



Patient Financial Policy

At Missoula Valley Physical Medicine and Rehabilitation (MVPMR), our fees for services are based on the level of professional skill required for treatment, the severity and complexity of your condition, as well as the extent of time spent with the Physician. Patients, or their responsible parties, are responsible for paying bills for services in full.

Definition of Parties: Where “we”, “us,” and “our” refer to any employee or acting physician contracted or employed at Missoula Valley Physical Medicine and Rehabilitation, PLLC. Where “you,” “your” refers to the patient.

Health Insurance Details

Insurance: Billing of insurance is a courtesy we provide our patients and is not required by law. Our professional services are rendered to a person, not an insurance company. The insurance company is responsible to the patient and the patient is responsible to us. Therefore, if your insurance does not respond within 30 days the bill will become your responsibility. Please notify us if your insurance carrier or policy has changed.

Copayments: Your insurance contract requires that we collect your designated co-pay at the time of service. Please be prepared to pay your co-pay at each visit. All copayments and past due balances are due at time of check-in unless previous arrangements for a payment plan have been made with our staff.

Deductibles and Co-Insurance: Following your appointment, as a courtesy we will bill your insurance company, and any deductible and/or co-insurance portion will be your responsibility and are to be paid upon first receipt of your patient statement through your Patient Portal Account created at missoulavalleypmr.com. If you have questions regarding any amount due after insurance has processed your claim please contact your insurance company directly.

Non-Covered Services and Equipment: If your insurance plan determines that a service is not covered for any reason, you will be responsible for payment of the charges.

Non-Participating Insurance Plans or “Out of Network”: As a courtesy, we check your eligibility for covered services through your insurance carrier, but ultimately, patients are responsible for verification prior to receiving service. Any outstanding balances are the responsibility of the patient. Insurance companies sometimes use the phrase “usual and customary” or “out of network” when discussing medical fees. Insurance companies set their own “usual and customary” rates based on a wide geographic area and the fees charged may differ.

Referrals and Pre-authorizations: If your insurance plan requires a referral or pre-authorization prior to coverage for services incurred in our office, it is your responsibility to obtain these or ensure that they have been obtained prior to your appointment. As a courtesy, we do help with obtaining pre-authorizations and referrals. In most cases, we will have these documents prior to your appointment. If you have obtained your own pre-authorization, you may deliver your documentation of such to the practice clinic. It is our preference that referrals from other Providers, fax their referral directly to our office, if possible. Failure to present a referral or pre-authorization may result in cancellation of your appointment and/or a lower or no payment from the insurance company. In such cases, the balance for the given service will be your responsibility.

Workers Compensation/Accident Cases: For us to file a claim through your worker’s compensation case number or other liability carrier, you must provide complete billing information. Without this information, we are unable to bill your insurance carrier and we will ask for payment in full at the time of service. Patients shall be financially responsible for medical services related to work comp/accident if insurance fails to pay in full. We do not accept letters of protection or bill attorneys for medical services.

No Health Insurance

Self-Pay / Uninsured: Payment in full is required for all self-pay/uninsured patients. A 20% discounted rate is offered for a full payment on the date of service. If financial leniency is needed, you may request to set up a payment plan for co-payments and bills incurred for services with our front office staff. So long as you are making regular payments to pay the balance owed, the plan remains in place. Failure to comply with your payment plan will result in denial of future services and a Collection Service contacting you to collect the remainder of your bill. You have the right to receive a “Good Faith Estimate” for the total expected cost of any non-emergency care provided.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. Minors must be accompanied by a parent or guardian to appointments unless a signed release to treat and financial arrangement has been made prior to the minor’s appointment.

Payments

Acceptable payment types for services are cash, personal check, or credit card. We accept payment in office, in the mail, over the phone, and through our online patient portal at www.missoulavalleypmr.com

Fees: Responsible parties will be responsible for any expenses incurred in collecting the amounts owed for services, including attorney’s fees, court costs and/or the collection agency fee if payment is delinquent.

- Any returned check from the bank for non-payment (insufficient funds) will result in a \$25 fee per check returned.
- All requests for hard copy (paper) medical records must be made in writing and will have an administrative fee of \$15, to be paid in cash or check, due on the date of your request. Please allow 10 working days to complete the request.
- It is our policy that all accounts are paid within 90 days. If payments is not received within 90 days, a courtesy call will be made to ensure that you are aware of your delinquent payment. If after 90 days you refuse to make a payment or set up a payment plan, you will be responsible for a fee equal to 25% of the total amount of your due payment. You will be discharged from the practice until financial obligations have been met and satisfied. If financial obligations are met, you will be welcomed back into our practice but as a cash at time of service patient until a sufficient period of time.

Refunds: If it is your understanding that you should have a refund issued by our practice, please contact our front office staff. Refunds will only be issued after all dates of service have been paid in full by you or your insurance. If it is deemed, you have a refund, an audit will be done on your account and a refund check will be issued to you. If a refund is due to you and payment was made via credit card, and you are unwilling to accept a check for your refund payment, a 2% to 5% fee will be deducted from your refund to cover credit card fees billed to us.

Authorization to Assign Medical Benefits:

I hereby authorize medical benefits to be directly paid to Missoula Valley Physical Medicine and Rehabilitation, PLLC. I understand that I am financially responsible for any services from this office regardless of insurance coverage. Your clear understanding of our Financial Policy is important to our professional relationship. If you would like a printed copy of this policy, ask our front office staff.

Photocopies and electronic signed versions of this form are valid as the original. Photocopies and electronic signed versions of this form are valid as the original. **Please sign that you have read and agree to this Financial Policy.**

Patient Name

Signature of Patient of Legal Representative

Date