

Understanding Billing for Your Well-Child Visits

Patient Name(s):	_Date of Birth:
Patient Name(s):	Date of Birth:
()	
Patient Name(s):	Date of Birth:
· / 	_

Evergreen Pediatrics is committed to providing the best care for our patients. To improve communication and mutual understanding, we want you to be familiar with our billing practices prior to your child's visit.

Our well-child visits cover a wide variety of topics including:

- Age appropriate history and medical exam
- Counseling about common childhood topics such as nutrition, sleep, and discipline
- Anticipatory guidance (such as what to expect with your child's development)
- Vaccine counseling
- Medical clearance to participate in sports or other activities

These services are covered in full by most insurance plans. However, more problem-oriented concerns that arise during a visit are different. These are treated by insurance companies just like regular office visits. They may require us to collect a co-pay, and the bill may be applied to your deductible/coinsurance. Here are some examples of problem-oriented services that might fall outside the scope of a well-child check:

- -Significant illness addressed (persistent cough, abdominal pain, ear infection, etc.)
- -Chronic conditions addressed/managed (asthma, ADHD, weight concerns, etc.)
- -Behavior or mental health concerns
- -Identification of problems that require referral or further intervention

Well-child visits with additional concerns can be complex. Billing according to insurance guidelines may allow us to address your concerns immediately.

Acknowledgement of Financial Policy and Billing Procedures

I acknowledge that during a well-child visit	, the physicians of Evergreen Pedi	atrics may also provide more in-depth,
problem-oriented services. I understand the co-pay/coinsurance/deductible as determined to the co-pay determined to the c	ned by my insurance policy. I unde	erstand that I may also choose to return
for a separate visit to address problem-oric apply.	ented issues, at which time my co-	pay/coinsurance/deductible will still
Parent/Guardian Signature	 Date	Relationship to Child