

MISSOULA BONE & JOINT FINANCIAL POLICY

Welcome to Missoula Bone & Joint!

Our fees for services, including office visits and surgeries, are based on the level of professional skill required, the severity and complexity of the injury or illness, as well as the time spent treating you. Please don't hesitate to inquire about the charges for our services, however a precise estimate in advance may not be possible.

Payment for services may be paid at each appointment by cash, personal check, VISA or Mastercard. All new patients are required to pay a portion of their bill at the time of service. Payment in full is due within 30 days of service unless previous arrangements have been made.

INSURANCE: *As a courtesy to you, we will bill your insurance company. If your policy involves a co-payment, the amount must be paid at the time of service. If your insurance company does not respond within 30 days, the bill will become your responsibility.*

Insurance companies sometimes use the phrase "usual and customary" when discussing physician fees. It is important that you understand that the insurance companies set their own "usual and customary" rates based on a wide geographical area and the fees we charge may differ. This is quite arbitrary as different insurance companies pay different amounts for the same procedure. It is not the policy of this office to routinely write off balances that insurances do not pay or cover.

Patients must realize that professional services are rendered to a person, not an insurance company. Hence, the insurance company is responsible to the patient and the patient is responsible to us. We cannot render services under the assumption that the charges will be paid by an insurance company.

Thank You!

PLEASE READ AND SIGN: *I certify that I have read and understand the above information to the best of my knowledge. I agree to be responsible for payment of all services rendered on my behalf or my dependents, including fees above those designated as "usual and customary" by my insurance carrier. I agree that in the event of a dispute over fees or the collection of fees, the prevailing party shall be entitled, in addition to such other relief as granted, to be reimbursed by the losing party for all costs and expenses incurred thereby, including, but not limited to, reasonable attorney fees and costs.*

Patient's Name _____

Signature of patient (or parent if minor)

Date