



Bright Oaks Pediatric Center
2111 Laurel Bush Road, Suite H
Bel Air, MD 21015
www.brightoakspediatrics.com
(410) 569-3300
(410) 569-8199 (fax)

Patient's Name: _____

Date of Birth: _____

Information Release

Please read and initial the following:

_____ I authorize the release of any medical information necessary to process claims for benefits. Bright Oaks Pediatric Center, LLC and its employees are hereby released from all liability of any nature that may arise from the release of such information.

Assignment of Benefits

Please read and initial the following:

_____ I authorize the payment of any and all insurance, PIP, third party settlement and/or government benefits directly to Bright Oaks Pediatric Center, LLC for services rendered. I understand and agree that I am financially responsible for any charges not paid by the insurance company.

Medical Assistance Waiver

Please read and initial the following:

_____ I am aware that Bright Oaks Pediatric Center, LLC does not participate with Maryland State Medicaid programs. This includes Medicaid held as a secondary insurance Bright Oaks Pediatric Center, LLC will not bill Medicaid under any circumstances, and the Parent/Guardian will be responsible for any balance due after the primary insurance has paid their portion.

Parent/Legal Guardian:

Signature

Print Name

Relationship to Patient

Date