

Surgical Care P.C.  
Phone (402) 476-6626  
**FINANCIAL POLICY**

**Financial Policy Introduction.** The financial policy of Surgical Care, P.C. is designed to help you understand your payment options and to facilitate ease of payment for your health care needs. All patients receive monthly statements regardless of method of payment.

**Overview of Medical Coverage Providers & Health Insurance.** Your insurance policy is a contract between you and your insurance company. Surgical Care P.C. has agreements with many plans to accept reduced fees in order to be a preferred provider. However, we may not participate with your particular insurance plan. This may result in a slightly larger out-of-pocket expense to you. Please contact your insurance carrier to confirm whether we are a preferred provider and also obtain any necessary pre-authorizations or referrals required *prior* to your office visit. We assist with authorizations for surgical procedures. It is patient responsibility to discuss with your insurance company about any concerns regarding services for our coverage, for any hospital charges and any other medical providers that are not affiliated with Surgical Care, P.C.

**Disclaimer of Health Insurance Payment.** We cannot guarantee payment by your insurance company. Health insurance is not a guarantee of payment or coverage for services.

**Financial Policy for Elective Surgery.** Prior to scheduling surgery we will assist in determining your share of out of pocket expenses due from your health insurance insurance benefits. We will require fifty percent payment of any estimated amounts that your health insurance determines to be your direct financial responsibility of surgical costs in advance. Account balances from previous services generally require payment before surgery. We will also assist you to establish a payment plan for any balance that is determined to be your financial share not covered by your health insurance. Once these financial arrangements and authorizations have been determined we will proceed to schedule your elective surgery.

**Financial Policy for Medical Office Visits & Clinical Medical Procedures.** Any co-pays for medical office visits and in clinic medical procedures are due at the time of service. The patient's co-pay and past balances will be collected before the appointment. Surgical Care P.c. staff is available to discuss arrangements for payment for patients under financial duress. Please advise our staff if you have circumstances requiring private financial consultation.

**Card on File Services.** We now offer Card on File as a secure and convenient payment option. We will securely store your debit, credit, or HSA card on file. This is similar to how your credit card is retained with online retailers. Your card will only be charged to you when a balance is incurred. You'll receive an email notification 5 days in advance of the charge, so you can give us a call if you have any concerns. Based on the agreement you'll never be charged more than \$150 at one time. The office does not store the credit card; it is stored by Elavon, a secure credit card processor. After your card is swiped, we will print out your card on file agreement for you to sign. It also explains more about card on file.

Returned checks or denied cards will be charged a **\$20 processing fee.**

**Financial Policy Summary.** Surgical Care P.C.'s financial policy is provided to help facilitate payment for services we

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provide to our patients. Our financial policies are designed to allow our clinic's medical providers and staff to focus on your patient care while assisting you to maintain timely payment and to minimize interruption of your medical care due to unanticipated financial circumstances.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I authorize my insurance benefits be paid to Surgical Care P.C. I authorize Surgical Care P.C. to release pertinent medical information to my insurance company, when requested to facilitate payment of a claim.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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