



www.baystreetpediatrics.com

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Credit and Collection Policy Statement

1. In accordance with our contract with your insurance company, we are obligated to take the co-payment defined by your insurance plan. Co-payment is due at the time of service. This includes any siblings that are added to the schedule at the time of another visit.
2. A \$20.00 fee will be charged to your account for NSF checks that are returned by your bank. After two NSF checks have been returned on your account, we will request payment by cash or credit card only.
3. If a personal balance is due after insurance has responded for a date of service, a statement will be sent to the responsible party. Payment in full is expected upon receipt of first statement. **Please do not disregard any statements you receive from our office.** Please call our billing department if you have any questions or feel there are any errors.
4. It is understood that if your account is turned over to a collection agency, you will be responsible for any collection costs that are incurred. **Once an account is sent to collections, a general discharge policy will take place.**
5. Remember that payment arrangements can be made at any point during this process prior to the account being sent to a collection agency. However, once this step has been taken, we cannot reverse the process of collections nor the discharge from the practice in general.
6. Any visits scheduled after our regular office hours will be billed as such to your insurance company.
7. Comprehensive Administrative Plan "CAP", a yearly fee \$50/patient with a family maximum of \$150.00 billed yearly on October 1st. CAP allows us to provide all services not billable through your insurance company under a single yearly fee.

Patient(s) name(s): _____ Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Other authorized person(s) to contact, or speak to regarding billing/insurance issues:

Name: _____ Relationship to Patient: _____

Home #: _____ Cell: _____

PLEASE RETURN THIS SIGNED FORM TO OUR OFFICE