



Visiting Patient Insurance Letter

Before The Dialysis Center of Lincoln can schedule your dialysis treatment the following information must be received and reviewed.

- Medical Information
- Insurance Information
- Authorizations

We must have your information no less than seven (7) days PRIOR to your requested dialysis dates.

Please contact your dialysis center to confirm that this information has been forwarded to the Dialysis Center of Lincoln.

The following information summarizes the billing and payment requirements for the Dialysis Center of Lincoln. Please read them carefully and follow the instructions that pertain to you.

- **If you have Medicare (Regular)**
 - The Dialysis Center of Lincoln will bill Medicare for you
 - Medicare has a 20% co-insurance for each treatment and you are responsible for this
 - The Dialysis Center of Lincoln requires a **PRE-PAYMENT OF \$175.00** for each treatment prior to receiving dialysis at the Dialysis Center of Lincoln. Your Pre-payment will be applied to the 20% co-insurance
 - If you have secondary insurance, the Dialysis Center of Lincoln will bill them for you
 - If you have Medicaid as a secondary payer, the Dialysis Center of Lincoln **cannot** bill them except for the state of Nebraska
- **If you have primary insurance other than Medicare and Medicaid:**
 - The Dialysis Center of Lincoln will bill your primary insurance for you
 - You are responsible for any deductibles, co-pays or out of network balances
 - If your insurance company requires prior-authorization, you **must** obtain this authorization and provide this information to the Dialysis Center of Lincoln prior to treatment

DialysisCenterofLincoln.org

O St.
402.489.5339
7910 O St.
Lincoln, NE 68510

Northwest
402.438.7330
3211 Salt Creek Cir.
Lincoln, NE 68504

Southwest
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512

Columbus
402.563.2139
2452 39th Ave.
Columbus, NE 68601

Home Dialysis
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512



- **If you have Managed Medicare of any Out of Network Requirement**
 - You must obtain written authorization from your primary care physician or insurance carrier
 - If your insurance company or physician requires authorization, you **must** obtain this authorization and provide this information to the Dialysis Center of Lincoln prior to treatment
- **If you have Medicaid as your Primary Insurance:**
 - Prepayment at the Medicare rate per treatment is required prior to treatment
 - Medications may be an additional charge
- **If you do not have insurance or do not have and Out-of-Network Authorization:**
 - Prepayment at the Medicare rate per treatment is required prior to treatment
 - Medications may be an additional charge
- **All balances remaining after insurance or other coverages have paid will be the patient's responsibility.**

Pre-payment must be a certified check or money order payable to:

Dialysis Center of Lincoln, Inc.
ATTN: Finance Department
7910 O Street
Lincoln, NE 68510

Please feel free to contact us with your questions

Sincerely,

Phone: (402) 489-5339
Fax: (402) 489-7366

DialysisCenterofLincoln.org

O St.
402.489.5339
7910 O St.
Lincoln, NE 68510

Northwest
402.438.7330
3211 Salt Creek Cir.
Lincoln, NE 68504

Southwest
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512

Columbus
402.563.2139
2452 39th Ave.
Columbus, NE 68601

Home Dialysis
402.742.8500
5355 S. 16th St.
Lincoln, NE 68512