



Financial Policy Statement

Please initial each statement indicating your agreement.

Thank you for choosing Bright Oaks Pediatrics Center, LLC. as your child's healthcare provider. The following is our Financial Policy. Please read and sign each statement, prior to us treating your child.

_____ 1. It is the policy of Bright Oaks Pediatrics Center, LLC. to help keep your healthcare costs as low as possible. To do this, we need to keep our billing costs to a minimum. Please help us in the following ways: Always bring your child's current health insurance card to the office. Please notify us at the time of Check-In of any changes in insurance, address, telephone or family status. Failure to notify us of any changes may result in incorrect billing for which you may be responsible.

_____ 2. Co-pays, deductible balances and co-insurance balances are part of your contract with your insurance, and are due at the time of service. Failure to comply could jeopardize your insurance coverage. You will be expected to pay in full if you do not have insurance, or Bright Oaks Pediatrics Center, LLC. does not participate with your health plan, or you are unable to present a valid member identification card from your insurance carrier at your visit, or we are unable to verify your insurance coverage. If you do not have medical insurance, or elect to self-pay your account, payment is due at the time of service, at a discounted rate.

_____ 3. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits, please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for such charges. It is your responsibility to ensure our providers actively participate with your insurance plan; know your benefit coverage, as well as your dependents, prior to receiving services. Make sure that all individuals on your policy have the correct primary care physician selected. Ensure that all pre-approval requirements, if any, are met to avoid denials or out-of-network benefits.

_____ 4. You may receive a separate bill for medical care for lab, x-ray or other diagnostic services from another facility. You are financially responsible to pay that facility for any co-pay or balance due for those services. Such bills are not generated from Bright Oaks Pediatric Center, LLC. so you will need to call the facility where services were provided.

_____ 5. A \$35 fee will be charged for all returned checks. Immediate remittance in the form of cash, money order, credit card or certified funds is required for a returned check in the original amount plus the \$35 fee. After two returned checks, families will be required to pay in the form of cash, money order, credit card or certified funds for subsequent visits.

_____ 6. Full payment of your account balance is expected within 30 days from the billing date. Delinquent accounts (unpaid balances past 90 days from the due date), will be sent to our collection agency. Collection costs and attorney's fees will be added to the balance due, for each child with a past due balance. Thirty days after an account has been turned over to our collection agency the family will be discharged from our practice.

_____ 7. Do not ignore billing statements. If you receive a statement which you believe is incorrect, please contact us immediately. If we do not hear from you, we will assume that you have accepted responsibility for the statement.

_____ 8. Any family that files for bankruptcy, and includes any balances due to Bright Oaks Pediatrics Center, LLC., will be dismissed from our practice 30 days after we receive such notification.

_____ 9. Bright Oaks Pediatrics Center, LLC. does not get involved in financial, legal, separation or divorce disputes. Therefore, if the guarantor is delinquent in paying the account, the balance will be transferred to the person who registered the child at the time of the visit. If a divorce decree or such requires the other parent to pay all or part of the treatment costs, it is the registering party's responsibility to pay the balance and collect from the other parent.

_____ 10. Bright Oaks Pediatrics Center, LLC. does not get involved with any visits related to on-the-job or motor vehicle injuries. The patient will need to pay in full at the time of the visit.

_____ 11. There is a \$10 fee for filling out various forms, including, but not limited to: school, camp, sports and daycare forms. The fee must be paid before or at the time of pick-up.

_____ 12. We require 24 hours notice to cancel appointments you are unable to keep. This allows us the ability to schedule another patient in that time slot. Failure to cancel an appointment properly may result in a \$25 missed appointment fee. If you are more than 15 minutes late for an appointment, your appointment may be rescheduled.

_____ 13. Medical records are our documentation that services were rendered to your child. Copying records requires staff time, equipment usage, supplies and postage. Maryland State statute permits providers to charge for retrieval and preparation, a per page copying charge, and the actual cost for postage and handling. You will be notified of the fee prior to release of records and payment is required prior to the release of the records. Only the records generated by our practice will be released.

I have read this financial policy, and I understand and agree to the terms stated above for today and any future visits, and the agreement will be in full force and effect.

Parent/Guardian Printed Name

Signature

Patient's name: _____

Today's Date: _____