

- **YOU ARE RESPONSIBLE TO KNOW THE TERMS AND CONDITIONS OF YOUR INSURANCE PLAN.**
- You must provide our office with all insurance information and changes in a timely fashion or we will be unable to bill your insurance company for you. You must always bring your insurance card to every appointment.
- It is important that you list one of our doctors as your child/children’s primary care physician or claims will be denied and you will be responsible for payment in full.
- Copays are due at the time of service. The parent or legal guardian bringing in the child is responsible for appropriate copays at the time of visit or for the balance due determined by the insurance explanation of benefits.
- If you do not have insurance or have insurance that our office does not participate with, full payment is expected at the time of service.
- Account balances not paid in full within 60 days will be subject to our collection process. You may be asked to secure another primary physician for your children.
- There is a \$20 fee for all returned checks.
- There may be a fee charged for record requests, transfers, or forms.
- There is an additional fee charged if your child is seen in our office after hours, on Saturdays, Sundays, or holidays. You may be responsible for payment of this additional fee if it is not paid by your insurance company.
- If you declare bankruptcy, you may need to secure another primary physician for your children, as we may no longer be responsible for their medical care. Ask to review our Discharge for Bankruptcy policy.

I have read and agree to the terms of Brighton Hill Pediatrics financial policy. I understand that I am responsible to know the terms and conditions of my insurance plan. I agree to pay for any and all charges deemed my responsibility by my insurance company. I have been offered a copy of this policy for my records. I give permission to call or leave messages on numbers provided on demographic form, including cell phone numbers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Children's names (Please Print) \_\_\_\_\_

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