

What is part of preventive care?

Preventive care means that you and your pediatrician work together to lower your children's chances of getting certain health problems. During your child's visit, your doctor will choose what tests or health survey screenings are appropriate. The tests chosen depend on your child's age and past health record and current health. As part of your visit the doctor will perform physical exams and/or immunizations, lab tests and other developmental and behavioral health screenings as appropriate for age and circumstances. Most health plans pay for these services.

What is NOT part of preventive care?

New or previously identified issues and concerns are not part of preventive care. In an effort to minimize the inconvenience of missing school and work for a child to return for a visit of newly or previously identified health issues, we will make every effort to diagnose or treat any new or current health problem during your visit. Tell us when you schedule or confirm your appointment if you want extra time to address these issues. You may be charged for extra office or lab fees. This is a SouthPark Pediatrics policy. You will need to pay for some or all of the fees not covered as "preventive care" by your health plan. This is not a decision of your pediatrician but is a financial decision by executives of your health plan, possibly as directed by your employer. Check your health plan to know what is covered.

You may want to keep your annual preventive exam apart for new or current health problems. We can setup a separate visit for you. You will still be charged for care and tests that are not covered by your health plan.

On the next page a sample of what's included in a preventive exam is provided.

If you have any questions about your preventive exam, please call 704-522-6656 to speak with Natalie or Katie.

Thank you for letting us help you stay healthy.

Child Preventive

Exams:

- Preventive office visits including well-child care

Screening Tests:

- Hearing
- Vision
- Hemoglobin
- Fasting Lipid Profile
- Urinalysis
- Tuberculosis testing (PPD)

Immunizations:

- Vaccines for children, birth to age 18 – doses, recommended ages and populations vary
 - Hepatitis B
 - Rotavirus
 - Diphtheria, Tetanus, Pertussis (DTap)
 - Hib (Haemophilus influenza type b)
 - Polio (IPV)
 - Pneumococcal (Prevnar)
 - Measles, Mumps, Rubella (MMR)
 - Hepatitis A
 - Varicella (Chicken pox)
 - Meningococcal (Menactra)
 - Tetanus, Diphtheria, Pertussis (Td/Tdap)
 - Human Papillomavirus (HPV)
 - Influenza

SouthPark Pediatrics

IMPORTANT INFORMATION REGARDING YOUR PHYSICAL CHECK UP EXAM

SouthPark Pediatrics practices comprehensive medical care focused on prevention as well as evaluation and management of identified disease, complaints and concerns.

There are two definitions that you need to be aware of that define office encounters.

- A. Preventative Physical Exams (Well Child Checks): This visit is designed to educate you on changes you can make to live a healthier life and to identify new health problems. This encounter is **NOT** designed to address specific complaints or to manage known medical problems. This is usually an encounter to review preventative health issues such as:
- Past medical history
 - Interim medical history since last physical exam
 - Pertinent family history
 - Review of systems
 - Thorough physical exam
 - Health habits
 - Nutrition
 - Exercise
 - Sleep patterns
 - Lifestyle choices
- B. Office Visits (Evaluation and Management Encounters): This encounter is designed for the evaluation and management of single or multiple complaints or disease such as, but not limited to:
- Allergies/Asthma
 - Eczema
 - Headache
 - Anemia
 - Behavioral Health
 - Developmental Delay
 - Weight Management and Associated Abnormal Labs- Ex: Cholesterol
 - Constipation
 - ADHD-Attention Deficit Hyperactivity Disorder

During your preventative physical exam, your physician will include management of your existing and/or any new medical problems. You will be charged for both the preventative physical exam and the office visit. The additional services may not be considered part of your preventive service benefit; therefore, these services may be non-covered by your insurance carrier or your carrier may apply the charges towards your deductible/coinsurance. You will be responsible for any services rendered today that are not covered by your insurance carrier. It is important for you to understand your individual insurance benefit coverage because each carrier processes claims differently.

Please refer to the following for examples of the definitions outlined above.

Example 1: A patient with no health problems presents for a preventative physical exam. Patient has no complaints and no problems are found. The charge to your insurance carrier would be for the preventative physical exam only.

Example 2: A patient presents for a preventative physical exam. The patient has no complaints and no known problems but is found to have eczema. This problem is addressed, and treatment started. The charge to your insurance carrier would include the charge for the preventative physical exam plus a charge for an office visit.

Example 3: A patient with multiple known medical problems presents to discuss these problems as well as have a preventative physical exam. The multiple medical problems are addressed, and treatment is delivered. The charge to your insurance carrier would include the charge for the preventative physical exam plus a charge for an office visit.

Your out-of-pocket expenses will be determined by your insurance carrier which determines your co-pay, deductible and individual insurance benefit coverage. Insurance companies create your coverage parameters as outlined by your employer. If you have questions, please contact our office at [704-522-6656](tel:704-522-6656) prior to your visit and after you have come to clearly understand the company plan as addressed by your human resources representative.

This acknowledgment remains in effect until retracted in writing. This document is found on our website, as are all forms that each patient is asked to sign and submit when the doctor-patient relationship is established.

I have read and understand the above information and acknowledge that if I am billed for these services because my insurance did not cover, I am responsible for paying the balance to SouthPark Pediatrics for these services.

We value the respect and appreciation our patients and their families have for each of us serving you at SouthPark Pediatrics.