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Well-Visits and Additional Charges

The providers at Cobb Pediatric Associates 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 "checkup" that are not covered under routine well care. We have created this "Checkup List" to educate families about what is routinely covered at the preventive care visits and what may result in additional charges, and ask that you sign below stating you understand and agree. The list below is examples and may not include all covered services.

During Check-Ups, all children:

- Measure height, weight, 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)
- 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/unusual 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 and hearing and vision are not covered by your insurance and are put towards your deductible. These billing issues are between *you and your insurance company*, and we always suggest you check with your insurer or HR department BEFORE coming to the doctor to know what is covered by YOUR plan. Cobb Pediatric Associates 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 to and understand that having additional testing may be an added expense for which you will be responsible.

Patient Name	DOB	Parent Signature	Date