the team behind your team

GREAT FALLS CLINIC

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Visit www.gfclinic.com for career opportunity information.
The Great Falls Clinic is an equal opportunity employer (EO).

financial policy

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Thank you for choosing the Great Falls Clinic as your healthcare provider. The Great Falls Clinic realizes that the cost of healthcare is a concern for our patients. We offer the following information to help you understand our financial policies and aid you in planning for payment. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Carefully review the following information and please ask if you have any questions about our fees, our policies or your responsibilities.

Insurance

It is the patient's responsibility to provide the Great Falls Clinic with current insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date in order to update your records, so please have your insurance card every time you visit the office. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided to the Great Falls Clinic.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. If your insurance company does not pay the Great Falls Clinic within 60 days, you will be held responsible for payment. You are ultimately responsible for the timely payment of your account.

Co-payments

All co-payments must be paid at the time of service as required by your insurance contract. If you are unable to pay your co-payment at check-in, an envelope will be provided to you for remittance of your co-payment to the Great Falls Clinic within 48 hours. A $10.00 service charge will be added to your statement if payment is not received within 48 hours of the date of service.

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the Great Falls Clinic does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if the Great Falls Clinic is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. New self-pay patients will be required to bring $125.00 at their initial appointment.

Insured OB Patients

Our office will pre-certify your pregnancy and complete any necessary paperwork required by your insurance company. We will also obtain your OB benefit coverage, which will include deductible and co-payment information (for physician charges only). If you are responsible for deductible and/or co-payment amounts, these amounts are due two months prior to your anticipated delivery date. If you cannot pay the amount in full, payment arrangements can be discussed with the Business Office. Once we have received payment from your insurance company and if additional payment is required from you, we will send you a statement.

Uninsured OB Patients

The charge for a normal delivery is $3,824.00. This amount is for physician charges only and does not include any laboratory, sonograms or additional services needed during or at the time of delivery. Patients will be responsible for paying this amount two months prior to the anticipated delivery date. Other obstetrical services not included in the global delivery fee are due at the time of service. Patients will be billed after their delivery for any additional balance.

Elective Procedures

Patients are required to pay the estimated self-pay portion of elective procedures prior to services being rendered.

Unpaid Balances

We ask that full payment be made at the time of service unless prior arrangements have been made through the Business Office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our Business Office to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity.

Payment Arrangements

In the event the total balance due is more than you are able to pay, we will make reasonable payment arrangements in accordance with our credit policy. Please contact our Business Office to make arrangements.

Returned Checks

The charge for a returned check is $20.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a "Cash Only" basis following any returned check.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

We kindly ask for 24 hour notice if you are unable to keep an appointment. Please help us serve you and our other patients better by keeping scheduled appointments.

We accept cash, check, debit cards, Visa®, MasterCard®, American Express® and Discover®.

Contact Us

Business Office and Patient Accounts
406-771-3175 or 866-842-5429
www.gfclinic.com