

# HEALTHY PEDIATRICS AT OLD BRIDGE, LLC

## **PREVENTATIVE MEDICINE WAIVER**

We believe that certain preventative services are an important part of the health care we provide to your child/children. These services include examinations and tests that are intended to keep them healthy through prevention or early detection of certain medical illnesses. Tests that are performed to evaluate symptoms or to monitor treatment of a specific illness are not considered screening tests. **Under certain circumstances, any of the following may be considered preventative services:**

- Annual physical examinations
- Immunizations and vaccinations
- Hearing and Vision screening
- Urine testing

Each health insurance company makes its own rules and financial decisions in determining what services are covered. If your health insurance company does not pay for something that we recommend, it doesn't mean that the service is not necessary or important. Your insurance company's rules are spelled out in your subscriber contract and handbook. It is your responsibility to understand those rules. **If you agree to have your son/daughter receive an examination or screening test that is not covered by your health insurance, you will be personally responsible for the charges associated with that examination or test.**

### **FINANCIAL RESPONSIBILITY FOR PREVENTATIVE SERVICES**

I have read this information concerning preventative services and screening tests and I understand that my health insurance company may not cover some or all of the services my son/daughter will receive today.

(Please check one box and sign below.)

I wish for my son/daughter to receive the preventative services and/or screening tests that are recommended by my primary care physician and I will be personally responsible for the charges associated with those services.

I do not wish for my son/daughter to receive the preventative services and/or screening tests that are recommended by my primary care physician. I understand that my choosing to decline these tests may interfere with the prevention or early detection of illness.

Name (please print) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_