



Midlands Family Medicine
611 West Francis Street, Suite #100
North Platte, NE 69101
Phone: 308-534-2532
Fax: 308-534-6615

Family Medical Center
221 East 10th Street
Ogallala, NE 69153
Phone: 308-284-8421
Fax: 308-284-2821

Website: Midlandshealthcare.com

Payment, Insurance, and General Policies of Midlands Healthcare Group

Welcome

On behalf of our providers and staff, welcome to Midlands Healthcare Group. Your health and well-being are our primary concern. We hope that the Midlands Healthcare Group information provided answers many of the questions you might have about our services, policies, and procedures. If you need clarification or have any further questions, please inquire.

General Information

Office hours vary by location. Please refer to your specific clinic for office hours.

Midlands Family Medicine: 611 West Francis Street Suite 100, North Platte, NE 69101; 308-534-2532
www.midlandsfamilymed.com

Midlands Occupational Medicine: 611 West Francis Street Suite 100, North Platte, NE 69101; 308-534-2532
www.midlandsoccupationalmed.com

Midlands Internal Medicine: 611 West Francis Street Suite 110, North Platte, NE 69101; 308-534-2532
www.midlandsinternalmed.com

Family Medical Center: 221 East 10th Street, PO Box 26, Ogallala, NE 69153-0026; 308-284-8421
www.fammedcenter.com

At times the switchboard is very busy so all calls are not always answered promptly, please let the phone ring, or call again. If you should need the doctor at a time when the office is not open our answering message will direct you to a number at which doctor is on call.

Appointments

We will do our best to keep our appointment schedule. However, please understand that not all patients require the same amount of time with the doctor and that emergencies do arise, so delays in the schedule are inevitable. Your patience in these situations will be greatly appreciated.

Canceling Appointments

If you have an appointment and are unable to keep it, please let us know as far in advance as possible so that we may use this time for another patient.

Medical Records

Your specific written authorization is required before the records can be released to anyone other than yourself. Information will not be provided to a third party unless we have your written authorization in our office.

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Payment Policy

Midlands Healthcare Group does everything possible to minimize the cost of medical care. You can help by following the payment policy we have set. For your convenience, we accept credit cards including Visa, Mastercard, American Express, Discover and debit cards both online through our website www.midlandsfamilymed.com and in the office. Prices may be changed without further notice.

Payment is expected prior to being seen**New and Existing Patient Information**

You will be asked to fill out new patient forms prior to being seen at Midlands Healthcare Group. Payments of all copays, deductibles, and /or coinsurance are due at the time of service. If you have no insurance, \$130 is the minimum required to be seen. For those with high deductible insurance plans, we will require an upfront charge of \$100 per visit which will be applied to your office visit and your deductible. These amounts are initial payments and do not necessarily reflect the entire amount due from your office visit; the outstanding balance from the office visit can be paid at the time of the visit or can be billed to you. Upon reaching your full deductible or maximum out of pocket expenses for the year, please provide us documentation from your insurance company that these requirements have been fulfilled and subsequent visits for the calendar year will no longer require the payment amounts noted above. If you have a policy with a copay, your copay amount is the only amount due at the time of service and the \$100 per visit amount does not apply to you.

MEDICARE / MEDICAID

We do accept Medicare assignment and will file all supplement insurances. As a Medicare patient you are responsible for your deductible, which we will bill you for after we have heard back from both insurances. Medicaid/ State of Nebraska/NE Total Care/ WellCare/ UHC-Medicaid, anyone of these will be verified through the websites. If they show no coverage, \$125 payment will be required for the visit or you will need to reschedule until you have fixed your coverage.

OUTSTANDING BALANCE

Patients with an outstanding balance of 60 days overdue must make arrangements for payments prior to scheduling appointments. We realize that people have financial difficulty. Please communicate with our billing and collection staff so that they may assist to create a financial plan for payments and therefore preventing your accounts from being turned over for professional collection. If you believe your insurance provider handled your claim incorrectly, please contact your insurance provider directly.

REFUNDS

Overpayment s will be refunded upon request to the responsible party within 30 days of our office confirmation.

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Website: Midlandshealthcare.com**Insurance Policy**

Midlands Family Medicine is a Preferred Provider Organization for Medicare, UPREHS (Union Pacific Railroad Employees Health Systems), Blue Cross/Blue Shield, Midlands Choice, United Healthcare, and Mutually Preferred insurance companies.

Whatever insurance you may have, it is your responsibility to provide us with all group, policy, and individual identification numbers along with any required signatures so that we can bill your insurance correctly. You are required to bring your insurance card with you at every visit, to ensure that you receive the benefits you are entitled to under your health plan. Please note that we will not bill your second or supplemental insurance unless we are a Preferred Provider Organization for that insurance company. If you will be filing your second insurance yourself, be sure to ask for a copy of the fee and diagnosis sheet for that day's visit. You will need this sheet to file your claim with your second insurance company. Policy coverage varies from one insurance plan to another, as do the "usual, customary and reasonable" fees that various insurance plans have established. Our fees are accepted by most plans, but occasionally one of our patients is notified that the amount for our service exceeds "UCR FEES". Our contractual arrangement is with you, our patient, not your insurance company. Should there be a problem with your insurance paying a service you need to call your insurance carrier. Our office is not involved in the settlement of such disputes. The final responsibility for the services provided to you is yours.

You will not receive a bill from our clinic until your insurance provider has processed your claim. If your insurance does not cover the full amount of the bill, you will receive a bill for the remainder of the charge. It is your obligation to pay this portion by the due date listed promptly. If you believe your insurance provider handled your claim incorrectly, please contact your insurance provider directly.

DISABILITY FORMS

In the event of an injury or illness that prevents you from working we will complete your disability forms for you. First time requiring an office visit, and subsequent paper work may or may not need an office visit, under the discretion of the provider. You must complete and sign your section of the form before dropping it off at the clinic. Your signature is required before we can release any of your confidential patient information regarding your disability. You will need to provide us with information regarding any dates of hospitalization, physical therapy performed, or visits to other doctor's offices.

If we do not have all of this information it will prevent us from being able to file your form in a timely manner. Please allow us a few days to complete the forms. Upon completion, you may pick up your disability forms at the reception desk, or, if you prefer, we can mail them to your insurance company when you provide us with a stamped envelope. We cannot fax the forms or call your insurance company.

WORKER'S COMPENSATION

We will file Worker's Compensation Claims if you have an on-the-job injury. Please complete a Worker's Compensation Claim form when you arrive at the clinic so we have all the information necessary to properly file the associated charges. You must provide us with the correct company name, address, and a contact telephone number in order for us to be able to file claims for you. If you do not provide this information, at every office visit we will have to bill your account for the charges related to the accident. If your Workman's Compensation claim is denied by your employer's insurance

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company you will be responsible for any charges that have been incurred. If the situation becomes a legal matter, you are still ultimately responsible for the payment of charges. We cannot wait for a resolution of legal problem for payment.

ACCIDENT CLAIMS

If you are here as a result of a motor vehicle accident we require you to take all billing to your Auto Insurance. We will not hold claims more than 60 days while settlement is determined. If we do not receive payment in that time from insurance, you will be personally responsible for all charges and payment is required immediately. If the situation becomes a legal matter, you are still ultimately responsible for the payment of charges. We cannot wait for a resolution of legal problem for payment.

DELAYS IN PAYMENT FROM YOUR INSURANCE COMPANY

We will not wait indefinitely for your insurance company to pay on your insurance claims. If a claim becomes 90 days old and your insurer still has not paid on it, you will become responsible for the charge incurred. At this point you will want to call your insurer and find out why they are taking so long to pay on the claim.

Bankruptcy/Collections

If either of these two occurs the account will be reviewed and the patient may be denied further access to the clinic. Those who are allowed further access will be expected to pay cash for their visit at the time of their visit.

Divorce/Separations

We do not get involved in billing disputes among family members and will not split bills out among family members. We will bill the guarantor - the party responsible for the account. Family members must pursue disputed amounts from each other.

Miscellaneous

It would appear that sometimes we ask for a lot of information when you register for your appointment. The information we ask for is vital to your care and making sure that insurance matters are taken care of. Please be prepared for our receptionist by bringing your insurance card, drivers license, and cheerfully supplying current address and phone number when you come in. Please feel free to report to us any complaints you have about our charges, services, or any inattention from any office personnel. We will do our best to correct any errors we have made. Please help us to help you.

Thank You

We appreciate your selection of our clinic to meet your health service needs. We are committed to you to do the very best we can to provide you the very best of care. Our staff – receptionists, nurses, clerical, secretarial, technical, and practitioners work as a team. We take great pride in our training, abilities, and dedication and hope that you will soon share in our confidence. Your suggestions and comments are always welcome; should you have any concerns, PLEASE feel free to contact us.