



Financial Policy

At Nebraska Hematology-Oncology, P.C., our experienced administrative support staff will help you manage your insurance and other paperwork details. Please understand that payment of your bill is part of your treatment. The following is a statement of our Financial Policy, of which we require that you read and sign.

INSURANCE: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will submit claims to your insurance plan for you, as long as the most current and accurate information is provided. Please be aware that some of the services provided may be non-covered services and/or not considered medically necessary under your health insurance plan. You, as the patient, ultimately are responsible for payment of all services provided by our Care Center. Please note that copays specified by your insurance plan are due at time of service.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the most appropriate treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

CREDIT POLICY: Accounts are due and payable as of the date billed. We realize it may be necessary on occasion to make payment arrangements. If financial difficulties arise, please contact our Patient Accounts department as soon as possible.

If an account becomes past due with no valid reason or communication from you, or if your statements are returned to us in the mail with no forwarding information, necessary action will be taken to recover the account balance due.

Our patient Account department is available to discuss any questions you may have regarding your insurance or your account. They can be reached through our main number at 402-484-4900.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Date: _____
Signature of Patient or Responsible Party

For your convenience we accept cash, checks, Visa, MasterCard and Discover



Dear New Patient,

In an effort to ease some of the administrative requirements associated with your first visit in our office, we have enclosed a packet of forms to fill out at home. After completed, please return these forms in the envelope provided. Here is a checklist of the forms and a short explanation:

- Registration form:** Please complete all items. Please bring your insurance cards as we will need to photocopy them.
- Health History Questionnaire:** Please fill out completely as this will assist us in your total care. Please provide all medications you are taking and be sure to include any herbs and vitamins as well. If you are unsure about any of the medications, please bring them with you.
- My Care Plus Patient Portal Information and Consent Form.** Please complete the Email Authorization Form for the patient portal. Sign and return.
- Financial Policy:** This is your acknowledgment that you understand our billing procedures and that you are ultimately responsible for any balance due on your account.
- Notice of Privacy Practices:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review and retain for your records.
- Acknowledgement of Receipt of Notice of Privacy Practices**
Please sign and return.

Thank you for taking the time to review and complete these forms prior to your appointment.

Sincerely,

Physicians and Staff