

# Bellevue Cardiology

12717 S 28<sup>th</sup> Ave  
Bellevue, NE 68123

## FINANCIAL POLICY

We are extremely pleased that you have chosen Bellevue Cardiology for your health care needs. This information regarding financial matters will be helpful to you in understanding our billing process. All patients must accept this **FINANCIAL POLICY** before receiving treatment.

1. Bellevue Cardiology files insurance claims for patients as a courtesy. **Regardless if you have an insurance plan, you still have full responsibility for payment of the bill.** It is also the patient's responsibility to know if the physician he or she is seeing is a participating provider with his/her health plan.
2. **Co-payments** are always due at the time of service. Our contractual agreement with your carrier prevents us from waiving your required co-pay amount.
3. The **"patient balance" is due within 15 days of the statement date** unless you have made other arrangements with the business office. We will collect all outstanding patient balances prior to each visit.
4. If you have **no insurance coverage, a payment of \$200 is due at the time of services.**
5. We accept **CASH, CHECKS, VISA, MASTERCARD, DISCOVER** and **AMERICAN EXPRESS.**
7. A **\$40.00 service charge** will be assessed for returned checks.
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. **If you cannot pay in full at time of service, please call** the business office at **(402) 978-5177** to make other arrangements.  
**Payments plans** are determined by the amount of the owed balance. The following guidelines will be followed:
  - \* Balances up to \$300 are to be paid in 3 monthly installments.
  - \* Balances up to \$600 are to be paid in 4 monthly installments
  - \* Balances greater than \$600 are to be paid in 6 monthly installments.
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.
13. **Work Related Injuries** – pre-authorizations for care is the responsibility of the patient. If prior authorization is not obtained, you are responsible for full payment at the time of service. If your workers' compensation carrier has not paid your account within 45 days of the date of service, the owed balanced will become the responsibility of the patient.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_