

Bright Pediatrics P.C. Financial Policy

Bright Pediatrics P.C., is committed to providing you with quality care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions

To assist us in establishing your Bright Pediatrics financial account, please:

- Supply all necessary information for the accurate billing of your claims, including your insurance card, employer and demographic information.
- Satisfy all insurance co-payments, deductibles, and non-covered services on the day of service.
- Authorize release of information necessary for insurance filing and pre-certification.

Unaccompanied Minors

Minors must have an authorization for medical treatment signed by his/her parent/guardian and is responsible for providing current insurance information for self. Please note that co-payments/and or deductibles are expected at the time of service.

Regarding Divorce

Bright Pediatrics does not get involved in disputes between divorced parents regarding financial responsibility for their child/children's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree or other arrangement places that obligation on your former spouse.

Regarding Insurance

We require full payment for all co-payments/deductibles at time of service. **YOU MUST INFORM US OF ALL INSURANCE COVERAGES ON YOUR CHILD.** We will file insurances as a courtesy to our patients. By signing, I acknowledge that I am financially responsible for all charges whether or not paid by insurance or Medicaid and I have received a copy of Bright Pediatrics payment and financial policy.

I authorize the release of any medical information necessary to process my insurance claim(s).
"I authorize and request payment of medical benefits directly to my physicians. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. I agree that a photocopy of this form may be used in place of the original.

In the event your account is placed with a collection agency, you agree to pay 30% of the principal and interest owing on said account as liquidated damages, and an additional 15% of the principal and interest owing as attorney's fees, for collecting said account.

Signature

Date

Printed signature