

*BRIDGER PSYCHIATRIC SERVICES, P.C*

*Dr. Kenneth C. Olson, M.D.*

*2040 N. 22<sup>ND</sup> AVE., STE. 2*

*BOZEMAN, MT 59718*

*406-586-5511*

*406-586-4713 (FAX)*

I attest that I am not enrolled in any of the listed insurances:

- 1.) Tri-care
- 2.) Medicare
- 3.) Medicaid
- 4.) Champus
- 5.) Workman's Compensation

At any point that I enroll in one of these Insurance plans, I will immediately advise BPS. I understand that BPS does not accept and will not submit claims to these insurances. Furthermore, I acknowledge that I must sign an insurance waiver if and when I do enroll in one of the said Insurance plans.

\_\_\_\_\_  
PATIENTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE