

## Well Child Visit Co Pay and Deductible Policy

**Due to confusion regarding the collection of out-of-pocket payments for well visits, Millbrook Pediatrics would like to attempt to clarify when a copay or coinsurance will be required.** Preventive health services for children are covered under most insurance plans without a copay or coinsurance. These preventive services are defined by the Affordable Care Act as (in alphabetical order):

- Alcohol and drug use assessment
- Autism screening
- Behavioral assessment
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride supplements
- Hearing screening
- Height, weight, and body mass index screening
- Hematocrit or hemoglobin screening
- HIV screening
- Immunizations
- Iron supplements
- Lead screening
- Medical history review (allergies to medications, prescriptions, family history, surgical history, hospitalizations, etc.)
- Obesity screening and counselling
- Oral health assessment
- Sexually transmitted infection counselling and screening
- Vision screening

Your insurance carrier may require a copay or coinsurance payment if medical problems outside the scope of preventive health services, as defined by the Affordable Care Act, are addressed at the time of a well visit. This may include new problems or concerns identified at the time of the visit, or evaluation and management of previously identified problems. Common issues that may require copay or coinsurance payment include but are not limited to:

- Acne
- Acute illnesses
- ADD or ADHD
- Asthma
- Developmental delays
- Feeding issues
- Fatigue
- Headaches
- Mental health concerns
- Menstrual abnormalities
- Musculoskeletal complaints
- Physical exam abnormalities
- Rashes or skin lesions
- School problems
- Scoliosis

Millbrook Pediatrics will not collect copays at the time of a well visit. ***If your insurer determines that due to the services provided a payment is required, you will receive a bill describing the payment due.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_