



- 1805 Bancroft Street, Suite 3 · Missoula, MT 59801 · (406) 543-4890 · Fax (406) 543-4892  
 2819 Great Northern Loop, Suite 300 · Missoula, MT 59808 · (406) 543-0012 · Fax (406) 543-0055

**PATIENT INFORMATION**  
**Please fill out completely and clearly**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

REFERRED BY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PARTY RESPONSIBLE FOR PAYMENT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
RESPONSIBLE PARTY EMPLOYED BY \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ ARE CALLS ALLOWED? \_\_\_\_\_

NAME AND ADDRESS OF ATTORNEY IF APPLICABLE \_\_\_\_\_  
\_\_\_\_\_

MOTOR VEHICLE ACCIDENT – YES \_\_\_\_\_ NO \_\_\_\_\_ INSURANCE CO. \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_  
GROUP # \_\_\_\_\_ IN THE NAME OF \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_  
GROUP # \_\_\_\_\_ IN THE NAME OF \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORKER'S COMP INSURANCE CO. \_\_\_\_\_ CLAIM# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMPLOYER AT TIME OF INJURY \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_  
FIRST REPORT FILED – YES \_\_\_\_\_ NO \_\_\_\_\_ BY WHOM \_\_\_\_\_

**(PLEASE SEE OTHER SIDE)**

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**MISSOULA PHYSICAL THERAPY, INC.  
PAYMENT POLICY**

1. Insurance/Medicare is considered a method of reimbursing the patient for fees paid to Missoula Physical Therapy and is not a substitute for payment. Some companies, including Medicare, pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance/Medicare. We will gladly bill your insurance/Medicare bi-monthly as a convenience to you.

As has always been our policy, patients are ultimately responsible for payment in full of all charges (including interest on balances over 60 days), regardless of insurance coverage. We have no contracted agreement with any private insurance company as those agreements are between the individual and the insurance company.

2. **MEDICARE PATIENTS:** Missoula Physical Therapy does accept Medicare assignment. **Medicare requires a written referral from your doctor every 30 days. It is your responsibility to bring us that referral or have your doctor mail us one. Medicare will only approve \$1,860 of outpatient therapy per year.** We will try to inform you when you come close to your \$1840 limit, but you also need to keep track of it yourself.
3. **NEW PATIENTS:** You are expected to pay for services on the day of your first visit. We will bill your insurance/Medicare for that visit and all follow-up visits for you. Alternative payment arrangements will be discussed in the event of significant economic constraints. Minimum monthly payments will be set. We reserve the right to set monthly payment schedules on an individual basis.

Monthly payments must be made on unpaid balances exceeding 60 days even when insurance claims are pending. A 1% finance charge will be added to all balances 60 days or older.

4. **THIRD PARTY INSURANCE:** (i.e. motor vehicle accident patients): We will gladly bill the responsible insurance company for the services we provide you. However, because of the nature and time involved in such situations, it has become necessary for Missoula Physical Therapy to require that the patient make regular payments on your bill if the insurance company has delayed payments for any reason. **REMEMBER**, regardless of whose fault you may think it is, we are treating you and the responsibility of payment lies with you.
5. **WORKER'S COMPENSATION PATIENTS:** It is your responsibility to make sure that your employer has filed "Employer's first report". Worker's Compensation will not initiate payment of claims until that report has been filed. You will be billed and held responsible for any charges not approved as a work related incident by your Worker's Compensation carrier.
6. I hereby assign all medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Missoula Physical Therapy, 1805 Bancroft, Missoula, Montana 59801. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of all/or part of the patient's records.

**I have read and understand all of the above. I agree that in the event legal action should become necessary to collect an unpaid balance due for medical services rendered, I will be responsible for all finance charges, collection fees, and court costs, in addition to the outstanding balance.**

**A copy of this agreement has been retained by me.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A 1% finance charge will be added to all balances 60 days or older.**

**Please note: A \$15.00 charge assessed directly to patient if patient fails to give notice of cancellation.**

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Orthopedic Physical Therapy • Back Care • Manual Therapy • Sports Therapy • Geriatrics • Industrial  
Cardio-Pulmonary Rehabilitation • Fitness Programs • Consultation • Prevention and Educational Programs