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Patient Self Pay Agreement

I understand that either:

- Desert Bloom Pediatrics is accepting me as a private pay patient and I will be responsible for paying for any services that I receive

OR

- Desert Bloom Pediatrics is not contracted with my insurance and my child can be seen, but as "out of network" and I will receive a bill for any unpaid service

Desert Bloom Pediatrics may offer me a time-of-service discount but only if I pay the full amount of the office visit at the time of service. The time-of-service discount will be a discount off of the office visit only. Additional charges may be billed to me after the day of service including: labs, tests, screening, or other additional fees. Length and complexity of the visit may also generate a higher charge after the patient sees the provider.

Child's name: _____

Child's date of birth: _____

Name: _____

Signature: _____

Date: _____