



Patient Payment Policy

Purpose

This policy outlines the financial responsibilities of patients receiving care at Montana Kidney, PLLC and ensures transparency in the billing and payment process. As a specialty provider, our goal is to provide high-quality nephrology care while maintaining an efficient and fair billing process.

Insurance and Billing

Insurance Verification: We will verify your insurance coverage prior to your visit; however, it is your responsibility to provide accurate and current insurance information. **Referrals & Authorizations:** Some insurance plans require referrals or prior authorizations. Failure to obtain these may result in claim denial and patient responsibility. **Billing:** We will bill your primary and, if applicable, secondary insurance as a courtesy. Any remaining balance after insurance is your responsibility.

Copayments, Deductibles, and Coinsurance

Due at Time of Service: All copayments, coinsurance, and deductibles must be paid at the time of service, in accordance with your insurance plan.
Nonpayment: Failure to pay at the time of service may result in your appointment being rescheduled.

Self-Pay Patients

Patients without active insurance coverage are required to pay in full at the time of service unless a prior payment plan has been established.

Accepted Payment Methods

We accept:

- Credit/Debit Cards
- HSA/FSA Cards
- Personal Checks
- Cash
- Online payments via our Patient Payment Portal

Billing Statements & Payment Terms

Statements: Monthly billing statements will be sent for any outstanding balances.
Payment Due: Balances are due within 30 days of the statement date.

Returned Checks

A \$25.00 fee will be charged for any returned checks.
Future payments may be required in certified funds or by credit card.

Outstanding Balances & Collections

Accounts unpaid after 90 days and without an active payment plan may result in further collection activity.
Patients may be discharged from the practice for repeated nonpayment.

Medicare & Medicaid Patients

We accept Medicare and Medicaid and follow all applicable billing regulations. Patients are responsible for any services not covered by Medicare/Medicaid.

Questions and Contact Information

For questions about your bill or to discuss payment options, contact our billing office:

- Phone:
- Email:
- Office Hours:

Acknowledgment of Patient Payment Policy

I have received and read the Patient Payment Policy for Montana Kidney, PLLC. I understand and agree to the terms outlined above.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____