



Bright Beginnings Pediatrics participates with most insurance plans. Each insurance policy is different, and therefore, it is impossible for us to know what your potential benefits may be. It's important to contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations might be at the time of service.

Insurance Information

Insurance card(s) must be presented at the time of service. A copy of your insurance card(s) will be made for your file. It is your responsibility to provide updated insurance information at the time of service. If the insurance card(s) is not presented at the time of service, the charges are your responsibility until a copy of the insurance card(s) is received. For services to be billed to your insurance company, a copy of the insurance card(s) must be received within 10 days from the date of service. When insurance information is received *after* the timely filling requirements of your insurance company, the charges for those services are your responsibility. You are responsible for payment of all services not paid by your insurance company, including all screenings and testing done at the time of well visits. Bright Beginnings Pediatrics reserves the right to reschedule or deny future appointments for delinquent accounts.

Copayments and Deductibles

Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. Payment may be made in cash, by check, or by card. We also accept Health Savings Account (HAS) cards for payment. All returned checks will be subject to a service charge of \$30.

Please note that the copayment is a contractual requirement for the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventative services will require payment at the time those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, whoever brings the child in is prepared to make all payments.

Credit Card on File¹

To make sure that we can collect your portion of the bill once your insurance company processes the claim, we encourage you to consider leaving a valid credit card on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation of Benefits (EOB). This autopay is for amounts owed which are equal to or less than \$75. If the amount owed is greater than \$75, we will contact you prior to making any charges to make sure you want to pay the amount with your credit card.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance.

Patients Without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time-of-service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit.

Administrative Fee¹

At Bright Beginnings Pediatrics, coordination of care is central to making sure that children get good quality healthcare. This means several hours are spent providing services that insurance does not pay for. Some of these services include processing various administrative requests, such as lengthy FMLA paperwork. A \$25 fee may be charged for such items.

No-Shows

Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take a slot that opens. We request notice of at least 1 business day for all cancellations. A \$40 no show fee may be assessed for all well and specialty consult visits not previously cancelled.

Divorced/Separated Parents and Custodial Arrangements

Bright Beginnings Pediatrics does not get involved in disputes between divorced, separated, or custodial parenting arrangements regarding financial responsibility for their child'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, custodial, or other arrangement places that obligation on your former spouse or the child's other parent. We will be happy to provide receipts for paid medical bills for you as requested.

Referrals

If your plan requires referrals for specialty care recommended by your primary care physician, it is your responsibility to obtain information regarding these requirements and let our office know to request a referral to be processed prior to the specialty appointment.

Evening, Weekend, and Holiday Code

Please be aware, we report all evening, weekend, and holiday visits to your insurance carrier. This code may or may not be covered by your insurance.

¹This policy does not apply to patients with Medicaid and Medicaid HMO Insurance.

I acknowledge that I have read, understand, and agree to the policies outlined in this document.

Signature: _____ Date: _____