

# ~Long Island~ Pediatrics

## PREVENTATIVE VISIT CONSENT FORM

### INSURANCE COVERAGE OF A SICK VISIT DURING A "WELL CHILD" EXAM

A patient's preventative well exam only includes certain services. The services included in this visit are preventative in nature and do not include diagnostic care.

#### **GENERALLY COVERED IN PREVENTATIVE VISITS:**

- Routine physical examination including vital signs
- Discussions regarding preventative care including general health, immunizations, etc.
- Refilling prescriptions that are NOT changing nor for treatment purposes

Well visits may uncover or revisit problem-oriented issues that require evaluation or management. For our parents' convenience, whenever possible our providers address such problem-oriented issues at the same office visit so that families do not have to return to the office for another appointment. In compliance with the insurance company billing policies, this then prompts charges to the patient.

#### **GENERALLY NOT COVERED IN PREVENTATIVE VISITS AND BILLED SEPARATELY:**

- Discussion with your provider regarding any new, worsening, or ongoing symptoms that your provider needs to diagnose and/or treat with additional testing, more extensive physical exam, lab work or new, changing or prescribing treatment medications
- This may include, but not limited to, abdominal pain, headaches, behavioral or mental health concerns, or changes in medications. Based on how extensive the concerns are, a provider may need to schedule a separate appointment to assure adequate time to address. If the provider can address at the wellness visit, please be aware a separate charge will apply.
- All services may be subject to copay, deductible and/or co-insurance with your insurance plan. It is your responsibility to understand what is covered under your insurance company's wellness benefit.

I UNDERSTAND THAT MY SIGNATURE BELOW REPRESENTS MY ACKNOWLEDGEMENT TO ABIDE BY THESE TERMS FOR THE DURATION OF MY CHILD/CHILDREN BEING A PART OF LONG ISLAND PEDIATRICS

\_\_\_\_\_  
Parent Signature

Dated: \_\_\_\_\_