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In an effort to provide clear and accurate information regarding your future financial responsibility to our office, we are asking that before you or your family member's appointment with Dr. Thornblade you call your insurance company and ask them the following questions:

- 1.) What is my annual deductible amount? _____
- 2.) Have I met my annual deductible this year? _____
 - a. If not, how much have I met so far? _____
- 3.) What is my annual out of pocket maximum? _____
- 4.) What is my co-insurance percent after deductible is met? _____
- 5.) What is my co-insurance amount? _____
- 6.) When does my benefit year begin? _____
- 7.) Is my deductible applied individually or towards family? _____

Please bring this completed form to your first appointment and we will gladly provide you with an estimate of our services. We accept credit cards, checks, cash, and are members of the Care Credit Network.

THANK YOU FOR YOUR TIME AND EFFORT.