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## FINANCIAL POLICY

Full Bloom Pediatrics and their employees have an obligation to provide up-to-date medical care for your child in an efficient, friendly environment. You, as a parent or guardian, have an obligation to meet financial requirements so we can continue to provide care for your child.

This office files insurance claims only with the companies with whom we are contracted providers. Please ask the receptionist if your insurance company falls under this category. If your company does not, you will be asked to pay for your child's visit at the time of service. There may be some exceptions, so please check with the receptionist or insurance clerk. We will provide you with a receipt for your payment with all of the information necessary to file your claim. We will also provide you with advice should you have problems settling the claim with your insurance company.

Due to the timely filing limits with your insurance company, it is very important that you provide us with current and accurate insurance information at the time of the service. Failure to do so may result in a denial of insurance payment; therefore the balance would be your responsibility.

If your child does not have insurance, you will be required to pay at the time of service. We offer a patient discount or sliding scale based on income-see posting.

Co-pays are due at the time of service. A co-pay is a contractual obligation between you and your insurance company. If you fail to make a co-pay, your child may not be seen. Also, if your child is scheduled to be seen for a well child exam, and has other medical issues, for example; cough, fever, rash, etc., we will bill your insurance for a sick visit along with the well child exam. Therefore, your co-pay will be due. Please note that it is your responsibility to know your insurance benefits, therefore, you may be responsible for more than just your co-pay. By law due to our contract agreement with the insurance companies, we must collect any co-pays due.

Bills for services provided are mailed in 30 days. Payment is considered overdue in 60 days. If no payment or payment arrangement has been made within these 60 days, an interest charge of \$5 will be added on each following statement. We are aware that complicating factors can occur causing delay of payment. A payment plan is available; please ask for details. We will make every effort to work with you. If you fail to fulfill the terms of your payment plan, your account will be frozen and your child will not be seen by Full Bloom Pediatrics. Should you fail to meet these requirements, your account will be turned over for collection. **Once your account has been turned over for collection, you will be discharged from this practice and we will no longer see your child.**

If you have any questions, please ask. By placing your signature below, you acknowledge acceptance of the terms of this policy.

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Signature of Responsible Party

Date

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Print Signature of Responsible Party/Patient Name

Date

## TURN OVER & COMPLETE OTHER SIDE