



east lincoln family health professionals, pc

eastlincolnhealth.com

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Practice Policies

East Lincoln Family Health Professionals, PC thanks you for choosing us as your health care provider. ELFHP considers it a privileged responsibility to be chosen as your health care providers. This is a trust that does not come easily, and we will make every effort to ensure that your trust is well placed and your confidentiality be protected.

We agree to:

- Provide you with the best evidence-based care we can, in a timely and cost-effective manner.
- Return your calls as quickly as possible, and to take adequate time to understand your specific problems and when necessary, arrange for all referrals to specialists and testing facilities.
- Be responsive to your constructive criticism in an attempt to continuously improve our services.

We are committed to building a successful physician-patient relationship with you and your family. Your understanding of our policies is important to our practice-physician-patient relationship. Please understand that payment for services is a part of that relationship. We ask that if you have any questions about our fees, our policies, or your responsibilities to please ask the office. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Healthcare Programs

Our practice partnered with One Health of Nebraska ACO. Accountable Care Organization is a program to improve primary care. Giving doctors extra support to help you get better care. Through ACOs our insurers will give our practice additional resources to help us better manage your care. We hope to provide you the highest quality patient-centered care.

More information for traditional Medicare (Part A and Part B) beneficiaries

To help us take better care of you, Medicare will start sharing some of your personal health information with us. This information will help provide us a more complete picture of your health so we're better able to coordinate your care. If you want to stop Medicare from sharing this information, please let us know as soon as possible so we can notify the office.

Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made. We accept cash, check or credit cards.

No post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the services. Although we may estimate what your insurance company may pay, it is the insurance that makes the final determination of your eligibility and benefits. If we are Out-of-Network with your insurance, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are Out-of-Network for your insurance, and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us promptly.

Participating Insurances

We participate with most insurances. We do recommend you contact your plan to verify our providers are In-Network.

Referrals and Preauthorizations

Certain insurances require that you obtain a referral or prior authorization from you Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts.

No Shows/Late Cancellations/10 Minute Policy

We ask that if you or your family member is not able to make the scheduled appointment to please contact our office within 24 hrs of the appointment. We do consider an arrival of 10 minutes or more past the scheduled appointment time a No Show. We do provide a courtesy reminder phone call or text the day before your appointment notifying you of the scheduled appointment. Continuous No Shows, Late Cancellations, or Late Arrivals may result in termination of our practice.

Motor Vehicle Accident (MVA) and Third-Party Billing

You will receive an accident questionnaire to be completed. As a courtesy, we will submit the claim to the insurance carrier provided on the form. It is your responsibility to seek reimbursement from them. If the questionnaire is not returned or completed and/or we receive a denial on your claim, you will be responsible for payment in full.

Workers' Compensation

It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

Returned Checks

There is a \$35 charge for a returned check payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Medical Record Copies

Patients requesting copies of medical records will be charged:

\$20.00 + \$0.50/ page.

Other Non-Covered Services

Often, we are asked to provide services not reimbursed by insurance and above and beyond what is a reasonable extension of a service provided for a medical condition. These services might include writing a letter, FMLA form completions, insurance forms, disability forms, or sending a fax at your request. Under those circumstances, a reasonable charge will be requested prior to completed the requested services, which you will be notified of the cost.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

Past Due Accounts

It is our office policy that all past due accounts be sent minimum of 4 statements. If there has been not communication with our office regarding your past due account(s), payment arrangement has not been set up, and/or arrangement kept, and/or if no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs. Any appointments after an account is has been place in collections will be set to 'Self-Pay' until good credit status has been maintained. As a courtesy, we will submit your claim to the insurance provided.

Personal Information Provided

You understand and agree that any cellular, land line phone numbers, and email addresses provided by yourself to this office and to any of our services providers, now and in the future, may be used as a means to contact you. The office and any coordinating providers may leave voice messages, texts, or emails by means of contacting you. In the future, should you acquire a new or different cellular, landline or email address, you understand it is your responsibility to update your office with that information and this consent would stay effective.

These policies help the office provide quality care to our valued patients.

If you have any questions or need clarification of any of the above policies, please feel free to contact us.

I agree to abide by the policies of the office and understand that if I do not, I may be asked to seek care elsewhere.