

Patient Payment Agreements

Thank you for choosing Bozeman Creek Family Health for your healthcare needs. In order to better serve your billing needs, our office now offers automatic payment plans for patients.

Automatic payments will be administered through BillFlash services. Patients can access their Billflash account by logging onto: www.myproviderlink.com. Patients can create an account, or select guest pay for one-time payment.

If you would like to set up automatic payments, please complete the Autopay options below:

Printed Patient Name: _____

AutoPay: Once your claim has processed through your insurance; your credit card will be processed for the maximum amount allowed on the following billing statement date. BCFH billing statements are processed once a month. If your balance is less than the maximum amount allowed, the balance amount will be withdrawn.

Credit Card Number:	Exp Date:
Signature:	Zip code:

Max Amt to be paid: _____ ex: \$75.00

Billing email: _____
(please write legibly)

Patients that sign up for Estatements through our BillFlash program are responsible for actively checking their designated email provided to Bozeman Creek Family Health. Emails and billing statements from our server can frequently be considered as junk mail. It is the patient's responsibility to know which delivery method their account is set for to receive billing statements. For this reason, Bozeman Creek Family Health holds the patient responsible to file updated and active credit card information, email and billing address always. If you are unsure which method, you are signed up for please contact our office or ask our administration staff.

Patient Signature: _____

Date: _____