



Origin Health Billing Policy

Insured Patients

It is your responsibility to confirm that we participate with your insurance provider before services are rendered. It is also your responsibility to understand the details of your insurance plan—deductibles, procedures covered, coverage dates, referral/pre-authorization requirements, etc. We will submit claims directly to your plan on your behalf. *You agree to pay any portion of the charges not covered by your insurance provider.* If your insurance company requires a copayment, it must be paid at the time of service. If you have questions about your coverage, contact your insurance company directly.

If we do not participate with your insurance, we are still happy to accept you as a patient. We can submit claims to your insurance for any *potential* out-of-network benefits you *may* receive or you may choose to receive care on a self-pay basis. You may also contact us—before you receive any services—about the possibility of us becoming in-network with your provider.

If your insurance provider delays processing of your claim for over 60 days or is delayed due to your failure to provide them with requests for information, you may be billed in full for services rendered.

Self-Pay (and Healthcare Co-op) Patients

We are pleased to offer a 20% discount to all self-pay patients *who pay in full at the time of service.* You are considered self-pay if:

- You do not have insurance coverage or are choosing not to bill your insurance.
- You participate in a healthcare co-op (Montana Health CO-OP, CHM, Medi-Share, Liberty, etc.)
- You do not have an insurance card on file with us.

Should you wish not to (or be unable to) pay in full at the time of service, we require a minimum payment of \$50 due at the time of service—and you will not be eligible for the 20% discount. A bill will be generated and sent to you reflecting the remaining balance due. A variety of interest-free payment plans are available.

For inpatient/hospital services, payment in full is *not* required at the time of service to receive the 20% discount. Contact us when you get your bill and we will give you the 20% discount. We reserve the right to require the full cost of services provided if payment is not made in full within 30 days or if the first payment in a payment plan is not received within 30 days.

Patients Applying for Medicaid

If you cannot provide proof of Medicaid application before any services are rendered, you will be considered a self-pay patient and subject to the same policies—including the \$50 minimum payment required at the time of service. Should you provide proof of Medicaid application to us (such as a copy of your completed application or a Presumptive Eligibility Letter from your caseworker) you have 30 days to notify us of Medicaid approval or denial before we generate and send you a bill for services rendered.

Should your Medicaid application be denied, the cost of all services provided will become your personal responsibility and you will be considered a self-pay patient—still eligible for the 20% self-pay discount with interest-free payment plans available.

Should your Medicaid application be approved, we will submit claims to Medicaid for all services provided *after the date your Medicaid coverage began*. Any services provided before the date Medicaid coverage began are your personal responsibility—with balances still eligible for the 20% self-pay discount with interest-free payment plans available.

Balances Due

Your balance is due within 30 days after your statement is issued. If you cannot pay your balance in full by the due date, we are pleased to offer a variety of interest-free payment plans for any balance greater than \$100.

Your account will be considered Past Due if we do not receive payment in full (or if you have not completed your first payment on an eligible payment plan) by your bill's due date. Patients with Past Due accounts with balances greater than \$600 are not able to schedule new appointments until payment is received.

Accounts remaining in Past Due status for more than 90 days will be referred to a collection agency. Accounts referred to a collection agency are subject to an additional Collections Fee—to cover the collection agency costs and (if applicable) court and lawyer fees. Accounts in collections may also be reported to the credit bureaus. Failure to pay your financial responsibilities after insurance may also be viewed as a breach of contract by your insurance company. If your account is sent to a collection agency, you will be considered dismissed from the practice until financial obligations are met.

Payment Options

We accept cash, credit cards (including American Express), personal checks, cashier's checks, and money orders. We do not accept post-dated checks. There is a \$30 Returned Check Fee for any check returned to us for insufficient funds.