

Patient Name: _____ Patient DOB: _____ Acct #: _____ DOS _____

Capital Area Pediatrics – 18 Month Well Visit Services Authorization

The charge for today's office visit is listed below, along with the charges for additional services that may be recommended based on your child's age, risk factors, or health situation. Our medical staff will only perform and bill for those services that are due for YOUR child today. It is your responsibility to pay for any services that are not covered by your insurance. The billing (CPT) code can be found next to each service.

Preventative Medicine Office Visit:

New patient (99382) \$210.00 Dental Varnish (99188) \$35.00 *(If Indicated)*
Established patient (99392) \$193.00 Forms \$10.00 each – **not covered by insurance**

Immunizations: These vaccines are normally administered at the 18 month visit. A complete list of vaccine prices is available upon request.

Hepatitis A (90633) \$35.00 + Vaccine Administration (90460) \$47.00 = \$82.00
Flu shot, Seasonal (90685) \$35.00 + Vaccine Administration (90460) \$47.00 = \$82.00

Uninsured Patients: Vaccines will be provided to any *eligible* child 0 to 18 years old through the Virginia Vaccines for Children Program, but you will be charged the administration fee of \$21.00 per vaccine.

Under-Insured Patients: (Plan does not cover well child services) you may elect to receive vaccines at reduced cost through your local health department.

Screenings:

M-CHAT (96110) \$18.00 *Developmental Screen performed at 18 and 24 months*
SPOT PediaVision Ocular Screen (99174) \$35.00 ***Not covered by some insurance plans**

Lab Tests: if indicated or required

Lead (83655) \$25.00, Toe or Finger Stick (36416) \$9.00 = \$34.00
Hemoglobin (85018) \$9.00, Toe or Finger Stick (36416) \$9.00 = \$18.00
(TST) TB Skin Test (86580) \$24.00 = \$24.00

Additional Services (Medical Procedures and Specific Health Conditions):

Sometimes a problem or abnormality is addressed (e.g. fever, severe skin conditions, or recurrent wheezing) which is outside of the scope of a well visit. When additional work is required at the well visit to address this type of issue, an additional office visit/sick visit code or procedure code will be reported to your insurance company. This may also include catch-up services not included in physical exam.

These services may be subject to cost sharing (co-pays and/ or deductibles) as determined by your insurance company.

Insurance eligibility status	Insurance Plan:
As of today's date, your insurance indicates that your coverage is ACTIVE.	
A problem has been identified with your insurance coverage:	
<input type="checkbox"/> CAP Providers are not participating with your plan.	If uninsured, a 20% discount is available for fees that are paid in full at time of service.
<input type="checkbox"/> Your insurance coverage is inactive or not on file	
<input type="checkbox"/> An eligibility issue has been identified (Name or DOB mismatch)	
<input type="checkbox"/> Services require a referral or authorization and one has not been obtained from your PCP	
<input type="checkbox"/> PCP not selected – (Required By Your Insurance)	
<i>The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or new insurance information is not supplied within 30 days of today's visit.</i>	

I acknowledge that I have been given information and fees related to today's visit.

Date: _____

PRINT: _____

SIGNATURE: _____

Name of Legally authorized patient/accompanying adult