

POLICY ON CO PAY REQUIREMENTS WHEN A SICK VISIT IS ADDED TO A WELL VISIT

At Just Us Kids 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 co pay charge required per your insurance policy. A typical well 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 & 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 infections, medication modifications (Asthma, ADD/ADHD), and vomiting. Chronic illness includes but not limited to allergies, asthma, ADHD, and diabetes.

Generally speaking, just a a refill 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 co payment may be required.

Just Us Kids 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. Contact your insurance carrier if you have any questions specific to your policies co pay requirements plus any individual co insurance and deductible limits.

Signature_____

Date:_____

Patient Name _____

Relationship to patient _____