

LUDWIG F. KRONER, III, M.D., P.C., F.A.C.S.

ORTHOPEDIC AND FRACTURE SURGERY
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CREDIT, COLLECTIONS AND OFFICE POLICIES

As is the case with most businesses, we have credit, collection and office policies. We would like to present those policies to you to avoid any problems or misunderstandings.

1. We ask that co-payment for the office visit, or a portion thereof, is paid at the time of the visit. That amount will be advised at the scheduling of the appointment, upon request.
2. As a courtesy to our patients we do file primary insurances. All charges, office visits, xray charges, medical supplies, procedures, will be shown an insurance form and sent to your insurance company. Please provide us with the pertinent information, to include the mailing address.
3. Remaining fees become past due after 30 days. We request payment of those fees at this time.
4. After 60 days, any outstanding balances are reviewed for action. You have the following choices for payment of such:

**BALANCE MAY BE PAID IN FULL. BALANCE MY BE CHARGED TO CREDIT CARD.
BALANCE MAY BE TURNED OVER TO CELLECTION AGENCY AS A LAST RESORT. I UNDERSTAND THAT I
AM RESPONSIBLE TO PAY FOR COST OF COLLECTIONS AND DELIQUENCY FEES IN THE AMOUNT
OF 50% OF THE BALANCE OWED.**

Sometimes it is not appreciated that we provide a service to you and you are responsible to us for payment. When your insurances does not pay or does not pay as much as you expect, you remain responsible for your account balance.

1. We do file supplemental insurance for medicare patients.
2. In the event that your insurance pays into any amounts that you have paid, you will receive a refund from this office in a timely manner.
3. Original xrays are the property of this office and will not be released. Copies can be made in this office for a fee. Inquire at front desk.
4. Medical supplies issued are not returnable. No Exceptions.
5. A minimum fee for copies of your medical records will be charged. Inquire at front desk.
6. A minimum fee for filling our disability forms, family medical leave forms, or any other extra forms will be charged. Inquire at front desk.

PLEASE BE ASSURED THAT WE WILL ASSIST YOU IN ANY WAY POSSIBLE WITH PAYMENT AND INSURANCE ISSUES. THE PRINCIPLES MENTIONED ARE COMMONLY ACCEPTED WHEN PURCHASING OTHER GOODS, BUT NOT FELT TO APPLY TO PURCHASE OF MEDICAL SERVICES. THIS IS AN ATTEMPT TO COMMUNICATE OUR POLICIES, TO YOU OUR PATIENT AND CUSTOMER.

I have read and understand the policies mentioned above.

Signature of Responsible Party:

Date:
