. This will direct you to our secure payment page. Contact us promptly if temporary financial problems will affect timely payment of your account to prevent your account from being referred to a collection agency.

If you do not have insurance coverage, please note that a 20% discount will be given to you when services are paid in full, at the time of service (excluding IUD's and tubal reversal procedures).

If you have any questions regarding insurance or our financial policy, please do not hesitate to contact our billing department at (402) 483-7641.

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Signature of patient or parent/guardian if patient is a minor

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Date

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Printed Name of patient or parent/guardian if patient is a minor

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Date of Birth of Patient