DV PEDIATRICS
"Where Kids Count"

Policy on Co-Pay Requirements When A Sick Visit Is Added To A Well Child Visit

AT DV Pediatrics, we believe that Well Child Check visits are very important in addressing potential health concerns, keeping children properly protected against diseases, and discussing normal and unusual development. Generally speaking there are no co-pay requirements for a Well Child Visit. (That rule does not necessarily apply to a self-funded insurance plan).
Acute or chronic (sick) care performed with a Well Child Visit will result in an additional office charge that most likely will result in a copayment charge as required per your insurance policy.
A "typical" Well Child Visit may include, but not limited to:

- Check growth and development
- Physical assessment
- Immunizations
- Parental concerns about growth and development
- Age specific exams may include – hearing and vision screening; lead assessment and screening; M-CHAT questionnaire for autism, and other developmental screens/questionnaires as necessary

Acute (sick) illnesses include but not limited to – Bronchiolitis, pink eye, croup, common cold, dehydration, ear infection, rashes, eczema, fever, gastrointestinal infections/diarrhea, flu, sinusitis, urinary tract infection, medication modifications (asthma, ADD/ADHD, etc.), and vomiting. Chronic illness includes but not limited to allergies, asthma, ADHD, and diabetes.

Generally speaking just a refill of medication with no adjustment for chronic illness will not result in an additional charge. Changes in chronic illness health care medication will result in additional office visit charges for which a copayment may be required.

DV Pediatrics is required under contract with your insurance carrier to collect co-pays at the time of medical service, most commonly sick visits. You will be charged a co-pay if you either request, or approve, treatment for an acute or chronic illness during a Well Child Visit. Such a request constitutes a Sick Visit, in addition to the Well Child Visit.

Your insurance policy determines the co-pay requirements. If you are unable to or refuse to pay your co-pay, you may be asked to reschedule your appointment, or an additional $25 charge will apply according to DV Pediatrics, LLC Financial Policy. Contact your insurance carrier if you have questions specific to your policy's co-pay requirements plus any individual co-insurance and deductible limitations.

We will gladly bill you later for your copayment for an additional $25 charge.

2920 MARIETTA HWY, #142 CANTON, GA 30114 (770) 704-0057 FAX (770) 704-0223

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RECEIPT OF POLICY STATEMENT ON SICK VISIT CO-PAYS DURING A WELL CHILD CHECK

ACKNOWLEDGEMENT

I, _____ acknowledge that I have received a copy of the DV Pediatrics, LLC policy statement regarding Co-pay requirements when a Sick Visit is added to the Well Child Visit. I acknowledge that failure to pay co-pay at the time of service may generate an additional $25 patient responsible charge.

I am aware that a copy is also located in the waiting areas of DV Pediatrics, LLC, and that I can request another printed copy.

_____ _____
Signature Date

_____ _____
Patient Name Relationship To Patient

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