



Dear Parent or Legal Guardian:

Our records indicate that your child has been scheduled for a 'Routine Physical Examination' and/or a Well Child Check Up'.

This service will be coded by our office as a 'Routine Physical Examination' or a 'Well Child Check Up'. Your insurance company benefits MAY or MAY NOT cover this examination. Your particular plan must have preventative benefits for this examination to be covered. Each immunization is billed out separately.

This type of examination is strictly a comprehensive preventative medical examination. Please be aware that any abnormality encountered or preexisting problem that needs to be addressed will be billed separately and could require an additional co-pay or coinsurance amount from you. This could be anything from an ear infection to discussing mental health conditions.

It is your responsibility to know if you have coverage for wellness, preventative, or health screening benefits. All services for today's visit, whether billed by this office or the reference laboratory, not paid by insurance, are your financial responsibility.

The healthcare providers of Matthews-Vu Medical Group believe that the periodic, routine physician examination with certain diagnostic labs or other age-appropriate procedures, are an integral part of providing excellent patient healthcare.

By signing below, you acknowledge and accept financial responsibility for all charges not paid by your insurance company associated with your child's visit today.

Thank you –

Account #: _____

Patient Printed Name: _____ Date of Birth: _____

Signature of Parent or Legal Guardian: _____

Date of Signature: _____