1473 N. Lee Trevino
El Paso, TX, 79936
Phone: 915-280-9267
Fax: 915-249-4262

Financial Policy

Billing your insurance

- Please present your current health insurance card at each office visit.
- We bill the validated primary insurance as a courtesy. You must pay for any patient responsibility.
- If you have no insurance, then payment in full is required at the time of service. For such patients, a time-of-service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit.

Payment for services

- Co-pays, co-insurance, and deductibles must be paid at the time of service.
- We mail statements on a weekly basis and payment is due upon receipt of your statement.
- Additional fees may include: nurse forms, sports physicals, medication forms, same day referrals, school and daycare forms, controlled substance prescriptions (when given outside of an appointment), and after-hours fee.
    - The form fee is normally $15/form for completion in 3-5 business days or $35 if completed that business day.
    - If forms need to be completed during a visit, a maximum of two forms per visit will not be charged an additional fee.
- We require a credit card to be kept on file to cover any balance that your insurance determines to be “patient responsibility” as determined by your Explanation of Benefits (EOB). Please see our full credit card on file policy for further details.
- Past due accounts will be flagged and could delay scheduling an appointment until payment arrangements have been made.
- If an account remains unpaid for more than 90 days, the family will be considered for dismissal from the practice.

Returned checks

- The charge for a returned check is $35. You must pay in full for the check amount and the returned check fee within 10 days’ notice. In addition, all future payments will need to be made with cash or credit card.

Collection accounts

- For accounts that remain unpaid for more than 90 days, we reserve the option to refer to an outside collection agency. If your account is sent to a collection agency, there is a 40% surcharge added to your balance. If your account is sent to a collection agency, you may be asked to find another provider.

Late arrivals, cancellations, and no shows

- Please complete all pre-check-in paperwork prior to appointment time.
- Please arrive 10 minutes prior to your appointment to allow for check in and collection of any co-pays, co-insurance, or deductibles.
- We ask for 24-hour notice to cancel or reschedule a well child check and 2-hour notice to reschedule or cancel a sick appointment.
- Patients arriving 15 minutes or more past their scheduled appointment time will be rescheduled.
- Failure to give proper notice for cancellations or rescheduling may result in:
    - $35 missed appointment fee per child
- Patients with three (3) no shows and/or multiple last-minute cancelations may be considered for dismissal from the practice.

Newborns

- Insurance companies generally only allow 30 days to add your newborn to your insurance plan. Please call ASAP to get this done. Once you receive your child's card, please provide us with a copy. If you fail to add your baby to your plan, you will be financially responsible for any visits.

Divorced/Separated Parents and Custodial Agreements

- DBP does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree, custodial or other arrangement places that obligation on someone other than yourself. We are happy to provide receipts for paid medical bills for you as requested.

I acknowledge that I have read, understand, and agree to the policies outlined in this document.

Printed name: _____

Signature: _____ Date:_____