



Patient Chart #:

### Capital Area Pediatrics - Evaluation and Management Services Authorization

The physicians and staff at Capital Area Pediatrics are dedicated to providing your child with the best possible health care outcomes. We do this by following evidence-based medicine guidelines as our standards of care. We are also dedicated to ensuring that our customers are informed consumers and are provided with applicable information concerning the cost of the care that we provide.

At the time of the visit the provider selects the appropriate level of care provided using an evaluation and management code. This code cannot be predetermined and can only be selected after your child has been seen and evaluated. The provider also selects the most appropriate diagnosis code at this time. The diagnosis code determines the medical necessity of the visit. In addition, there may be times in which the providers may determine that it is appropriate to request that lab tests, auditory and/or vision screens, be performed to better diagnose your child's illness, and recommend the best treatment. We can perform a limited amount of lab work in our offices, these tests are considered "CLIA waived" and provide results prior to leaving our offices. Lab tests that are sent to an outside lab are billed to you directly by the lab. Also, if your child requires treatment for Asthma there may be additional charges. If your child requires a surgical service (e.g. removal of warts or foreign body) you will receive a separate consent to treat which will list the risks and benefits, procedure code and fee.

**Evaluation and Management Codes:** Cannot be determined until after patient is seen and evaluated.

Level 1	99211	Established patient (Nurse)	\$ 37.00	99201	New Patient (Provider)	\$ 80.00	99051	Evening/Saturday/Sunday/ Holiday Add'l Charge	\$30.00
Level 2	99212	Established patient	\$ 80.00	99202	New Patient	\$136.00			
Level 3	99213	Established patient	\$133.00	99203	New Patient	\$197.00			
Level 4	99214	Established patient	\$196.00	99204	New Patient	\$299.00			
Level 5	99215	Established patient	\$264.00	99205	New Patient	\$377.00			

**Screens:**

92567	Tympanometry	\$26.00
92551	Audio 3	\$26.00
92552	Audio, pure tone	\$58.00
92583	Audio Pilot	\$92.00
99173	Vision Screen	\$ 7.00
99174	SPOT PediaVision	\$35.00
96127	PSC-17/PHQ	\$11.00
96110	MCHAT/ASQ	\$18.00

**Asthma Care:**

94760	Pulse oximetry, single	\$ 6.00
94761	Pulse oximetry, multiple	\$ 8.00
94664	Teach use of neb/dose inhaler	\$32.00
94640	Neb. Treatment (ea)	\$34.00
J7510	Prednisolone (per 5ML)	\$18.00
J7613	Albuterol	\$ 9.00
J7644	Atrovent	\$ 1.00
A7015	Aerosol mask used w/ DME neb	\$ 3.00

S8120	Oxygen (per 5 mins) Time= _____	\$ 7.00
MISCFORM	Forms	\$15.00 each

**CLIA Waived Lab tests:**

81002	Urinalysis	\$ 9.00	85018/36416	Hemoglobin/Collection	\$19.00	87880	Rapid Strep	\$28.00
81025	Pregnancy (Urine)	\$33.00	36416/99000	Newborn Metabolic Screen	\$45.00		<i>Negative Rapid Strep requires back-up culture be sent to outside lab</i>	\$35.00
82272	Fecal Occult Blood	\$ 9.00	82465/83718	Total Cholesterol	\$34.00	87428	Rapid FLU + Rapid SARS COV	\$6 5.00
87807	Rapid RSV/collection	\$28.00	80061	Fasting Lipid Panel	\$40.00	86580	Tuberculin Skin Test	\$25.00
87804	Rapid Flu/collection	\$28.00	82962	Glucose	\$ 9.00	36415	Venipuncture	\$10.00
86308/36416	Rapid Mono/collection	\$20.00	99000	Handling (Outside lab)	\$35.00	36416	Heel/Toe/Finger Collection	\$10.00
83655/36416	Lead/collection	\$35.00	87426	Rapid SARS COV	\$60.00			

**Total Fees for Today's Visit:**

<input type="checkbox"/>	You do not have insurance coverage for today's visit
<input type="checkbox"/>	A problem has been identified with your insurance coverage
<input type="checkbox"/>	Services are not covered by your insurance
<input type="checkbox"/>	Capital Area Pediatrics does not participate in your insurance plan
<b>The financially responsible party will be liable for all charges rendered at today's visit. A 20% discount maybe applied to the total amount if paid in full at the time of service.</b>	

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