



Well Child, Insurance, and Vaccine Issues

Today we are seeing you or your child for a well visit. Because of the ongoing changes with insurance and healthcare and in order to avoid unexpected or excessive out-of-pocket costs to you, **PLEASE READ THE FOLLOWING...**

1) While coverage for sick visits varies dramatically from plan to plan; many insurances cover “well child” or “preventative care” at a high rate, often up to 100%. This coverage typically includes health history, physical exam, vision/hearing screens, appropriate lab work, and even immunizations. It is not unusual, however, at the time of a well visit for other concerns to be present such as a febrile illness, a rash, asthma flare-up, etc. In order to save you from having to reschedule your check-up and make additional trips to the office, we are happy to address these concerns while you are here for the check-up. Depending on the situation, however, insurance companies can consider these other issues as if they were a stand-alone sick visit. Depending on your insurance plan, this may lead to a co-pay (or a portion of the deductible) that your insurance won’t cover of today’s bill.

2) On a similar note, the practice’s cost to purchase vaccines has risen over the years to the point that our cost for certain age patients can be \$300 or more! Because of this, we must verify insurance coverage before giving any vaccines. If we cannot verify your insurance, we will hold off on giving the vaccines till a later date so that a lapse in coverage won’t end up costing you hundreds of dollars out-of-pocket. We will be happy to proceed with the remainder of the well visit in this instance, but payment will be required ahead of time to be reimbursed once insurance is straightened out and payment received.

3) If your insurance has lapsed or you do not have coverage for vaccines and would be paying out-of-pocket, we encourage you get your vaccines at the health clinic. You will pay a fraction of our cost for the same vaccines.

Thank you for allowing us to care for your child(ren).

Patient’s name: _____ Date: _____

Patient (if over age 18) or Parent Signature: _____