

Logo, or Practice Name

(Doctor, Practice,
Address,
Phone Numbers)

Child's Name: _____ DOB: _____

Thank you for bringing your child in for a well visit today. PEDIATRIC PRACTICE NAME requires regular well visits (also known as preventive exams or physicals) per the AAP guidelines. We are providing this document to help you understand the difference between what is covered within a well visit and what is not. This form is simply a way to be as transparent as possible about what services we provide during each well check. We follow evidence based medicine using Bright Futures Guidelines.

Screening - During well visits, we perform recommended screenings appropriate to age and seek to uncover any conditions that may lead to suboptimal health in years to come. *In our experience, some insurance plans cover these screenings and cover the costs, some recommend the screenings but push costs to patient deductible/co-insurance, and some completely ignore the screening and not cover at all. We do not know in advance what will and will not be covered.* 90% of the time, these screening tools are covered. It is your responsibility to understand what screening services are covered by your individualized insurance plan.

Screening	CPT Code	Decline
Edinburgh Post Partum Screening (every well check through 9mos)	96161	
Ages & Stages Questionnaire (Development) (9mos, 18mos, 2.5 years)	96110	
MCHAT (Modified Checklist for Autism in Toddlers) (18mos, 2 years)	96110	
iScreen vision test (NOT covered by Cigna) (yearly from 1 year until they can use the chart)	99174	
Lead & TB Exposure Questionnaire (6mos, 9mos, 12mos, 18 mos, yearly from 2 years)	96160	
Fluoride Protection (if you do not have a dentist) (N/A if no teeth)	99188	
Dental Evaluation (until dentist is established) (6mos and 9mos even with no teeth)	96160	
Hearing and Vision Screening (yearly starting at 4 years)	92551, 99173	
PHQ-9 Depression Screen (yearly starting at 11 years)	96160	
CRAFFT Substance Abuse Questionnaire (yearly starting at 11 years)	96160	
Hemoglobin (1 year, yearly for menstruating females)	85018, 36416	
Lipid Panel (9 years, 17 years, if there are concerns)	80061, 82947, 36416	

Insurance Coverage of Well Visits vs Problem-Oriented Visits - Well visits may uncover or revisit problem-oriented issues that require evaluation or management (ex. Ear infection, ADD concerns, wart treatments, lactation counseling). In compliance with insurance company billing policies, this then prompts charges for both categories. While preventive services may not require co-pay/deductible, problem-oriented services do prompt a co-pay/deductible/co-insurance.

If you need further explanation about incurring additional fees for services provided during your visit today, please ask to speak with our billing team.

Acknowledgement of Wellness Services Billing Procedures

I acknowledge that during my child's well visit, there may be a problem-oriented service performed in addition to the wellness services. In this case, my pediatrician will let me know, and I understand that two separate charges may be submitted to my insurance company. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my co-pay/deductible/co-insurance would still apply. I have reviewed the codes for my child's well visit and understand that some of the screening tools may go to my deductible/co-insurance. I have been informed of the routine procedures performed during my child's well visit. I

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will decline procedures by putting an "X" next to the box marked "Declined." I understand that by not having preventative screening, interventions or treatments performed, there is a risk of missing a preventable disease or a risk of having delayed treatment for a particular disease. My child's doctor has discussed the procedure(s) with me and I understand the risks and benefits of the procedure(s).

Parent Name

Parent Signature

Date