



BILLING AND CREDIT POLICY

(03/01/15)

It is one of Bright Steps Pediatrics' goals to offer quality service at a reasonable cost. We strive to concentrate on serving our patients and providing the highest level of care, and to spend as little time as possible on administrative duties. To achieve this goal we need your cooperation.

- **On arrival, let the front desk know you are here. Please notify the office of any new insurance coverage, address changes or other demographic information changes.**
- **If our physicians do not participate in your insurance plan, or you have no insurance, payment in full is expected from you at the time of your office visit. We will provide sufficient documentation for you to submit a claim to your insurance company for your visit, and reimbursement should be sent directly from them to you.**
- **For all appointments, prior balances must be paid at or prior to the visit.**
- **Full payment or co-payment is required at the time of service. A \$25 processing fee will be charged in addition to your co-payment/full payment if they are not paid at time of service or by the end of the next business day.**
- **Patients that carry High Deductible plans will be charged \$80 at the time of service for illness visits. The balance of the visit will be billed to you after your insurance company processes the charges.**
- **You are also responsible for payments on any services not covered by your insurance carrier. It is the responsibility of the patient and/or parents/guardians to know what is covered and not covered by their insurance carrier.**
- **Before making an annual physical appointment, it is your responsibility to check with your insurance company regarding whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. If it is not covered, you will be responsible for payment.**
- **You will be responsible for any services rendered to your child for services requiring interpretation by an outside agency and billed by them directly (i.e. labs, etc.).**
- **Bright Steps Pediatrics is not a party in divorce or separation decrees or in child support arrangements. We bill one guarantor, at one address, and expect prompt payment. We do not handle billing or insurance coverage disputes between parents.**
- **A \$25 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.**
- **We require advance notice for canceling appointments. There is a \$40 automatic charge for missed "sick" appointments, if not cancelled two hours prior. There is a \$80 charge for missed physical appointments, if not cancelled 24 hours prior.**

By signing below, I have selected Bright Steps Pediatrics as my child's pediatric primary care provider and agree to or understand that I must:

- **Make co-payment or full payment at the time of service.**
- **Keep all appointments and if an appointment is not cancelled, I will be assessed fees as described above.**
- **Remain in contact with Bright Steps Pediatrics billing staff regarding any payment arrangements different than full payment on the date of service.**
- **Keep the account current through timely payments and communications as required.**
- **I understand that if my account is not current, I will be subject to the Bright Steps Pediatrics collection program and this could result in a loss of privileges/relationship with Bright Steps Pediatrics.**
- **I grant the right to Bright Steps Pediatrics to collect all reasonable costs, billing fees, attorney's fees, collection agency fees and disbursements associated with any legal action taken to recover a debt for services rendered.**

For your convenience, payments to Bright Steps Pediatrics can be made by cash, check or credit card and can be paid in person, by mail, by telephone or on-line at:

<http://www.brightstepspediatrics.com/pay-your-bill/>

It is the policy of Bright Steps Pediatrics, that **the undersigned is responsible** for a minor's care and bills regardless of any other financial/legal arrangements dictating who will pay for the child's care.

Financial hardship should never stand in the way of medical care. Since open communication can benefit both parties, any hardship should be confidentially discussed with Bright Steps Pediatrics earlier rather than later. This will simplify a difficult situation. Please feel free to speak with the Billing and Accounts Department if you have any questions about our policy.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THIS AND ANY OTHER POLICIES OF BRIGHT STEPS PEDIATRICS MAY RESULT IN TERMINATION OF PROFESSIONAL SERVICES. (A DUPLICATE COPY OF THE BILLING AND CREDIT POLICY IS AVAILABLE FOR MY REFERENCE, UPON REQUEST).

Father / Mother / Legal Guardian (Please Circle one)

Date