

ALABASTER PEDIATRICS NON-COVERED CHARGES

(Please list all children under your care that are patients of Alabaster Pediatrics)

Name of Patient (Print) D.O.B

MEDICAID: *I understand that if I do not have a Medicaid referral from my assigned PMP on the date of service, I will be responsible for any charges incurred.*

NON-COVERED SERVICES STATEMENT: As your child's provider, it is our policy to notify the patient of services which may not be covered by your Insurance contract that you will understand. You will be expected to pay for these services in full following notification from your Insurance carrier of coverage. Let me reassure you that I will order only the test and treatments that I feel are necessary for your child's treatment and care, if you have any questions about whether or not a particular service is covered by your health benefits contract or the amount of the services being rendered, someone in our office will be happy to assist you. Thank you for your understanding.

POSSIBLE NON-COVERED SERVICES FOR PREVENTIVE (ROUTINE) SERVICES WHICH MAY BE PROVIDED TODAY BY YOUR PHYSICIAN and staff are listed below:

PHYSICIAN SERVICE: Preventive Care Physician fee (Well Child Visit), Hearing Screening and Vision Screening

Additional Treatment: Issues addressed during WCC that would constitute an additional office visit charge

LABS: CBC/Hematocrit/Blood Draw fee, Urinalysis and Cholesterol

VACCINES: Vaccines/Antibiotic Injections/ Vaccine Administration

OTHER: Allergy Testing Including lab charges, Developmental Testing and other

I have read your policy and agree to pay for the services outlined in the policy that are not covered by my covered contract as indicated by my signature for each visit my child incurs in the calendar year 2015.

- 1. CONSENT FOR TREATMENT:** I, the undersigned, consent to the care and treatment by the attending physician, his/her associates, or assistants.
- 2. I have received your Policy and Procedures for Alabaster Pediatrics, LLC and agree to the No-Show Policy and Appointment Policy.**
- 3. I acknowledge receipt of the Alabaster Pediatrics, LLC's HIPAA Privacy Policy.**

Parent/Guardian/Guarantor Signature: _____ Date _____

WELL-CHILD SERVICES POLICY

Good health care for newborns, infants, children, and adolescents begins with the well-child visit (checkup) and other services that help keep children healthy. These are preventive services. Our doctors and staff provide these services based on a plan called *Bright Futures*. The American Academy of Pediatrics (AAP) made this plan to help doctors and families know what preventive services children should receive from birth to 21 years of age, such as screening tests, and advise about staying healthy and safe. This plan can be altered to suit each child as needed. We also follow the AAP vaccine schedule for newborns, infants, children, and adolescents.

Because preventive services are important to keeping children healthy, the Patient Protection and Affordable Care Act (health care reform law) includes a rule that all preventive care screenings and services included in the *Bright Futures* plan and vaccines schedule must be covered by most health plans. This is not always true, though, as some older plans, called grandfathered plans, do not have to pay in full for preventive services.

There may also be times when a child needs a service that is not considered preventive on the same day as a well-child visit. If a child is not well or a problem is found or needs to be addressed during the check-up, the physician may need to provide an additional office visit service (called a *sick visit*) to care for the child. This is a different service and is billed to your health plan in addition to the preventive services provided on that day. If you have a co-payment for office visits or coinsurance or deductible amounts that you must pay before your health plan pays for these services, our office will charge you these amounts.

We value your time and want to make the most of each appointment for the child. This is why we will address any problem that needs a doctor's care during well-child visits so that only one trip is needed. Some services that may be provided and billed in addition to preventive services include:

- The doctor's work to address more than a minor problem, which will be billed as an office visit (eg, if the doctor gives a prescription, orders tests, or changes care for a known problem)
- Medical treatments (eg, breathing treatments)
- Any surgery (eg, removing splinters or something the child put in his or her nose or ear)
- Tests performed in the office that are not included in the *Bright Futures* plan

Our office does not want you to be surprised by a bill but must always bill your health plan based on the actual services provided. Please feel free to ask questions about services that may not be paid in full by your health plan on the day of your visit. It is our pleasure to help.

Health Plan Terms to Know

Co-payment: A fixed amount that you pay for certain health services before the health plan pays.

Coinsurance: The portion of the charge that *is not paid* by the health plan (usually a fixed % of each amount paid by the plan).

Deductible: An amount that must be paid before the health plan pays for covered services.

