



Non-Covered Services Waiver

We aim to provide the **highest quality care** for your child. One important way we do this is by following a number of the American Academy of Pediatrics clinical practice guidelines (and other trusted sources) to provide evidenced-based care.

However, insurers do not always keep pace with guidelines, or cover services related to these clinical recommendations. In fact, insurance company rules and policies change all the time. As prompt and appropriate treatment of your child is of primary importance to us, we ask that you sign this acknowledgment that there may be certain screenings, tests and services that are not covered by your insurer but we, , your trusted team of pediatric medical providers, deem necessary.

Following is a list of the most frequently provided services for which we request a waiver and that you can use to determine coverage with your insurer. You are responsible for knowing what your insurer covers. By signing this waiver, you acknowledge that the following charges may apply in the event that your insurance company does not cover these services. Please let us know if you have any questions.

Otoacoustic Emissions testing (OAE)

This is an important hearing test and can be used on newborns through adulthood. OAE testing does not require a soundproof room or the ability of the child to understand instructions or respond to sounds, which makes it a much more accurate screening tool for picking up on hearing issues at any age.

We do not use this test routinely. However, we do use this test when indicated for an infant, or if your school-aged child does not pass our routine hearing test with our audioscope. Not only do we believe that hearing screens should be performed every year, but testing is required for most preschools, public and private schools, and for sports.

As we consider this to be an important test for your child, and will routinely perform it at annual well visits, if your insurer does not cover the charge, we extend you a cash discount.

OAE \$15.00 per test

In-office lab tests

We believe good health care relies on testing that is both accurate and efficient. Often, parents want to know as soon as possible if their child has the flu, strep, etc. We can effectively and efficiently determine that by performing in-office testing within minutes. We also can perform in-office testing for well visits (including hemoglobin, lead, and cholesterol screening). Many insurers do not pay for in-office testing because they have contracts with external labs to provide these services. However, sending our patients to external labs results in extra time and effort for families, additional time waiting for results, (and sometimes our families may forget to follow up).

In-office labs and fees include:

<u>In-office Test</u>	<u>Cash Pay Discount</u>
Rapid Flu (A&B)	\$20.00
Rapid Strep	\$10.00
Urinalysis	\$10.00
Stool occult blood (guiaic)	\$10.00
Hemoglobin	\$10.00
Lead	\$15.00
Cholesterol (Total & HDL)	\$15.00

Nebulizers

Nebulizers are small machines used to deliver medication to help children with asthma and other respiratory conditions. Some, but not all, pharmacies carry nebulizer machines. For family convenience and if desired, we can provide nebulizer machines (and related tubing and masks) in our office. We charge \$35/machine.

Nebulizer: \$35 per machine

Ear Piercing

In addition to screenings and testing above, we also offer ear piercing which is not a covered service by your insurance company. We charge \$100/bilateral ear piercing (\$50.00/single ear piercing) including the earring(s).

Ear Piercing: \$50/ear

Waiver Form Acknowledgement of Receipt

I acknowledge receipt of this waiver and have been informed of, and hereby attest that I fully understand my financial responsibility for any balance resulting from non-covered services, or services not covered in-office, by my insurer. I agree to pay the amount of the charge as stated herein, in the event that my insurer does not pay for these services.

Patient(s) Name [please list all in family]:

Guarantor / Responsible Party's Name:

Guarantor / Responsible Party's Signature:

Date: ____ / ____ / ____