



Mesa Pediatrics
Professional Association

TO BE COMPLETED ON ALL WELL/PREVENTIVE CHILD VISITS

Date: _____

Patient Name: _____

D.O. B.: _____

Provider: _____

Insurance issues, requirements and coverage are ever changing. We are making every effort to be in compliance and to eliminate denials before they occur. Your insurance plan may or may not cover routine preventative services.

We are legally obligated to assign procedure codes based on the service provided to you, whether it is a well child exam or a visit to take care of a problem or both. We cannot change the coding later to cause the insurance company to pay for a non-covered service.

Based on the kind of coverage you have, some or all of this cost may be billed to you.

Please keep in mind that while the appointment may be just for a well/preventative exam or just for problems, if both kinds of services are provided during a visit, then both services may be billed. **If both services are billed, you may be responsible for paying a co-payment for each service, depending on your insurance coverage.**

We thank you for taking time to read and sign this form. We are making every effort to comply with governmental rules and the rules of all insurance plans for claims submission. We appreciate the help of our patients in this endeavor and remind our patients that it is their responsibility to check with their insurance to see if these services are covered.

Parent/Guardian Signature

Print Name