



Credit Policy

It is the concern of our entire staff that financial matters do not become a burden, nor stand in the way of your receiving the best, most timely medical attention. It is for this purpose that we have formulated the following Credit Policy:

1. If you have insurance coverage, we will gladly file your insurance claim for you. We do request payment of any co-payment or deductible at the time the services are rendered. If you do not have insurance coverage, we request that you pay for all services when rendered. **If you are unsure of your copayment amount, we will collect a standard \$25 copay at the time of service.**

If you are separated or divorced, the parent bringing the child in for treatment is responsible for payment at the time of service. Whatever financial agreement exists between you and your spouse is strictly your agreement and not part of our credit policy.

2. We currently are member physicians with Montana Health Coop, United Health Care, Allegiance/Cigna, Blue Cross/Blue Shield of Montana, Pacific Source, First Health Network, Interwest Network, Multi-Plan Network, Medicare and Medicaid of Montana. ***However, we remind you that your insurance policy is a contract between you and your insurance company and does not affect our credit policy.***

This practice is committed to providing the best medical treatment possible for our patients and charges what is usual and customary for our area. **You are responsible for payment in full regardless of your insurance company's determination of usual and customary allowances.**

A \$35.00 form fee may apply based on complexity of forms requested by patient for completion.

3. Accounts that **accumulate a balance over \$750.00 without regular payments within 90 days**, will be required to sign a payment agreement with stored credit card information for automatic monthly payments of 10% of the patient balance.

Guarantors of accounts will be contacted directly via letter and a call by an office administrator.

4. **Should circumstances arise where your account still has a balance one year from the date of service, we ask that you seek alternative financial options and pay your account in full.** Accounts that become greater than 90 days delinquent, with no attempt by the responsible party to make arrangements for payment, will be turned over to an independent collection agency.

5. Accounts returned to us as "undeliverable", i.e., moved without forwarding address, etc., will be held for one month, and if no contact is made, will be turned over to an independent collection agency.

6. In the event that an account must be turned over to a collection agency, we will request that you and your family seek medical care from another physician in the community. Failing to fulfill your payment obligation injures the mutual respect of the patient-doctor relationship set forth to ensure the highest quality of medical care; thus, we must insist the relationship be terminated. You understand that should you default on payment of your account and collection agency services are required, all costs of collections up to 40% of the balance, including attorney/court costs will be added to the balance of your account.

The biggest single misunderstanding and possible source of problems for you and for us occurs when there is no communication about your financial matters. Please feel free to discuss fees and financial arrangements with us at any time. We are more than happy to work with you so that there is never a time that your medical care causes a financial burden. We will do our best to ensure that we fulfill our part of this agreement with you, and trust that you will do the same.

Patient/Guardian Signature: _____

Date: _____

Print Patient Name: _____