

EL PASO PEDIATRIC ASSOCIATES.P.A.
THE CARE OF INFANTS, CHILDREN & ADOLESCENTS
DRS.KAHN,ALPARD,SEGAPELI,RODRIGUEZ,BROWER,COLEMAN, CRAIG & KRONFOL

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593-2033

PAYMENT POLICY

Dear Parents:

We are pleased you have chosen El Paso Pediatric Associates to serve you. Please review the following information regarding payment policies.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

If you have health insurance, we will be happy to assist you by filing your claim. Be aware that any balance not covered by your insurance will be your personal responsibility. Please allow us to make a copy of your insurance identification card. You are required to inform us on every visit of any changes in your insurance coverage.

ALL COPAYS and/or DEDUCTIBLES MUST BE PAID AT THE TIME OF SERVICE.

If you are a MEDICAID patient, you must present your **current** MONTHLY MEDICAID LETTER at the time of your visit or you will be expected to pay on the date of service. WE WILL NOT FILE retroactively.

Thank you for your support of this policy as we strive to serve our patients with dedication and courtesy. Please let us know if you have any questions.

EL PASO PEDIATRIC ASSOCIATES, P.A.

SIGNATURE

DATE