

PAYMENT POLICY

1. **Non-insured** patients will be expected to pay at the time of service, or make arrangements with the Business Office.
2. Office **co-pays are required at the time of service**. We grant sixty (60) days for the insurance to pay however, any balances pending insurance or non-covered by insurance are the obligation of the responsible party.
3. Ortho Montana will file all claims with primary and secondary insurance carriers plus Medicare, Medicaid and Workers compensation. **Please provide the office with a copy of all insurance card(s)**.
4. Workers compensation claims will be filed; however, denied claim or claims pending over 90 days will be the responsibility of the patient. Payment arrangements may be made with the Business Office. A co-pay may be required in accordance with 1993 state legislation.
5. A compound finance charge equal to the maximum allowed by federal regulations will be levied against the unpaid balance of accounts that are sixty (60) days old or older. Your account may be forwarded to an outside collection agency for further action if regular payments are not made. Any checks returned for Non-sufficient funds may be charged a return check fee.
6. Ortho Montana is committed to providing the best treatment possible for their patients at rates that are usual and customary for our area. Responsible parties are obligated for payment in full regardless of the interpretation of what is usual and customary by a given insurance company.

Patient
Number: _____ Date: _____

Patients Name: _____

Responsible Parties Signature: _____