Capital Area Pediatrics

Preventative Medicine Services Authorization (Sports/Camp Clearance)

The physicians and staff at Capital Area Pediatrics are dedicated to providing your child with appropriate preventative care. Your child has already received an annual preventative services recommended for his/her age and is not yet due for another annual exam. However, you are requesting that the CAP providers complete a form required by a third party in order to participate in either a sport or camp program. This program requires a timely review of your child's health status. This service will not be billed with the usual well-child diagnosis but with diagnosis code (Medical examination for administrative purposes). This diagnosis is generally not covered by insurance, and you may be responsible to the entire fee. However, CAP will file the claim to your insurance for you, as a courtesy. Below are the procedure code and the fee associated with this service.

*99213	Evaluation and Management Service	$133.00
	Forms	$10.00/each -- ***Not covered by insurance***

***For sports clearance appointment only.**

***If there are additional concerns discussed during the visit, may be billed as 99214 ($196) or 99215 ($264) based on provider exam.**

Screenings: *If form indicates requirement*

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

Lab Tests: *if indicated or required*

81002	Urinalysis	$9.00
85018/36416	Hemoglobin & finger stick	$18.00
86580	Tuberculin skin test	$24.00

Insurance eligibility status	**Insurance Plan:**
	As of today's date, your insurance indicates that your coverage is ACTIVE.
A problem has been identified with your insurance coverage:	
	CAP Providers are not participating with your plan.
	Your insurance coverage is inactive or not on file
	An eligibility issue has been identified (Name or DOB mismatch)
	Services require a referral or authorization and one has not been obtained from your PCP
	PCP not selected – (Required By Your Insurance)
The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or new insurance information is not supplied within 30 days of today's visit.	

If uninsured, a 20% discount is available for fees that are paid in full at time of service.

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