



Copayment/Co-insurance/Deductible/Non-covered services CONSENT FORM

Patient Name: _____ Date of Service _____

Dear Parent,

During your child's well examination, Dr. Uy may perform certain procedures that are vital in evaluating your child and are part of your child's annual checkup. These services are necessary to ensure that your child receives the best care possible and to monitor your child's growth and development. Your child's well being is our greatest concern; therefore, we will provide only those services that will benefit your child during their well care.

Please be made aware that we follow the guidelines established by the American Academy of Pediatrics which require certain assessments to remain as part of all age appropriate routine physicals. Therefore, you will **NOT** be permitted to decline developmental/emotional and behavioral assessments because of financial reasons. These screenings are essential in helping us to determine many issues that may be affecting your child. These screenings require us to assess, score and make a medical determination based upon your child's answers.

The following services may require you to pay an additional co-payment/coinsurance and/or deductible or may not be covered at all:

81003 Urinalysis

92558 Hearing Screening

96110 Developmental testing; limited (Applies to ages 0-6 years)

96127 Brief Emotional or Behavioral Assessment (Applies to ages 11-19 years)

I, _____, understand that some services may not be considered eligible by my health insurance provider. I understand that my health insurance coverage has certain restrictions and limitations, such as authorization requirements and non-covered services. I agree to be financially responsible for any and all related charges if they are not covered or require a copay/coinsurance/deductible by my health insurance.

Parent Signature _____ Date _____

OFFICE POLICIES ACKNOWLEDGEMENT

I have read and been given a copy of the updated Office Policies for Decerina Uy Pediatrics.

Patient Name (s)

Parent/Guardian Signature

Date