



**BRENTWOOD PEDIATRIC CARE  
FINANCIAL and OFFICE POLICY**

Thank you for choosing Brentwood Pediatric Care as your Pediatric provider. It is our hope that our patients understand that our goal is to provide and maintain a good provider-patient relationship. Letting you know in advance of our office and financial policies allows for a good flow of communication and enables us to achieve our goal.

**Appointments:**

- If you are late for your appointment (>15 minutes), we will do our best to accommodate you, however, on certain days it may be necessary to reschedule your appointment.
- There is a \$25 charge for a missed appointment (no show) and for same day cancellation of a well child appointment.
- All children under the age of 18 must be accompanied by a parent or legal guardian. If a patient comes with another adult (18 years or older) designated by the parent, the Authorization to Treat a Minor form needs to be filled out with the name of the authorized party, signed by a parent, and on file with our office.
- Children 16 and older may come unaccompanied for sick visits only with a signed authorization on file from the responsible party.

**Financial Policy:**

- Payment is required for all services.
- It is your responsibility to keep our office updated with your correct insurance information. If the insurance card or plan you present to us is incorrect or invalid, you will be responsible for payment of the visit.
- All newborns are considered self-pay until we can verify insurance. If your newborn is covered by insurance, please contact us with the insurance information. Most plans give you 30 days to add a newborn to your family plan.
- In addition, please note that you continue to be financially responsible for any of your children who have turned 18 years of age until such time that our office has been notified otherwise in writing by you.
- According to your insurance plan, you are responsible for all co-pays, deductibles, and co-insurance. Not all plans cover well appointments, sports physicals, hearing and vision screenings, developmental screenings, and certain screenings and tests recommended by the American Academy of Pediatrics. Before scheduling appointments, verify your benefits and coverage with your insurance company. **If services rendered are not covered, charges are your responsibility.**
- Co-pays, deductibles, and co-insurance balances must be paid at the time of service.
- If our providers do not participate in your insurance plan, or if you have no insurance, payment of the self-pay balance is due in full at the time of service.
- Brentwood Pediatric Care reserves the right to change fees without notice.
- Bills unpaid for more that 90 days may be turned over to a collection agency unless other arrangements have been made. Accounts that have been turned over to a collection agency may result in dismissal from the practice.

I have read and understand the financial and office policy and agree to comply and accept the responsibility for all payment.

Name(s) of Child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Name-Print \_\_\_\_\_ Relationship to Patient(s) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_