



LIFE MANAGEMENT ASSOCIATES, LLC

Financial Policy

We are committed to providing the community with quality mental health services in a warm, friendly, economical, service-oriented environment. It is important to our professional relationship that you have a clear understanding of our financial policy. We are pleased to discuss our fees and answer any questions about this policy at any time.

WE DO NOT NEGOTIATE SETTLEMENTS ON DISPUTED CLAIMS

Following services rendered, we will submit charges to your insurance company, and will accept assignment of benefits. Please be aware of your coverage, benefits, and eligibility. Please be aware of your provider's in-network / out-of-network status with your insurance company, as well as your deductible and co-pay responsibilities. Your provider's relationship is with you and not your insurance company. You are ultimately responsible for the fees regardless of insurance payment or non-payment. After we receive the statement from your insurance company and there is a patient balance, a separate bill will be mailed to you from us.

All balances are due 30 days from the billing statement date. If you are unable to pay the balance left after your insurance has paid, we do accept credit card payment. If you are unable to pay your account in full, listed below is the fee schedule. If you are unable to make payments according to the fee schedule, it is your responsibility to contact our office immediately to make other financial arrangements.

ORIGINAL OUTSTANDING CHARGES

MINIMUM MONTHLY PAYMENT

Up to \$100	Payment in Full
\$101.00 to \$300.00	\$50.00 per month
\$301.00 to \$500.00	\$75.00 per month
\$501.00 to \$1000.00	\$100.00 per month
\$1001.00 to \$1500.00	\$150.00 per month
\$1501.00 to \$2000.00	\$200.00 per month
\$2001.00 or above	Paid in 12 months

600 Dewey Blvd., Suite B, • Butte, MT 59701 & 302 Missouri Ave., • Deer Lodge, MT 59722

Phone: 406-782-4778 • Fax: 406-782-1318

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Failure to comply with these financial requirements will place your account in default and it may be sent to a collection agency (5) days after default has occurred. *Should it become necessary to send your account to a collection agency, you are responsible for all collection fees incurred in getting your account paid, including any attorney's fees. Should you require future services from any provider at LMA, your collection account plus collection fees must be paid in full prior to scheduling.*

Your signature indicates your understanding and agreement to all of the above.

X_____

Client Signature

X_____

Date

X_____

Representative Signature

X_____

Date

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