



4740 A Street Suite 100  
 Lincoln, NE 68510  
 (402) 483-7825

**General Surgery**  
 Robert J. Pitsch, M.D.  
 David W. Voigt, M.D.  
 Zijun Hao, M.D.  
 Edmundo Rivera, M.D.

**Burn Surgery**  
 David W. Voigt, M.D.  
 Zijun Hao, M.D.  
 Edmundo Rivera, M.D.

**Vascular Surgery**  
 Robert J. Pitsch, M.D.  
 Thomas B. Whittle, M.D.  
 Matthew A. Goettsch, M.D.

**Colorectal Surgery**  
 Richard M. Pitsch, Jr., M.D.

## Financial Policy

Thank you for choosing Lincoln Surgical Group, P.C. for your medical and surgical needs. We are committed to providing the best possible care. Please read and sign this Financial Policy.

**Insurance Patients:** We participate with Medicare, Medicaid, and many commercial payers/networks. Please call your insurance company to verify if we participate with your plan. We will file your claims to your insurance as a courtesy.

Please remember the following regarding insurance:

- Copays are due at the time of service and cannot be waived under our contracts. Multiple services/procedures can result in multiple copays on the same day.
- Your insurance is a contract between you and your insurance company.
- Not all services are a covered benefit with all insurance policies/groups.
- You are responsible for any balance due – copays, deductibles, coinsurance
- We may ask to pre-collect for surgical procedures – includes deductible & coinsurance.
- High deductible health plans (HDHP) may require a \$50 copay for each appointment/procedure. Remaining balances will be billed to the patient.
- Current insurance cards are required at time of appointment.
- If your policy requires a referral from your Primary Care Provider (PCP), this is your responsibility to obtain prior to the appointment.
- VA Care in the Community and Tricare require authorizations/referrals. We cannot initiate these for you. You must contact them prior to your first appointment.
- Correspondence to you from your insurance carrier MUST be returned to them. This may include coordination of benefits (COB), injury questionnaires, etc.
- All authorizations for surgery are obtained by our billing department for surgery/procedures

**Cash Pay Patients:** A minimum of \$100 is due at the time of service. Any remaining balance will be billed to the patient. Any surgery must be paid prior to scheduling.

If you are unable to pay your balance in full, please contact us our billing department at 402-483-7946. We offer interest free payment plans and financial assistance applications for those who meet income criteria. To assist you in payment of your bill, we accept cash, check, money orders, Visa, MasterCard, Discover and American Express. Returned checks are assessed a \$25 fee.

*I have read the **Financial Policy** above. I understand and agree to the **Financial Policy**. I further agree, in the event of my non-payment, to pay the cost of an outside collection agency and/or court costs and any reasonable fees that should be required.*

\_\_\_\_\_  
 Patient/Responsible Party Signature

\_\_\_\_\_  
 Date

01.2020