



Bridger Psychiatric
Services

Patient Financial Responsibility

Patient Name: _____ Date: _____

BPS is in-network with Montana Medicaid, Montana Medicare Part B, Allegiance, and Mountain Health Co-op. BPS participates with Cigna and Tricare on a limited basis that is determined by your specific plan and various requirements for coverage. BPS is not responsible for submitting to an out-of-network insurance company, and has the right to refuse to do so at any point.

I agree and understand that should my insurance carrier refuse payment I will be held responsible for all the services rendered upon my receiving a written and/or verbal notice of the denial of my claim. I understand that it is my responsibility to pay what my insurance carrier deems Patient Responsibility/Co-insurance/Co-pay/Deductible. I understand failure to pay for services I receive may result in termination of services and collections action on my balance.

I further agree and understand that this office can only code and file a claim for my visit(s) with the diagnosis(es) that was documented in my medical record. Thus, to ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and may result in fraudulent act.

I understand that if I have an out-of-network insurance carrier, do not have insurance, or choose to not submit to my in-network provider, I can still seek services as a Self-Pay patient. I agree and understand that payment is due at time of service. Failure to pay for services I receive may result in termination of services and collections action on my balance.

In the event that I do not pay for these or any other services provided to me when due, I understand that I am liable for all costs associated with collections as part of the collection process.

Patient/Guardian Signature: _____

Relationship to patient: _____

Please see reverse side for Patient Rights and Responsibilities.



Bridger Psychiatric Services

Patient Rights and Responsibilities

Name: _____ Date: _____

A more detailed explanation of Patient Rights and Responsibilities was included with your intake contracts and copies may be requested at the front desk.

Our policy is as follows (**please initial that you have read and understand each bullet**):

- All my records are confidential and will not be shared, with the following exceptions:
 - You are deemed a serious risk to yourself or others
 - We suspect abuse or neglect of a child, vulnerable adult, or an elderly individual
 - Information required for a Public Health Investigation
 - Requests from the FDA for product recalls
 - Disclosures related to criminal investigations as mandated by law
 - Court or Administrative Subpoena
 - If you are a member of the military as required by armed forces services
 - Release of information to your insurance carrier for Prior Authorizations, Pre-Treatment Screening, and reimbursement on claims.
- I have a right to request my Personal Health Information. There may be a charge associated with this request. Releases may be obtained at the front desk.
- If a third party is responsible for payment I am aware I *must* sign a release for them to access billing information. Failure to do so will result in personal liability for expenses incurred for services rendered. Releases may be obtained at the front desk.
- Failure to attend appointments, cancel 24 hours prior to appointments, or arriving late for a scheduled appointment may result in a charge for the missed appointment, a delay in being able to fill a medication, and/or termination of services.
- Medications must be taken as prescribed and I will notify my physician of any changes, adverse reactions, and all other medications I am taking.
- When in office or over the phone, I agree to conduct myself in a courteous manner, and failure to do so may result in me being asked to leave, and potential termination of services.
- BPS maintains the right to refuse or terminate service at any time.
- For after-hours emergencies, the doctor can be paged by contacting the Help Center at 406-586-3333, you may also go directly to the emergency room or call 911.

Patient/Guardian Signature: _____

Relationship to Patient: _____

Office use only:

Responsibility explained by: _____

Signature: _____ Date: _____