brighton pediatrics

Financial Policies

PARENTS: Please initial to indicate you understand each individual policy. If you have questions, please ask a member of our staff.

( ) **INSURANCE CARD** – You are required to present your insurance card at each visit.

( ) **COVERAGE TERMS** – Your insurance policy is a contract agreement between you and your insurance company. You are responsible for knowing the terms and conditions of your policy. It is not possible for Brighton Pediatrics to know all the different policy details on co-payments, deductibles, co-insurance and non-covered services. As a courtesy, Brighton attempts to verify eligibility and benefits, however, we are unable to obtain the exact details of payment until the claim is processed.

( ) **PREVENTATIVE CARE AND CO-PAYS** - If during a well-visit, any issue is discussed and managed outside of preventable care, your insurance company will most likely apply a co-pay for which you will be responsible.

( ) **OUTSTANDING BALANCES** – Brighton's policy is that all balances be kept current. Outstanding balances for any and all family members are due and are payable prior to the office visit.

( ) **BILLING POLICY** – Brighton will bill your insurance company at the time of service. When the Explanation of Benefits (EOB)/insurance payment is received, your account will be credited. If coverage is denied or there is remaining patient responsibility for any reason, you will be responsible for the payment in full when you receive a statement or at the time of your next appointment (whichever comes first.)

( ) **INSURANCE COMPANY DISPUTES** – It is your responsibility to negotiate disputed payments with your insurance company.

( ) **HMOs** – If you have an HMO plan, you may see any of our practitioners, but you will need select Dr. Dana Sless or Dr. Barry Kessler as your primary care physician (PCP) and notify your insurance company of the selection.

( ) **COLLECTION POLICY** – Brighton Pediatrics subscribes to a collection agency for any unpaid debt. In the event that your account is placed with an attorney or collection agency because of an unpaid balance, you hereby agree and promise to pay a collection fee of $50. Once your bill goes into collections, you will be responsible for any attorney fees and penalties. Brighton cannot pull an account out of collections once it is sent to collections. If your account is sent to collections, you will be discharged from the practice.

( ) **RETURNED CHECKS** – There will be a $35.00 returned check fee applied to your bill for any returned check. This is the charge we incur from our bank.

( ) **NEW BABY SERVICES** – It is the insurance subscriber's responsibility to make sure that the newborn is added to the policy in a timely manner. Brighton Pediatrics will not be responsible for charges incurred and not covered by your insurance company when a newborn has not been properly added to an insurance policy.

( ) **MISSED APPOINTMENT** – A missed appointment fee will be charged if the office is not notified in advance. The fee for a missed appointment is $25.00. This fee is not covered by insurance and will not be billed to insurance.

COPY OF MEDICAL RECORDS – A written request must be received prior to the release of each medical record. Brighton Pediatrics charges patients with private insurance $10.00 to provide paper copies of the patient record. This includes faxed transfer record requests. Please allow 30 days for processing from the receipt of the request and payment. Patient records can always be obtained though the Patient Portal at no charge. The patient portal can be accessed at www.brightonpediatrics.net.

FORM COMPLETION REQUESTS – Brighton Pediatrics charges the following fees for the completion of all forms, payable at the time of pick-up. General Universal Health Forms are available at no charge through the Patient Portal. Most daycare centers and schools (up to High School) will accept this form. The patient portal can be accessed at www.brightonpediatrics.net.

- $10.00 for all forms except WIC and Working Papers
- $20.00 for all letters requested on letterhead
- $10.00 for all utility forms (ex. Electric company)
- $5.00 for Asthma Action Plans, Allergy Plans and Seizure Plans

Patient Name: _____

Patient Name: _____

Patient Name: _____

Patient Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____