



## Montana Orthopedics and Advantage Physical Therapy Financial Policy

This bill is your responsibility. If you have insurance you will be required to pay a \$30 co-pay or your insurance co-payment at the time of service for a physician office visit or \$10 for a physical therapy visit.

Self pay patients will be required to pay \$200 at the time of service and make arrangements for the balance.

We bill insurance companies as a courtesy to you, but do not have control over your insurance company's interpretation of their responsibility to pay your bill or when. Our agreement is with you the patient including litigated accounts.

Our policy is to extend credit to patients with the understanding that all charges are due and payable at the time of service. We will extend additional time for payment of accounts to patients who need and/or request. Please make sure that you make specific arrangements rather than assume we know your financial situation.

If your account is more than 90 days, we assess a 10% per annum finance charge on the unpaid balance.

If you have a delinquent account, you will be asked to pay cash for medical services at the time of treatment until your past due balance is paid in full.

Listed below is our fee payment schedule. If you are financially unable to make payment according to our fee schedule, it is your responsibility to contact our office immediately to make other financial arrangements.

**AMOUNT DUE**  
**AMOUNT**

Less than \$80.00  
\$80.00 - \$500.00  
\$500.00 & over

**MINIMUM PAYMENT**

Balance is due at time of visit  
\$50.00 per month  
10% of balance

If you have any questions or problems, please contact our billing office at 496-3455.

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SIGNATURE:

DATE:

<PATIENT LABEL HERE>