

**PAYMENT POLICY:** We accept cash, checks, Visa, MasterCard, American Express & Discover.

**Insured patients:** We will bill your insurance for all covered services. You are required to pay your copay at the time of service and you will be responsible for paying your annual deductible and any copayment after insurance is billed. You will receive two monthly statements after your insurance has processed your claim and have 30 days after the second statement to pay your balance before your account is forwarded to our collection agency. Payment for any non-covered, cosmetic services is required at the time of service.

**Self Pay Patients:** Patients who are not covered by insurance are responsible for the total bill at the time of the service. Payment is required at the time of service.

**Minor patients:** It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion of the charges billed. Our office will file to insurance, however payment is ultimately the responsibility of the adult presenting the child for treatment.

**Payment Plans:** We do not make payment plans for patients with outstanding balances on their accounts; for patients who wish to pay off their balances over many months we accept credit cards.

Your signature signifies that you understand that in the event any unpaid balance is placed for collections with any third party collection agency a fee of 50% of the unpaid balance will be added to the total amount due. This amount will be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such as court costs, attorney fees, late fees and any other fees so stated elsewhere. The authorized fee of 50% and the additional costs and charges listed above represent the actual costs incurred by Dr. Korenberg to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from this signer's failure to pay as specified in this agreement.

Your signature below signifies that you have read each item above and understand your responsibilities to this office.

Robert Korenberg, MD, PC  
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