Bayside Pediatrics
children & young adults

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Date:____/_____/_____
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WELL VISIT ACKNOWLEDGMENT FORM

Welcome to your child's well visit!

A well visit focuses on preventive care, including growth and development, routine vision and hearing screenings, state-specific lab testing, and immunizations. Sometimes a parent, patient or provider will bring up a concern that falls outside the scope of a well visit.

WHY THIS MATTERS:

Insurance companies have created policies to make visits more convenient. If a new concern arises during a well visit, or a previous issue is discussed, your provider may address it at the same time rather than requiring a separate appointment. This includes a medication check during a well visit.

However, insurance guidelines require these concerns to be documented and billed separately from the well visit, even if they occur during the same appointment. As a result, you may be responsible for a copay, deductible, or coinsurance amount.

PLEASE CHOOSE ONE OPTION:

OPTION 1 – ADDRESS ADDITIONAL CONCERNS

- The provider will evaluate the well visit PLUS any new concerns, ongoing problems, or updates on previously documented conditions
- ***Occurs within the allocated appointment time and at the provider's discretion***
- Insurance will be billed for both a well visit AND a problem-focused visit
- Copays, deductibles, and coinsurances may apply

OPTION 2 – SCHEDULE A SEPARATE VISIT

- Today's visit will focus ONLY on preventive care
- Any concerns will be documented ONLY and a sick/follow-up visit will be scheduled
- ONLY a well visit will be billed today

Patient Name: _____ Patient DOB: _____

Parent/Guardian Name: _____ Signature: _____