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East Nashville Pediatrics recommends regular well visits (also known as preventive exams or physicals) per the American Academy of Pediatrics guidelines. We are providing this document to help you understand the difference between what is covered within a well visit vs. a problem-oriented visit.

Well Visit Screenings- During well visits we perform recommended screenings appropriate to age and seek to uncover any conditions that may lead to suboptimal health in years to come. ***In our experience, some insurance plans cover these screenings and some do not. There are many different insurance companies and plans and it is not possible for us to know what will and will not be covered for your child.*** It is your responsibility to understand your insurance benefits, including what screening services are covered by your plan.

<u>Screening Performed</u>	<u>Code Billed to Insurance</u>
Developmental screening (ASQ)	96110
Autism Screening (MCHAT-R)	96110
Hearing Screening	92551
Vision Screening	99173, 99177, 99174
Vanderbilt, PHQ-9	96127
Health Risk Assessment	96160
Edinburgh Postnatal Depression Screening	96161

Insurance Coverage for Well Visits vs. Problem-Oriented Visits- Well visits may uncover or revisit problem-oriented issues that require evaluation or management (ex. ear infection, ADHD concerns). It is our preference, whenever possible, to address such problem-oriented issues at the same office visit. This is also an additional convenience so that families do not have to return to the office for a separate appointment. In compliance with insurance company billing policies, this then prompts charges for both categories. While preventive services may not require a co-pay/deductible, problem-oriented services do prompt a co-pay/co-insurance/deductible.

Acknowledgement of Well Visit Billing Procedures- I acknowledge that during my well visit, there may be a problem-oriented service performed in addition to the wellness services. In this case, I understand that two separate charges may be submitted to my insurance company and that, when applicable, a co-pay/deductible/co-insurance may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand that I may choose to return for a separate visit to address problem-oriented issues, at which time, my co-pay/deductible would still apply.

Please note that insurance plans vary in how they cover annual well visits for children older than three years (once per calendar year vs every 365 days). It is your responsibility to confirm insurance coverage prior to scheduling a visit.

Patient name:
Parent/guardian name:
Parent/guardian signature:

Patient DOB:
Date: