

Braddock Finnegan Helget Dermatology, P.C.

7911 West Center Road

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FINANCIAL POLICY

We are very pleased that you have chosen us for your dermatological needs. This information regarding financial matters will be helpful to you in understanding our billing process and policy.

1. Braddock Finnegan Helget Dermatology P.C. files insurance claims for patients as a courtesy. Regardless if the patient has an insurance plan, the patient still has full responsibility for payment of the bill for services rendered. It is also the patient's responsibility to know if the provider he or she is seeing is a participating provider with his/her health plan.

2. You will receive a statement showing the "patient balance" due once your claim has processed through insurance. This balance is due in the full 15 days after the statement date unless you have made other arrangements with the billing office. If you cannot pay in full, please call the business office at (402) 390-0333 to make other arrangements. Payment plans are determined by the amount of the owed "patient balance."

Any outstanding "patient balance" after three statements will be sent through our collections process. Once the collection process has started Braddock Finnegan Helget Dermatology P.C. will require the outstanding "patient balance" to be paid in full and require a credit card on file prior to scheduling another appointment. Braddock Finnegan Helget Dermatology, P.C. reserves the right to charge in full, to the credit card on file for any future "patient balances" that reach the collections process again and a \$100 deposit for all future appointments will be required at time of scheduling. Failure to make any payments for "outstanding balances" in collections may result in termination from the practice.

If you are making payments on past medical "patient balance" you will be able to schedule future medical appointments.

Please confirm at check-in that your mailing address and phone number are correct for billing and communication purposes.

3. Co-payments are always due at the time of service. Our contractual agreement with your insurance carrier prevents us from waiving your required co-pay amount. If you have a remaining deductible with your insurance carrier, we may ask for a deposit prior to receiving services.

4. If you have no insurance coverage, a \$200 self-pay deposit/payment is due at the time of medical services. Any remaining balance will be billed to the patient or responsible party. If services did not exceed \$200 the patient or responsible party will be reimbursed the remaining balance by check.

5. Full payment for cosmetic services or purchases will be required at the time of service and will not be filed with your insurance company. Any patient with an outstanding cosmetic or medical "patient balance" will be required to pay in full prior to scheduling a cosmetic procedure. All outstanding medical "patient balance" must be paid in full prior to scheduling a cosmetic procedure.

6. We accept CASH, CHECKS, VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS.

7. A \$40.00 service charge will be assessed for returned checks.

8. Pathology services — You may be billed separately for processing the slide and/or interpreting the slide. In some cases, a second opinion may be required to make a final diagnosis. Your insurance company may assess an additional co-payment for any lab or pathology services.

9. Laboratory Services — if you have blood drawn you may be billed separately by the laboratory that conducts the test(s). If your insurance company requires a specific laboratory for the processing of your blood work, it is your responsibility to notify the clinical staff at the time of the blood draw.

10. Call to correct any billing errors promptly. If you ignore our billing statements or telephone calls, we can only assume that you do not intend to pay for the medical services that were provided in good faith and your account will be forwarded to an outside collection agency.

11. Referrals — some insurance plans require that a referral from the primary care physician be obtained prior to being seen. It is the responsibility of the patient to obtain this referral. If a referral has not been obtained you may be responsible for a larger portion of your bill.

12. Personal Injury — we will not be a party to any litigation suits filed for personal injuries. We require payment in full and any payment from litigation is to be sought by you for reimbursement.

I have read this policy and accept the terms as outlined above.