



WAIVER FOR NON-COVERED CHARGES

Developmental Screening Policy

At Kids First Pediatrics, we follow the guidelines of the American Academy of Pediatrics in performing specific periodic screening tests during the preventive health well child visits. These screens are intended to identify and address health problems at an early stage.

Insurance company rules and policies change all the time and may not fully cover these important screens or may assign full or partial patient responsibility as either a co-payment, co-insurance, or toward your deductible. As prompt and appropriate treatment of your child is a primary importance to us, we ask that you sign a 'waiver' giving us permission to perform screenings, tests, and non-covered services as we deem necessary for comprehensive, quality care. Please sign to acknowledge that you will be billed for any balance due after the insurance processes the claim.

Below is the current schedule for these screens so that you can check your insurance benefits.

Screens/Test	CPT Code	Age Administered (may vary as needed)
Vision Screen via Computerized Photoscreen	99174	Annually starting at age 6 months
Lead Screen	83655	1 year
Hearing Screen	92552	Annually for 4-5 years
Autism Screen	96110	18 mos, 24 mos.
Behavioral Screen (e.g. depression)	96127	Annual starting at 12 years old
Hemoglobin Screen	85660	9 mos
Cholesterol Screen	85660	Age 9-11 years (once) and 17-21 years (once), age 4 years (if predisposing condition)

If you wish to opt out of hearing or vision screens, please let us know at the start of your visit. Declining screening may lead to delays in diagnosis.

In-office Lab Testing

Kids First Pediatrics offers rapid in-house testing for flu, strep, urinalysis, etc., which is convenient and rapid testing that can aid in quicker diagnosis and treatment of your child's ailment. Such testing is generally covered by insurance companies; however, some insurers do not pay for in-office testing because of contracts with external labs that provide these services. Sending certain tests to outside labs results in longer waiting days for results that we can provide quicker with in-house testing.

Waiver Signature:

Please sign the following waiver acknowledging that you are aware of these charges in the event that your insurance company does not cover the above services. By signing the waiver, you acknowledge that it is your responsibility to pay the balance in full for non-covered services by your insurance company.

Patients name(s): *please list all in family

Guarantor/Responsible Party's Name: _____

Guarantor/Responsible Party's Signature: _____ Date _____