

Northampton Area Pediatrics Well Visit Policy

Patient Name: _____ Date of Service: _____

The well visit is an opportunity to discuss your child's growth and development and discuss important age-related safety and behavior topics. This visit also allows us to do a complete physical exam so we can identify medical problems that may not be readily apparent without a thorough physical exam. The purpose of your child's visit is what is called "preventative care" - looking for and discussing issues that may affect your child's growth, development, and general wellbeing so that we can identify and prevent smaller issues from progressing into larger problems.

Things that are included in your well visit:

- Measurement of weight, height/length, head circumference (2YO and under), blood pressure (3YO and up)
- A complete head-to-toe physical exam done by your provider
- A discussion with your provider about your child's growth and nutrition/diet
- A discussion with your provider about normal developmental milestones and your child's progression
- A discussion with your provider about normal age-related development and safety topics
- If needed, your child will receive immunizations at the well child visit.

In addition to the above, many of our visits include other screening or preventative care. The following is a list of some of the items that fall into this group. These are billed separately to your insurance company and may or may not be covered under your insurance plan. Rest assured that our recommendations for these services are made because they are a part of the American Academy of Pediatric's Bright Futures Guidelines. These guidelines are the gold standard of care in pediatrics and are important to identifying any issues EARLY before they become larger problems. Most, but not all, insurance companies pay for services recommended under these guidelines. We, however, have limited access to coverage and benefit information and you are ultimately responsible for knowing your plan limitations.

- Standardized Developmental and Behavioral Health Surveys (SWYC, ASQ, PHQ-2, PSC-17Y, S2BI etc.)
- Vision Screening (Pediavision)
- Hearing Screening
- Application of fluoride varnish

Please also note that well childcare **does not include** care of other chronic medical conditions (asthma, ADHD, acne, allergies, mental health issues or associated assessment forms (PHQ-9, Asthma ACT, ACE, GAD-7 General Anxiety Disorder Assessment); or acute illnesses (ear infections, strep throat, gastrointestinal illnesses, etc) that occur at the same time as the well visit. If we evaluate, discuss and/or treat chronic or acute conditions during the well visit we are mandated by your insurance company to document and bill separately for those services. As such, you may be required to pay a copayment and/or a portion of the visit may apply towards your deductible.

Initial Here:

I acknowledge I have read and understand the above policy. I agree I am responsible for all charges deemed to be my responsibility by my insurance carrier. These include, but are not limited to, co-pays, deductibles, and co-insurance, for services not associated with the well visit and not covered in full by my insurance carrier.

Parent/Guardian's Signature

Date