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Understanding Your Insurance

Millburn Pediatrics Providers strongly agree with the AAP recommendations that your child should receive regularly scheduled checkups which may include routine labs, and testing of hearing and vision.

Insurance companies have recently changed what they will cover during a well visit. Our billing office often has calls from parents with questions regarding their bills for charges incurred during a "checkup" that are not covered under routine child care. We have created this "Checkup Primer" to educate families about what is routinely covered at the preventative care visits and what may result in additional charges. We ask that you sign below stating that you understand and agree.

DURING CHECKUPS:

- Measure height, weight and head circumference (depending on age) and plot them using a growth chart. A body mass index (BMI) is calculated for all children older than 3 years.
- Thoroughly check body parts and systems
- Discuss age related anticipatory guidance (screenings)
- Discuss safety issues
- Discuss nutrition appropriate for age
- Discuss development and growth
- Discuss schooling (if age appropriate)
- Refill Medications

Other concerns that are more complicated and involve more time or expertise such as chronic (prolonged duration) headaches, stomach pains, psychological/school problems, or other medical issues usually require a separate code and charge in addition to the checkup. We practice medicine based on guidelines from the American Academy of Pediatrics. Occasionally, some things such as blood work, other labs, prolonged discussions of topics at the time of the checkup and hearing & vision tests are either not covered by your insurance or are put towards your deductible. It is up to your insurance and specifically your medical plan as to if and how they will pay for these charges. We always suggest you check with your insurer or HR department prior to your visit to know just what is covered and what is not by your plan. Like you, we are contracted with the insurance companies and are required to charge you for all copays and patient responsibility charges. There are many different insurance companies. Each company has its own rules, forms, pre-requisitions, fee schedules, reimbursement rates and many other unique things for us to do to get paid. There are variations within each plan. Please make sure you know your plan, so there are no surprises as you are responsible for payment of charges not covered by your plan. The care we provide during these encounters is done in the interest of your child's current and future health regardless of insurance/payment issues. Your signature below verifies that you agree to have the testing done, and know that there may be an added expense for which you will be responsible.

Print Patient Name (s) _____

Parent Signature _____ Date _____