



HEALTH SOLUTIONS PLLC  
FINANCIAL POLICIES

1. We appreciate payment on the day services are rendered. This reduces our billing costs and further allows us to keep our charges as low as possible. If you have met your insurance deductible, we will require a 20% payment at the time of service. If your insurance requires a co-payment, that fee is due at the time of service.
2. When we have proper information, our office will bill your insurance company as a service to you. Any follow-up with the insurance company is your responsibility.
3. All accounts are due within 30 days unless arrangements have been made in advance.
4. Please feel free to contact us if you have any financial questions or payment problems.
5. Our office accepts assignment on all Medicare accounts. When we have correct secondary insurance information, we also bill that insurance company for our patients. Medicare and secondary insurance companies do not always pay the bill in full. We ask that the remainder of the bill be paid within 30 days.
6. By signing below you authorize the release of any medical information necessary to process your claim for health care payment only and you authorize payment to the provider.

I have read and understand the above policies. I realize that I am responsible for all charges regardless of insurance coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have been informed that Health Solutions has a Privacy Practice in place as required by law. I acknowledge that I can access the policy on the web site: [www.montanahealthsolutions.com](http://www.montanahealthsolutions.com) and that Health Solutions will provide me with a copy of the Privacy Practice rule at my request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date