

Dear Patient:

This letter is to notify you of our billing procedures and policies related to your Workmen's Compensation charges. Since you have informed us that your visit is work-related and wish it billed as Workmen's Compensation, we need you to fill out a form asking for information regarding your injury and the name, address, and phone number of the company or person you want the bills sent to.

We will file all the appropriate paperwork for you for each visit to the doctor, as long as you have provided us with the appropriate information. You are responsible for the follow up with your employer to make sure the charges are paid within thirty (30) days or you will be responsible to pay the charges. If the Workmen's Compensation carrier or employer mails the payment to us and you have already paid the charges, a refund will be issued to you promptly.

If you have any questions or concerns regarding the status of your account, please do not hesitate to call us. Natalie is responsible for filing the Workmen's Compensation charges and sending records to them. You may reach her at (402) 330-1410 Ext. 3305 if you have any questions.

Sincerely,

Maureen Jones, Clinic Manager
Primary Care Physicians, LLP