



## Preventative Care Services & Immunization Policy Consent

**WELL VISIT:** This is defined by insurance companies as a routine physical exam (annual health maintenance, including vaccines) without any additional complaints, concerns, or problems. We follow the American Academy of Pediatrics (AAP) recommended wellness schedule. We are required to bill out all services provided, despite the visit type originally scheduled. The AAP also recommends specific screening tools to screen for various developmental, social and/or behavioral concerns. These include but are not limited to: SDOH, Edinburgh, MCHAT, SWYC, PHQ, CRAFFT-N etc. Depending on your insurance benefit plan, there may be cost-sharing associated that results in a small balance.

**OFFICE VISIT:** This is defined by insurance companies as an office visit for an acute (new), chronic (ongoing) problem, or follow-up concern that you would like to discuss and have evaluated by a provider. We are required to bill out all services provided, despite the visit type originally scheduled.

If any problems are discovered during a routine physical appointment (well visit) or if you choose to discuss additional complaints (or follow-ups) during this visit, additional charges will occur. We do not know your insurance benefit structure, as it can vary highly depending on each individual plan. Likewise, we do not know what charges may be passed onto you. Your copay, deductible and coinsurance may apply differently for visits where problems are addressed during a routine physical exam (well visit) versus scheduling a separate office visit appointment on another day, which would be billed individually.

There may be instances when concerns you have about your child require more time and attention than can be adequately addressed during the well child visit. Because we want to ensure we can fully focus on and provide appropriate care for these concerns, your provider may request you schedule another appointment.

**IMMUNIZATIONS:** Once verbal consent for a vaccine has been obtained by the provider and the vaccine has been ordered and prepared for administration, if you then change your mind and refuse the vaccine, you will be financially responsible for the cost of the vaccine as it cannot be returned to our stock after it is prepared. The amount due will be collected on the date of service.

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Your child’s medical care is of utmost importance to us, and we realize this can be confusing. If you have any questions or concerns after reviewing, please let us know.

I acknowledge and understand the information above regarding combining routine physical visits (well visits) with office visits where problems or concerns are addressed.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient DOB

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name