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Well-Visits and Additional Charges

The providers at Dunwoody Pediatrics agree strongly with the AAP Recommendations that your child should receive regularly scheduled checkups which may include routine labs and testing of hearing and vision.

Insurance companies have recently changed what they will cover during a checkup. Our billing office has many calls from patients with questions regarding their bills for charges incurred during a "Check-up" that are not covered under routine well care. We have created the list below to educate families and about what is routinely covered at preventive care visits; however, each insurance company and individual policies are different. The list below is examples of what is typically performed and considered a covered service during a preventive "Check-up" visit:

During Check-Ups, all children:

- **Measure height, weight and head circumference (depending on age) and plot them on our growth chart. A body mass index (BMI) is calculated for all children older than 3 years.**
- **Thoroughly check body parts and systems**
- **Discuss age related anticipatory guidance**
- **Discuss safety information**
- **Discuss nutrition appropriate for age**
- **Discuss development and growth**
- **Discuss schooling (if age appropriate)**
- **Educate and administer any age appropriate vaccinations**
- **Fill out forms for sports**
- **Refill Medications**

Other concerns that are more complicated and involve more time or expertise such as chronic headaches, stomach pains, ear pain, wheezing, psychological/school problems, or other medical issues usually require a separate code and charge in addition to the check-up. Your insurance company may consider these additional codes and/or charges as two separate visits and *they* may require co-pay.

We practice medicine based on guidelines from the American Academy of Pediatrics. Occasionally, some things such as blood work, other labs i.e., Lipid panels, forms on the tablets and hearing and vision are either not covered by your insurance or are put towards your deductible. Please note that the preceding list **IS NOT** inclusive and other services **MAY APPLY**. These billing issues are between *you and your insurance company*, and we always suggest you check with your insurer/employer or HR department, BEFORE coming to the doctor to know what is covered by **YOUR** plan. Dunwoody Pediatrics is not responsible for knowing your individual plan details and files your insurance claim for you as a courtesy.

Your signature below verifies that you agree and understand that having additional testing or concerns at a preventive visit may be an added expense for which you will be responsible.

Patient Name

DOB

Patient Name

DOB

Parent/Guardian Signature (unless 18 yrs or older)

Date