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Thank you for bringing your child in for a well visit today. Utica Pediatrics recommends regular well visits (also known as preventative exams or physicals) per the American Academy of Pediatrics guidelines. We are providing this document to help you understand the difference between what is covered within a well visit vs. a problem-oriented visit (sometimes called a sick visit).

Screening - During well visits we perform recommended screenings appropriate to age and seek to uncover any conditions that may lead to suboptimal health in the years to come. In our experience, some insurance plans cover these screenings and some do not. Because there are so many different insurance companies and plans, we do not know in advance what will be covered and will not be covered. It is your responsibility to understand what screening services are covered by your insurance plan.

Insurance Coverage for Well Visits vs. Problem Oriented Visits – Well visits may uncover or revisit problem-oriented issues that require evaluation or management (ex. Ear infection, ADD concerns, wart treatment). It is our preference whenever possible to address such problem-oriented issues at the same office visit. This is also an additional convenience so that families do not have to return to the office for another appointment. In compliance with insurance company billing policies, this then prompts charges for both categories. While preventative services may not require a co-pay/deductible, problem oriented services do prompt a co-pay/co-insurance/deductible.

If you need further explanation about incurring additional fees for services provided during your visit today, please ask to speak with a member of our billing office.

Acknowledgement of Wellness Services Billing Procedures.

I acknowledge that during my child’s well visit, there may be a problem-oriented service preformed in addition to the wellness services. In this case, I understand that two separate charges may be submitted to my insurance company and that, when applicable, a co-pay/deductible/co-insurance may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my co-pay/deductible would still apply.

PATIENT: _____ DOB: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

(3/1/17)

