



2509 Halligan Dr. Suite E
North Platte, NE 69101
308.532.4165

Greater Nebraska Dermatology Clinic, PC Payment Policy

Insurance:

Greater Nebraska Dermatology Clinic, PC (Clinic) staff will submit insurance claims according to the terms of the individual insurance company contracts.

All deductibles, co-pays, co-insurance, and payment for services rendered that are not covered by insurance are due at the time of service. We are required by our insurance contract to collect your co-pay.

Patient understands that he/she is financially responsible for all services. If insurance denies payment, patient agrees to be personally and fully responsible for payment.

Medicare:

Greater Nebraska Dermatology Clinic, PC (Clinic) accepts Medicare assignment. By accepting assignment, the Clinic agrees to accept Medicare's approved amount as payment for covered services. You, the patient, are responsible for any remaining balances. We will file your secondary insurance plan for you.

Medicare ABN Form and Health Insurance ABN form:

If you receive a service that may not be considered medically necessary by Medicare or your insurance carrier, you will be advised by the clinic staff and asked to sign an Advanced Beneficiary Notice (ABN). Medicare or your insurance carrier's determination that a service is not medically necessary does not mean that the service should not be provided to you. Dr. Mosel will recommend services based on your current health condition and his expert medical opinion. The ABN Form is your advance notification that the service(s) may not be covered, and you may be financially responsible. Testing or treatment will not proceed without your informed consent.

Medicaid:

Clinic staff will verify Medicaid eligibility at each visit. Please have your current Medicaid card available. Your co-pay is due at the time of service. If your co-pay is not paid at the time of service, your visit may be rescheduled.

Additional Health Insurance:

Clinic staff will file secondary insurance claims as a courtesy to you. If the insurance company does not pay within 30 days following the submission of your secondary claim, you are responsible for the remaining balance.

Referrals:

If you have an insurance plan that requires a referral from your primary care physician prior to a visit to a specialist, it is your responsibility to obtain the referral. If you choose to seek the services of Greater Nebraska Dermatology Clinic, PC (Clinic) without the referral, you will be responsible for the payment of the charges.

Self-Pay or No Insurance:

If you do not have insurance, you will be asked to pay for services at the time of your visit. You will receive a 10% discount for payment in full on the day of your visit.

Patient Statements:

You will be mailed your patient statement if a balance is due on your account. Payment is due upon receipt of your statement. Please contact our Billing Department for questions or concerns regarding your statement.

Payment Arrangements:

If you are unable to pay for your patient statement balance in full, contact our Billing Department to discuss payment options.

Unpaid Accounts:

Unpaid balances will be forwarded to our collection agency. Once an account has been referred to a collection agency, you must work directly with them to satisfy your debt.

Payment Methods:

We accept cash, checks and most major credit cards. There will be a fee for returned checks.

All professional services rendered are the responsibility of the patient. Necessary forms will be completed to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage.

If it is necessary to turn this service over to collection for non-payment after 60 days, then the patient is responsible for the bill, the interest, and collection and attorney fees.

Signature: _____ Date: _____
Patient or Parent of Minor