Bright Start Pediatrics
where kids shine the brightest

Office Policies

Consent for Treatment
By signing below, I authorize the employees of Bright Start Pediatrics to perform appropriate assessment and treatment of my child, as this office deems medically necessary.

Pharmacy/Prescription Information
I grant permission for Bright Start Pediatrics to access my child's prescription history from any pharmacy we currently use or have used in the past.

Financial Policy
Controlling medical costs is a concern for all of us. Bright Start Pediatrics will make every effort to keep costs down, while maintaining the highest, appropriate standards of medical care and service.

To help ensure that payment administration is done efficiently, we expect our patients to pay any co-payment obligations required by their health insurance plan on the date of service. It is the parents'/ guardians' responsibility to know their co-pay (or %) due at the time of the appointment**.** ***If you fail to pay for your co-payment within one business day, a late fee of $15.00 will be assessed to your account***. A service fee of $25.00 will be assessed for a returned check. These fees will not be submitted to any insurance carrier and are payable prior to scheduling further non-urgent appointments within our practice.

By signing below, I recognize and fully understand that I am financially responsible for all services rendered by Bright Start Pediatrics. Furthermore**, I agree to pay all co-payments on the date of service and any outstanding family balances. I understand that whichever parent brings our minor child in for services is responsible for payment of the services rendered, regardless of any divorce decree**.

No-Show/Missed Appointments
The providers at Bright Start Pediatrics understand that a patient may, on occasion, miss their appointment due to unforeseen circumstances. We ask that when this occurs, you notify our office at least 24 hours prior to the appointment. In the event that you miss a scheduled appointment, it will be recorded in your child's record. After the first time, a phone call will be placed to reschedule the appointment and review our policy. Subsequent offenses will be followed with a letter and there will be a $50 service charge. This fee will not be submitted to any insurance carrier and is payable prior to scheduling further non-urgent appointments within our practice. If there continues to be a problem with missed appointments, the accounts of your child and his/her siblings may be changed to an INACTIVE status with the possibility of being discharged from the practice. (If a child is discharged from the practice for any reason, we will continue to provide 30 days of EMERGENCY-ONLY service while you are seeking another provider.) Please help us to serve you better by keeping your appointments!

Medical Leave/FMLA Form Completion and/or Revision Policy

There is a $15 fee for the completion of each medical leave/FMLA form. This fee is payable when you submit the paperwork to the office for completion. Please allow 5 business days for completion. The staff will notify the individual when the form has been completed and is ready for pickup. If you would like the paperwork faxed or mailed to another facility/person, you will also need to complete a medical records release form with our office. Please ask the receptionist for the release form or download it from our website: www.brightstart-pediatrics.com.

Late Appointments

If you are going to be late to an appointment, please call the office as soon as possible. If you are more than **10 minutes late** for your appointment we will have to **reschedule** the appointment for another time.

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Parent/Guardian Acknowledgment

The information that I have provided to Bright Start Pediatrics is accurate and truthful. I have read and understand the policies set forth by Bright Start Pediatrics.

Please list all children who will be patients at Bright Start Pediatrics below:

_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth
_____	_____
Patient Name	Date of Birth

_____	_____
Parent's/Guardian's Signature	**Date**