



kormylo
ADVANCED PROSTHETICS AND ORTHOTICS

Payment Policies + Information Release Form + Assignment of Benefits

1. Patients with private health care coverage are required to pay the estimated out of pocket balance at the time services are initiated. Kormylo Orthopedic will bill the insurance company and once insurance has paid their portion a statement will be sent with the final balance due.
2. Patients with no insurance coverage will be required to make a 50% deposit when services are initiated. The remaining balance is due when the completed device is delivered. If the patient takes the device on initial visit the entire balance is due at that time.
3. Medicare patients will be required to make a 20% deposit when services are initiated. Kormylo Orthopedic will assist patients with supplemental insurance billing and Medicare Explanation of Benefits form is provided. Kormylo Orthopedic will take assignment on Medicare claims. Patients will be required to pay deductibles and participation amounts not covered by secondary insurance companies.
4. Other third party coverage such as worker's compensation must supply claim information and approval for payment. If this information is not supplied to Kormylo Orthopedic at the initial visit the patient will be responsible for 50% deposit.
5. If a patient requires a payment arrangement we offer two options. One is an outside credit agency, Care Credit, which offers no interest plans. The other option will require speaking with a Kormylo Orthopedic office staff member.
6. I authorize the release of any and all medical information necessary to process any insurance claims for payment of services rendered by Kormylo Orthopedic Inc. I request payment of government benefits either to myself or to the undersigned physician or supplier for services described on claims made by the physician/supplier.

I have read, understand, and agree to the above policies and conditions.

Signed: _____ Date: _____