

**Heartland Hematology & Oncology, P.C.**  
412 West 42<sup>nd</sup> Street    Kearney, NE 68845  
ph - 308-865-2303    fax – 308-865-2304

**Patient:** \_\_\_\_\_

**Appointment Date and Time:** \_\_\_\_\_

The physicians and staff of **Heartland Hematology & Oncology, P.C.** welcome you to our clinic. Your health and well-being are our primary concern. We hope the information provided here answers your questions about our services, policies, and procedures.

### **Physicians**

**Dr. Cynthia M. Lewis, MD**, is a Board Certified Hematologist/Oncologist. She received her undergraduate degree from the University of Nebraska, Lincoln, and received her medical degree from the University of Nebraska Medical Center, Omaha. She completed her Hematology/Oncology Fellowship at the University of Nebraska Medical Center, Omaha.

**Dr. Nick J. Hartl, MD**, is a Board Certified Hematologist/Oncologist. He received his undergraduate degree from the University of Nebraska, Kearney, and received his medical degree from the University of Nebraska Medical Center, Omaha. He completed his Hematology/Oncology Fellowship at the University of Iowa Hospitals and Clinics, Iowa City, Iowa.

**Dr. George K. Bascom, MD**, is a Board Certified Oncologist. He received his undergraduate degree from the University of Kansas, Lawrence and received his medical degree from the University of Kansas, Kansas City. He completed his Oncology Fellowship at the University of Kansas, Kansas City.

### **General Information**

The clinic is open to serve you, answer your questions, or schedule an appointment **Monday through Friday from 8:00 am until 5:00 pm**. After hours, an on-call staff member is always available should you need care when the clinic is closed. By calling the main number, you will be given information regarding on-call staff.

### **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 occur, so some delays are unavoidable. We will do our best to keep you informed of delays. Your patience in these situations will be greatly appreciated.

### **History Information**

Enclosed you will find forms that we ask you to complete and return to our clinic as soon as possible and before your initial scheduled appointment. We have enclosed a return envelope for your convenience. This will enable our clinic to establish your file and gather necessary information to facilitate the appointment. Please fill out each form as completely as possible. Some forms do have questions on both the front and the back of the page.

### **Registration**

On your first visit to **Heartland Hematology & Oncology, P.C.**, you will be asked for verification of basic information to complete your medical record and business account. Please bring your current insurance cards at that time. We also ask that you notify our office of any changes in name, address, phone number, or insurance coverage as soon as any change occurs.

### **Fees**

Our charges for services are based on the severity and complexity of your illness or service need as required under federal guidelines. After discussion with you and a complete review of your medical records, a plan of care will be determined to best treat your individual needs. A financial representative will be pleased to discuss our fees with you. Please do not hesitate to inquire about the charges for our services.

## Insurance

Our financial representative will submit primary and secondary insurance claims for you--subject to your having given us current insurance information prior to the service being provided. 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". To avoid disappointment, we strongly suggest that patients contact their insurance company to make certain their medical insurance assumptions are correct. Pre-certification of any services, if required by the insurance company, is the responsibility of the patient. Contact our financial representative if you have any questions regarding pre-certification. Some patients have cancer insurance policies that will help to cover services provided. Please notify us with information regarding any cancer policy you may have so we can help facilitate these amounts toward payment of your bill. If at any time you are in need of a billing statement to send to a cancer insurance plan, please contact our financial representative.

Our contractual arrangement for payment of all services is with you, our patient, not your insurance company. Should there be a dispute related to the service provided or the charge for that service, the settlement of that dispute is between you and your insurance carrier. Our office is not involved in the settlement of such disputes. The final responsibility for payment of the services provided to you is yours.

## Financial Arrangements

Charges are payable at the time of treatment or when service is provided. Regardless of your medical insurance coverage, our office relies on you to settle your account. In order that we may have a definite understanding regarding the payment of fees, please review the following:

- A. Cash Payment Plan.** Payment of the portion of the medical services your insurance will not cover (co-payment or deductible) is due and payable on the day the service is provided. Payment for these services may be paid by cash, personal check, debit or credit card (VISA or MasterCard).
- B. Statement Plan.** Payment of the balance **in full** upon receipt of your statement. Payment may be paid by cash, personal check, debit or credit card (VISA or MasterCard). Please contact a financial representative if you would like to authorize that monthly balances be charged to your credit card.
- C. Personal Loan.** For balance amounts you are unable to pay in full upon receipt of your statement, we ask that you make arrangements with a lending institution for a payment plan. After credit is approved, the lending institution will pay the balance due, and you may repay their loan over a period of months at prevailing bank rates.
- D. Monthly Payment Plan.** Arrangements can be made to have an automatic payment withdrawn from your checking account on the 28<sup>th</sup> of each month and sent directly to **Heartland Hematology & Oncology, P.C.** Please contact our financial representative to complete the paperwork.

If other arrangements are needed please talk to a financial representative PRIOR TO receiving service.

## Patient Assistance

Several Foundations and drug companies are available to provide help to patients that qualify for assistance. This can include assistance with medications and insurance copays. Before treatment, our staff will check if you qualify for assistance and we help our patients through the process. If you have questions, please talk to our staff.

## Workers Compensation

As a courtesy to our patients, our financial representative will file workers compensation claims. However, if the claim is denied, unsettled, or is not paid within 60 days from date of service, we request that you file a personal health insurance claim or pay the charges in full. You should always notify your company if there is any delay or problem in resolving your workers compensation claim. Unreasonable delays or the use of delaying tactics should be reported to the office of the Insurance Commissioner of Nebraska.

## Thank You

We appreciate your selection of **Heartland Hematology & Oncology, P.C.** to meet your health care needs. We are committed to you to do the very best we can to provide you with the very best of care. Our staff—practitioners, nurses, technicians, clerical, and administrative—work as a team. We take great pride in our training, abilities, and dedication and hope you will soon share in our confidence. Your suggestions and comments are always welcome, and should you have any concerns, PLEASE give us a chance to discuss them with you.