



**O Therapy Services, LLC**  
**800 Kensington, Suite 100**  
**Missoula, Montana 59801**  
**Phone: 406-239-5820**  
**Fax: 406-924-7292**  
**otherapyservices@gmail.com**

**RELEASE OF INFORMATION-PAYMENT AGREEMENT  
ASSIGNMENT OF BENEFITS  
NOTICE OF PRIVACY PRACTICES**

**Release of Information:**

I hereby authorize O Therapy Services, LLC to release information to the billing agency and my insurance company. \_\_\_\_\_ (initial here)

**ASSIGNMENT OF BENEFITS AND RELEASE**

I, the undersigned hereby authorize the release of any information necessary to submit all claims for benefit on behalf of myself or my dependants for services rendered or to be rendered. I authorize the use of my signature on all insurance submissions without obtaining my signature on each and every claim submitted. I authorize my insurance company to pay and assign directly to the provider all benefits, if any, otherwise payable to me for services rendered. I further understand that I am financially responsible for all charges for services rendered, whether or not paid by insurance benefits. I understand that in cases of nonpayment, my name may be released to a collection agency.

If any legal action or any arbitration or other proceedings is brought for the enforcement of this agreement, or because of alleged dispute, breach or default in connection with any of the provisions of this agreement, the successful prevailing party shall be entitled to recover reasonable attorney fees incurred by this action or proceeding in addition to any other relieve to which he/she or it may be entitled.

I understand that it is my responsibility to pay all charges, regardless of insurance or other third party coverage. I understand I am expected to pay the balance due on my account each month. This applies when services are on-going.

Overdue accounts past 30 days will be assessed a 2% service charge each month thereafter. (A payment plan may be discussed if necessary).

**ASSIGNMENT OF INSURANCE:**

I authorize payment of Medical Benefits to O Therapy Services, LLC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_