



## Well Visit Services

Health insurance is a contract between you and the insurance company that says that the insurance company will pay a portion of your medical expenses if you get sick or hurt and have to visit a doctor's office or hospital. Some contracts also specify that the insurance company will pay a portion of your medical expenses to ensure you don't get sick, such as paying for [annual physicals or immunizations](#). However, the amount of your bill that the insurance company will pay and under what circumstances they'll pay it is known as **coverage** and can vary greatly from policy to policy.

The contract, or **policy**, spells out what the insurance company will pay for and how much of the bill you will have to pay. **Deductibles, co-payments**, and other non-reimbursable expense you may pay are referred to as an **out-of-pocket-expenses**. Some policies may have **co-insurance**, which is a percentage of the bill that you're required to pay, which may be in addition to your deductible and co-payment.

No plan covers everything, so you have to read the policy to ensure that it meets your needs. In many cases Fee-For-Service (FFS) plans focus on treating health problems rather than preventing them. Therefore, these plans don't usually cover annual check-ups and other "well" doctor visits you might have. Recently some FFS plans have begun operating more like managed care plans. For example, they may require that you pay a deductible and 20 percent of the charges, but there may also be co-pays for doctor visits and other services.

For most policies, all general "well" visits are typically covered; however, that coverage may or may not include any labs, vaccines, developmental screens, or required hearing and vision testing. Additionally, those services may be "covered" but will not be paid by the insurer until after the deductible has been met. Some plans won't pay for services not deemed medically necessary, but each plan's definition of medical necessity might be different and may be in conflict with what the state requires for school admittance.

Vickery Pediatrics recommends that you review your health insurance policy to best understand the coverage provided and your financial responsibilities that may result.

I understand that there may be additional fees for the following services that are recommended by the American Academy of Pediatrics during the performance of my child's annual physical exam and give my permission for the following to be done at today's visit.

**Please proceed with the recommended screening for the services below that I have authorized by checking the box next to the item. I understand that I am responsible for any additional costs associated with the services below if they are not covered by my insurance policy.**

**Recommended Labs by Age** (may include urinalysis, hemoglobin, lead level, cholesterol screening and STI labs in adolescence) – Please send to  **Quest** or  **Lab Corp**

**TB testing (PPD)**

**Hearing Screen**

**Vision Testing** (Photoscreening for ages 1, 2 and 3 years and tradition screen for other ages annually)

**I do not wish to have any of these services provided at today's visit. I understand that if I wish to have them done at a later date that I may be charged an additional office visit fee in addition to the service provided.**

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Patient's Name

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Guarantor Name (please print)

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Guarantor Signature

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Date