Capital Area Pediatrics – 15 Year 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 (99384) \$246.00 Established patient (99394) \$211.00 Forms \$15.00 each – not covered by insurance

Immunizations:

 $Gardasil \ 9 \ (90651) \ \$316.25 + Vaccine \ Administration \ (90460) \ \$47.00 = \$363.25 \ \ (\textit{If series not begun or completed})$

Flu shot, Seasonal (90686) \$36.80 + Vaccine Administration (90460) \$47.00 = \$83.80

<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:

Vision Screen, Conventional (99173) \$6.00

or SPOT PediaVision (99174) \$35.00 – (Special needs only/unable to cooperate) *Not covered by some insurance plans

Hearing Screen - Audio 3, (92551) \$22.00

Emotional Behavioral Assessment (96127) \$10.00

Lab Tests: *if indicated or required*

Non-fasting Cholesterol Test (82465QW) \$9.00, HDL Cholesterol (83718QW) \$9.00, Finger Stick (36416) \$9.00 = \$27.00

or Fasting Lipid (Cholesterol) Panel (80061) \$21.00, Finger Stick (36416) \$9.00 = \$30.00

Hemoglobin (85018) \$9.00, Finger Stick (36416) \$9.00 = \$18.00

TST (TB skin test) (86580) \$25.00

<u>Additional Services</u> (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 in	surance indicates that your coverage is ACTIVE.		
A problem has been identified with	your insurance coverage:		
CAP Providers are not participa	ting with your plan.	If unincured a 20% discount is	
Your insurance coverage is inactive or not on file		If uninsured, a 20% discount is available for fees that are paid in full	
An eligibility issue has been ide	An eligibility issue has been identitied (Name or DOB mismatch)		
Services require a referral or au	thorization and one has not been obtained from your P	at time of service.	
PCP not selected or CAP Provid	er not selected as PCP (Required By Your Insurance)		
1	ry will be liable for all charges rendered at toda ot supplied within 30 days of today's visit.	y's visit if claims are denied and/or	
acknowledge that I have been given in	formation and fees related to today's visit.	Date:	
PRINT:	SIGNATURE:		

Name of Legally authorized patient/accompanying adult

Revised August 23, 2022 CAP3024