Patient Waiver for Non-Covered Services

Your health insurance may not cover all of your health care costs. Some items and services are not considered "covered benefits" under your health insurance plan and therefore will not pay for these services. It is your responsibility to know your individual plan coverage and if these services are covered.

Pediatric Associates of Watertown, P.C. follows the American Academy of Pediatrics guidelines in the care provided for our patients and believe that the following service(s) are an important part of evaluating your child's health and growth and development. Since the services listed here may not be covered by your health insurance, should you choose for your child to receive these services, you will be personally responsible for the payment of such services. The purpose of this notice is to help you make an informed choice about whether or not you want your child to receive these service(s).

The services have been arranged by age/diagnosis below. Please check next to the service you **DO NOT WISH** your child to receive:

AGE 6 MONTHS/AGE 9 MONTHS

_____ Lead level (fingerprick) $18.43

_____ Fluoride Varnish (prevention of dental cavities) $30.00

AGES 1 YEAR, 2 YEAR, AND 3 YEARS OF AGE

_____ Hemoglobin test (fingerprick) $3.62

_____ Fluoride Varnish (prevention of dental cavities) $30.00
(prevention of dental cavities)

_____Lead Level (fingerprick) $18.43

_____Hearing Evaluation (EOE) $75.00

AGES 4, 5 AND 6 YEARS OF AGE

_____ Hemoglobin test (fingerprick) $3.62

_____ Fluoride Varnish (prevention of dental cavities) $30.00
(prevention of dental cavities)

_____Vision Screening (eye chart Snellen test) $11.00

_____Lead Level (fingerprick) $18.43

_____Hearing Evaluation (EOE/Puretone) $75.00/$26.00

AGES 7 YEARS THROUGH 11 YEARS

_____Hearing Evaluation (EOE/Puretone) $75.00/$26.00

_____Vision Screening (eye chart Snellen test) $11.00

AGES 12 YEARS THROUGH 14 YEARS

_____Hearing Evaluation (EOE/Puretone) $75.00/$26.00

_____CRAFFT (Screening for smoking, alcohol or substance abuse) $15.00

_____Vision Screening (eye chart Snellen test) $11.00

_____PHQ9 (Screening for depression) $10.00

AGES 15 AND UP

_____Hearing Evaluation (EOE/Puretone) $75.00/$26.00

_____CRAFFT (Screening for smoking, alcohol or substance abuse) $15.00

_____GAD (Screening for anxiety)$10.00

_____Vision Screening (eye chart Snellen test) $11.00

_____PHQ9 (Screening for depression) $10.00

Initial visits and recheck visits for following diagnoses: ADD/ADHD; BEHAVIORAL ISSUES; DEPRESSION; ANXIETY; DEVELOPMENTAL CONCERNS/DELAYS

_____CRAFFT (Screening for smoking, alcohol or substance abuse)$15.00

_____GAD (Screening for anxiety) $10.00

_____VANDERBILT (Screening for ADD/ADHD) $10.00

_____PHQ9 (Screening for depression) $10.00

_____SCARED (Screening for anxiety)$10.00

I acknowledge that I have been informed in advance of receiving these services that these services are not or may not be covered by my health insurance plan. I have chosen for my child NOT to receive these services that are checked and understand that I will be financially responsible for the charges not checked as indicated above.

PRINT PATIENT NAME:_____DOB:_____

Patient Signature:_____Date:_____

Print Name of Parent/Legal Guardian/Entrusted Adult:_____Date:_____
if applicable

Signature of Parent/Legal Guardian/Entrusted Adult_____Date:_____
if applicable