

Authorization for Travel Consult Services

The physicians and staff at Capital Area Pediatrics are dedicated to providing your child with the best possible healthcare outcomes. Capital Area Pediatrics, Inc. (CAP) provides travel consult services to review your child's health status prior to traveling. This service uses travel consult diagnosis code. This diagnosis and the vaccines recommended for your travel are generally not covered by insurance and it is your responsibility to make payment in full, we will not submit to your insurance. Below are the procedure codes and the fee associated with this service.

*99213 Evaluation and Management Service (15 mins) \$133.00
 *99214 Evaluation and Management Service (25 mins) \$196.00
 *99215 Evaluation and Management Service (40 mins) \$264.00

***For travel consult**

***Visit is based on provider exam or can be based on time of the visit if greater than 50% was spent counseling**

Vaccines recommended for travel:

*Typhoid (90691) \$85.00 + Vaccine Administration (90460) \$47.00 = \$132.00
 *Yellow Fever (90717) \$185.00 + Vaccine Administration (90460) \$47.00 = \$232.00
 *MMR (90707) \$89.00 + Vaccine Administration (90460) \$47.00 & (90461) 2 units X \$23 = \$182.00

***The vaccines are dependent on the area that you will be visiting and the age of your child**

***A 20% discount is available for fees that are paid in full at the time of service**

Insurance eligibility status	Insurance Plan:
<input type="checkbox"/>	As of today's date, your insurance indicates that your coverage is ACTIVE.
A problem has been identified with your insurance coverage:	
<input type="checkbox"/>	CAP Providers are not participating with your plan.
<input type="checkbox"/>	Your insurance coverage is inactive or not on file
<input type="checkbox"/>	An eligibility issue has been identified (Name or DOB mismatch)
<input type="checkbox"/>	Services require a referral or authorization and one has not been obtained from your PCP
<input type="checkbox"/>	PCP not selected – (Required By Your Insurance)
<input checked="" type="checkbox"/>	Travel Consult Services are not covered by your insurance
<i>The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or the service is not covered by insurance.</i>	

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