# **Capital Area Pediatrics - 9 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 (99381) \$201.00 Dental Varnish (99188) \$35.00 (If indicated)
Established patient (99391) \$180.00 Forms \$10.00 each – *not covered by insurance* 

### **Immunizations:**

Hepatitis B (90744) \$30.00 + Vaccine Administration (90460) \$47.00 = \$77.00 Flu shot, Seasonal (90686) \$32.00 + Vaccine Administration (90460) \$47.00 = \$79.00

<u>Uninsured Patients:</u> 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.

<u>Under-Insured Patients:</u> (Plan does not cover well child services) you may elect to receive vaccines at reduced cost through your local

health department.

#### **Screenings:**

Developmental/Behavior Assessment (ASQ) (96110) \$18.00 SPOT PediaVision Ocular Screen (99174) \$35.00 \*Not covered by some insurance plans

# Lab Tests: if indicated or required

Hemoglobin (85018) \$9.00, Toe or Finger Stick (36416) \$9.00 = \$18.00 Service performed at either 9 or 12 months Lead (83655) \$25.00, Toe or Finger Stick (36416) \$9.00 = \$34.00

### **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 in	ndicates that your coverage is ACTIVE.	
A problem has been identified with your insura	ance coverage:	
CAP Providers are not participating with yo	our plan.	If uninsured, a 20% discount is
Your insurance coverage is inactive or not	nsurance coverage is inactive or not on file	
An eligibility issue has been identified (Nar	me or DOB mismatch)	available for fees that are paid in full at time of service.
Services require a referral or authorization	zation and one has not been obtained from your PCP	
PCP not selected – (Required By Your Insu	rance)	
The financially responsible party will be new insurance information is not supplie	· · · · · · · · · · · · · · · · · · ·	visit if claims are denied and/or
acknowledge that I have been given information	and fees related to today's visit.	Date:
PRINT:	SIGNATURE:	
Name of Legally authorized patient/accompanyir	ng adult	

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