

Financial Policy

Perinatal Associates of NM is committed to providing you with the best possible care. Your clear understanding of our financial and clinical policies is an essential element of your care and treatment.

If you have any questions about the information in this policy, please contact our Billing Department at (505)764-0148.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience we accept checks, cash, MasterCard, Visa, Discover and American Express credit cards and ATM debit cards.

Your Insurance

It is your responsibility to understand the benefits offered by your insurance plan. We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits.

If you have insurance coverage with a plan that we do not contract with we will prepare and send the claim for you on an assigned basis. This means your insurer will send the payment directly to our office. Any unmet deductibles and/or balances remaining after your insurance has paid is your financial responsibility. In the event your health plan determine a service to be "not covered", you will be responsible for the complete charge. We are specialists, and therefore not included in your global maternity benefit. You will be charged a copay when you have a visit with a provider.

We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Minor Patients

For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

I have read and understand the financial policy of Perinatal Associates of New Mexico, Ltd. and I agree to be bound by its terms. I agree that should I fail to pay any amount due by myself, I will be responsible for any collection and/or attorney fees. I also understand and agree that such terms may be amended from time-to-time by the practice.

SIGNATURE OF PATIENT or Responsible Party

DATE

SIGNATURE OF CO-RESPONSIBLE PARTY

DATE

Clinic Policies

We do not allow children under the age of 15 in any of the clinical areas at anytime. If you do bring children to the office with you they must remain in the lobby during your appointment and we ask that you please bring an adult to supervise them.

We do not allow the usage of cell phones while in the clinical area.

We do not allow the taking of photos, audio, or video of any sort while your ultrasound is being performed. We will be glad to give you images and/or a DVD of your exam.

I understand PANM's clinical policies: _____ (Please initial)