



Lincoln Pediatric Group, LLC Financial Policy

In an effort to prevent any misunderstanding about our financial and billing policies, please take a moment to read this information. We will gladly discuss any questions you may have about this information.

If you do not have insurance, payment is due at the time services are rendered unless alternate payment arrangements are made with our billing staff. To assist you, we accept cash, checks, MasterCard, Visa or American Express.

If you have insurance, we will file medical claims to your primary and secondary insurance for you as a courtesy if you have provided us with your current insurance information, and if you have authorized your insurance company to pay us directly. **You must realize, however, that your insurance is a contract between you and your insurance company. Payment to us is your responsibility.** If, at the end of ninety days, your insurance company has not remitted payment to us, payment will be due in full from you. If your insurance company requires co-payments or deductibles as a part of your plan, these payments are collected upon check-in. If a service is not a covered benefit in your insurance plan, you are responsible for the payment to us.

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. There is a service charge of \$15.00 for each returned check. We do use outside agencies as a means of collection should we deem it necessary.

The person signing the financial policy is responsible for any and all payments for services. Any legal agreement, or other disagreement, between two parties as it relates to payment for our services must be dealt with between those parties and does not involve Lincoln Pediatric Group, LLC. If you have any questions about the above information, please call (402) 489-3834 and ask for someone in the billing department. We are here to help you.

Coordination of Benefits

Most insurance companies will send questionnaires to you from time to time requesting information on whether or not you have additional insurance coverage for your child. This process is called Coordination of Benefits. One of the major reasons for delays in insurance processing is the need for insurance companies to receive this information from you on a timely basis. If you receive a request for information from your insurance company, it is very important that you complete and return these questionnaires promptly. If the information is not returned promptly, your insurance company will not pay for the care your child received and you will then owe the balance.

Please help us get your insurance claims paid accurately and promptly by returning these questionnaires to your insurance company.

Adding Your Newborn

Attaining, maintaining and modifying insurance policies are important when you have a newborn. Insurance experts note two common mistakes that newborn parents frequently make:

1. Not adding your newborn to your health insurance policy quickly.

Many health plans give you only 30 days to add your newborn. If you miss this window, you will have to wait until the next open enrollment period and your baby will go uninsured until then.

2. Not knowing what your health insurance policy covers.

Does your plan cover well baby care? Hearing screening? Immunizations? Know what your policy pays for before you visit your doctor.

Summary of LPG Standard of Care Medical Charges

Thank you for entrusting your child's health to our office. At our practice, our doctors, physician assistants, and nurse practitioners are focused on giving the best care possible during your visit. Medical offices that accept insurance receive payment through a process called "coding," which involves assigning specific codes to the services they provide. These codes are set by the Center for Medicaid and Medicare Services (CMS). To help you understand what to expect, we've created a list of some charges you may see on your bill. Please know this is just a summary, and it does not include all the cost of all the services we offer.

1. Wellness visits

Lincoln Pediatric Group recommends regular wellness visits (also known as preventive exam or "physicals") per the American Academy of Pediatrics (AAP) guidelines. The most common services performed during a wellness visit are listed below. While many insurance plans cover the preventive exam at 100%, some plans may apply certain screenings, assessments, or additional services toward the patient's deductible, copay, or coinsurance. Coverage and cost-share amounts are determined by your individual insurance plan benefits. Patients/guarantors are responsible for any balance not covered by insurance.

Age	Description of Service Performed	CPT code
2 week – 6 month	Postpartum Depression Screening	96161
12 month – 18 month	Fluoride application	99188
18 month & 24 month	MCHAT autism screening	96110
2 month – 5 Year	ASQ-3 Developmental screening	96110
3 Year	Auto-refractor vision screening	99177
3 Year – 21 Year	Hearing Screen	92551
4 Year – 21 Year	Vision Screen	99173
12 Year – 21 Year	ASQ Suicide screening	96127
12 Year – 21 Year	GAD 7 anxiety screening	96127
11 Year – 21 Year	PHQ-9 Depression Screening	96127

2. **Additional charges for problem-oriented services:**

If, during your child's wellness visit, a significant and separate problem (such as asthma, ADHD, anxiety, wart removal, etc.) must be evaluated and/or managed, an additional problem-oriented service (office visit) may be charged. Your insurance company requires us to report this additional problem-oriented service using a separate code and this additional charge may result in a co-pay/deductible/co-insurance depending on your insurance plan. If you need further explanation or have question about fees which may be charged during a wellness visit, please ask to speak to a member of our business office.

3. **Illness or "sick" visits:**

As of January 1, 2024, CMS introduced a new code, G2211, for primary care providers to show that they are managing a patient's care over time and are dedicated to treating the "whole patient" throughout their ongoing relationship. Please refer to our website for additional information and resources.

4. **Breastfeeding Medicine visits:**

Dr. Anderson is a pediatrician and breastfeeding medicine physician specialist. When your baby sees her at Lincoln Pediatric Group, she provides services in addition to breastfeeding support, such as complete check-ups, jaundice checks, and follow-up of many other issues that babies may have. She also manages issues that mothers may experience in their pursuit to feed their baby breastmilk. Because of this, your baby is the patient on the claim sent to insurance.

We submit the charges to insurance as an office visit. Your insurance may apply a copay, or the charges may go toward your baby's deductible if it has not been met for the year.

Non-physician lactation consultants at outside facilities bill the lactation consult visit with the mother listed as the patient on the claim. This allows them to use Women's Preventive Health insurance codes. Under the Health Care Reform Act, insurance is required to cover these services at 100%. As a pediatric office, we do not use Women's Preventive Health codes.

AUTHORIZATION: I acknowledge that during my well visit there may be additional services performed. In this case, I understand that additional charges may be submitted to my insurance company and that a copay/deductible/co-insurance may be applied according to my insurance plan. Alternatively, I understand I may choose to return for separate visit to obtain these services at which time the copay/deductible/co-insurance would still apply.

I have read and agree to the terms and conditions listed above. I hereby authorize the release of any medical information necessary to process my health insurance claim(s) and authorize payment of benefits directly to The Lincoln Pediatric Group. I understand I am financially responsible to The Lincoln Pediatric Group for charges not covered or denied by my insurance company. I further agree to pay the cost of collection, court costs, and other reasonable fees should they be required in the event of my nonpayment.

I acknowledge and consent to the use of **electronic records and signatures** in place of traditional paper documents and handwritten signatures. If I have questions about any part of this policy, I understand I may contact the office staff for clarification before signing.