Capital Area Pediatrics -- Preventative Medicine Services Authorization - Age 16 or 17 years

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 Forms \$10.00 each – *not covered by insurance* Established patient (99394) \$211.00

Immunizations:

Menactra (90734) \$140.00 + Vaccine Administration (90460) \$47.00 = \$187.00 (Booster given at 16-18 years)

Gardasil 9 (90651) \$235.00 + Vaccine Administration (90460) \$47.00 = \$282.00 (If series not begun or completed)

Flu shot, Seasonal (90686) \$32.00 + Vaccine Administration (90460) \$47.00 = \$79.00 Trumenba (90621) \$153.00 + Vaccine Administration (90460) \$47.00 - \$200.00

<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:

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) \$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.

Insuranc	ce eligibility status Insurance Plan:	
As c	of today's date, your insurance indicates that your coverage is ACI	TIVE.
A problen	m has been identified with your insurance coverage:	
CAP	Providers are not participating with your plan.	
Your	ır insurance coverage is inactive or not on file	If uninsured, a 20% discount is
An e	eligibility issue has been identified (Name or DOB mismatch)	available for fees that are paid in full
Serv	vices require a referral or authorization and one has not been obtained from yo	our PCP at time of service.
PCP	P not selected or CAP Provider not selected as PCP (Required By Your Insurance	2)
_	ancially responsible party will be liable for all charges rendered at t urance information is not supplied within 30 days of today's visit.	today's visit if claims are denied and/or
acknowled	dge that I have been given information and fees related to today's visit.	Date:
RINT:	SIGNATURE:	

Name of Legally authorized patient/accompanying adult

Revised June 6, 2019 CAP3025