

## **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 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. Payment for services provided is solely your responsibility.

**\*\*\*\*Please note that all blood work and pathology will be sent to various laboratory entities at the discretion of your provider. If your insurance policy needs a specific lab, please notify us at the beginning of your appointment so that we may accommodate the request.**

Payment to us is your responsibility. Please keep in mind that not all services are covered benefits in all contracts. 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 at [www.lincolnobgyn.com](http://www.lincolnobgyn.com) through our online payment portal. 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; all infertility diagnosis and procedures, tubal reversal procedures and Biote treatment and all costs relating to Biote).

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

\_\_\_\_\_  
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