

CREDIT POLICY

We must hear from you no later than 60 days after your first bill is sent on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In writing, give us the following information; your name, account number, dollar amount of the suspected error, posting date of the transaction an explanation of why you believe there is an error.

If you need more information, describe the item you are unsure about. Please be sure the person responsible for the account signs all correspondence.

We accept VISA, MasterCard, Discover, American Express and Debit Cards payments.

Responsible Party: The parent/legal guardian bringing the child(ren) into the office will be considered the responsible party for billing purposes. If the parents are divorced or custody has been transferred to a legal guardian, the custodial parent/legal guardian who brings the child(ren) in will be responsible for the bill. It is then the obligation of that parent, not our office, to collect medical bills from the other parent. Emancipated minors are responsible for their own bills.

We do not get involved in billing disputes in cases involving divorce or separation, and will not split bills among family members.

Notify us in case of errors or questions about your bill. (402) 327-6010

Courtesy Claim Filing: We file your insurance claim with your primary insurance company as a courtesy to you. We will ask for your current insurance plan information at the time of each appointment. Please bring your insurance card with you for every visit, and promptly inform us of any changes in your insurance coverage.

Co-Pays: Your co-pay is due at the time of your office visit. If we have a contract with your insurance carrier, we are responsible for collecting the co-pay and you are responsible for paying it. If you do not pay the co-pay at the time of visit, we can call your insurance company and report that you are not making your co-payments. If your insurance does not have a co-pay, but instead has a deductible or coinsurance, payment in full will be expected.

Insurance: After filing your insurance, we will wait 60 days for a response. If we have no response from your insurance company, you will be personally responsible for the unpaid balance. You will then have 30 days after the receipt of your first statement to make the minimum monthly payment. If you do not have insurance, you are expected to make payment in full at the time of your visit.

Payment Plan: If you are unable to pay your account in full, you may contact our Billing Department to discuss a payment plan. A payment plan means you will make your payment each month. If you are unable to do so, you will need to contact the Billing Department.

Any new patient balances incurred after setting up your payment plan will not automatically be added to the payment plan. You will need to contact the Billing Department regarding payment of these balances or to revise your payment plan.

Minimum Payment: A minimum payment of \$50.00 or 20% of the outstanding balance (which-ever is greater) is required on any outstanding balance or charge incurred.



All about the Health of your Child

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Phone: 402-465-5600

Fax: 402-327-6074

www.completechildrenshealth.com

**Patient Rights &
Responsibilities**

COMMUNICATION POLICY

Your feedback is always appreciated in the partnership of care of your child. Open communication is expected. There is an expectation that our staff and physicians will be treated with courtesy and respect at all times.

Every effort will be made to resolve any questions and concerns by our administrative team. Issues that are unable to be resolved could result in termination of the patient/physician relationship.

If you have any comments or concerns please contact Carla Cage, Director of Operations at (402) 327-6007.

CCH patients and parents have the following rights and responsibilities:

The right to make informed decisions regarding care to receive information necessary to make decisions.

The right to personal privacy and confidentiality of medical records.

The right to receive respectful and safe care given by competent personnel.

The right to be free from all forms of abuse, neglect, exploitation or harassment.

The right to access information contained in your child's medical record within a reasonable timeframe when requested.

The right to be informed in advance about care and treatment and of any change.

The right to refuse treatment and to be informed of the medical consequences of refusing treatment.

The right to receive services without discrimination based upon race, color, religion, gender, or national origin.

The right to voice concerns without discrimination or reprisal and to have the concerns addressed.

The responsibility to work collaboratively with the CCH staff in developing and carrying out treatment plans.

The responsibility to treat our staff and physicians with courtesy and respect at all times.

COLLECTION POLICY

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Past Due Balance: If your balance is over 60 days, you will receive an initial letter regarding your past due balances. We ask that you call our Billing Department within 15 days of the date of the letter to set up a payment schedule.

If you do not contact our Billing Department, within ten days after the final notice, your account will then be turned over to a collection agency.

Collection Agency: Once your account is turned over to our collection agency, it is in their hands and we will not take the account out of collections. All questions or payments should be sent to them.

After your account is turned over to our collection agency, you must make payment in full by cash. We also reserve the right to terminate you from our practice.

Notify us in case of errors or questions about your bill. (402) 327-6010