



---

## OFFICE AND FINANCIAL POLICIES

Thank you for choosing Bright Horizons Pediatrics to provide medical care for your child. We look forward to working with you and your family and are committed to providing you with the best possible care. As a patient at our office, we want you to understand and to be informed of our current office and financial policies.

We must emphasize that as pediatric providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is necessary for you to understand what benefits your insurance plan provides for you.

In cases of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment for your child's medical care between the custodial and noncustodial parent prior to your appointment.

We are here to provide the best care we can to your children should the need arise. As always, we welcome the opportunity to care for your children and appreciate your trust in us and the services we provide.

### **APPOINTMENTS**

We have a variety of office hours and appointment times to accommodate your requests. Please arrive 15 minutes early for your appointment as all insurance providers require that your personal information be updated prior to each visit to avoid denied claims.

Well-child examinations and appointments for ongoing/chronic medical issues are to be prescheduled and cannot be seen the same day the appointment is made. Sick visits will be scheduled on a first available basis and may be prescheduled; however, we prefer to see them the same day the appointment is made.

Add-on appointments should be made prior to coming to the office. If you would like another child to be seen, please schedule appointments for both children by phone prior to coming to the office. Add-ons are offered the first available appointment, which may or may not be on that day. Walk-in patients are also offered the first available appointment, which may or may not be on that day.

Late arrivals (>15 minutes after scheduled appointment) will be offered the next available appointment. While we will do all that is possible to accommodate you, the first-available appointment may or may not be on the day the original appointment was scheduled.

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. There is a \$25 no-show charge for missed appointments. Pre-scheduled appointments must be canceled 24 business hours prior to avoid a no-show charge.



After 3 missed appointments for your family within a 2-year period, we will continue to see your child on an emergency basis only for the next 30 days, giving you time to find a new source of medical care.

### **PAYMENT**

Payment for services is due at the time services are rendered; this includes co-payment or coinsurance for participating insurance plans. We accept cash, personal checks, Visa, and MasterCard. A \$25 fee will be charged for all returned checks and your account will be placed on a “cash-only basis.” This means we will accept payments from you only by cash or credit card until the balance is cleared. An appointment may need to be rescheduled if there are outstanding balances or if a co-payment is not made at time of service.

Outstanding balances are due within 30 days, unless prior arrangements have been made with the billing department. Balances more than 30 days and 60 days past due will receive a request-for-payment letter. Balances outstanding more than 90 days will receive a final request-for-payment letter. If not paid in full, within 10 days of the date on the final request letter, the matter will be forwarded to a collection agency and we will continue to see your child on an emergency basis for the next 30 days, giving you time to find a new source of medical care.

Should your account balance become uncollectible due to bankruptcy, we will continue to see your child on an emergency basis for the next 30 days, giving you time to find a new source of medical care.

Please call us if you have questions about your bill. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account. Financial considerations should not prevent your child from receiving the care they need at the time they need it.

### **INSURANCE**

We cannot predict or guarantee what part of our services will or will not be covered by insurance. It is the responsibility of the patient to provide accurate and timely insurance information. Inaccurate or untimely information given to the staff will result in the guarantor being responsible for payment if your claim is denied or not covered by your insurance. It is your responsibility, if required, that you name Bright Horizons Pediatrics, or one of our physicians, as your primary care physician prior to your appointment.

Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (i.e., vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests and emergency hospital care).



All services performed in our office and at the hospital will be submitted as a courtesy to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office. All insurance carriers have a fee schedule from which they will reimburse. However, the doctor's fee may be higher than what the insurance company reimburses, or it may not be a covered service. Therefore, any balances not covered by insurance become the responsibility of the patient.

If we do not participate with your insurance company or insurance plan, we will not be able to provide care for your child and you will need to find a new source of medical care.

### **REFERRALS**

If your insurance plan requires a written referral for your child to see a specialist, or for procedures or laboratory tests, you must allow 3 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Only emergency referrals will be completed on the same day. In general, we will not agree to a referral for an issue that has not been addressed previously at an appointment in our office. Retroactive referrals cannot be written and will not be honored. If questions arise, you may need to contact your insurance company directly for final guidance and clarification.

### **AFTER-HOURS PHONE CALLS**

**Please limit after-hour phone calls to urgent issues and emergencies.** You may refer to patient information handouts in the office as well as our website for answers to common medical questions. For refills, appointment requests, and other non-urgent matters, you may leave a message or call the office during regular hours. Please also do the following when using this service:

- When leaving a message, please speak clearly and slowly.
- Be sure to leave your child's name and date of birth.
- Be sure to leave a callback number.
- Please disable any call block features.
- Follow the doctor's instructions.

### **FORMS AND FEES**

One complimentary school/child care form will be provided to at every well-child examination. Please keep the original form and photocopy it for your child's school, camp, or activity requirements.

There is a fee for the transfer/copy of Bright Horizons Pediatrics records of the care provided for your child. A copy our your child's immunization records and growth chart will be given to you at no charge. If you require a copy of all Bright Horizons Pediatrics records for your child, there will be a charge of \$0.50 per page (maximum of \$25 per patient).



Please sign below and provide this page to the receptionist, who will make a copy for you. Bright Horizons Pediatrics will retain the original and you should keep the copy provided, as well as all prior pages for your personal reference.

**I have read and fully understand the office and financial policies set forth by Bright Horizons Pediatrics. I agree that if it becomes necessary to forward my account to a collection agency, I will also be responsible for the fee charged by the agency for the costs of collection in addition to the original amount due. I understand and agree that the terms of these policies may be amended by the practice at any time without prior notification to the guarantor.**

Patient name(s): \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Responsible Person: \_\_\_\_\_

Date: \_\_\_\_\_