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Waiver for Noncovered Services

Desert Bloom Pediatrics asks that patients schedule regular well child visits per the AAP guidelines. Well visits provide an opportunity for your pediatrician to make sure that your child is growing and developing normally. We follow the AAP’s Bright Futures Guidelines to provide comprehensive and complete care during these visits. This document is to inform you about the services that we provide at each well check.

Screening – We perform recommended screenings based on the patient’s age to detect any conditions that may need treatment. Most insurance plans cover these screenings and costs, some recommend the screening but push costs to the patient’s deductible/co-insurance, and some do not cover the recommended screening at all. Again, most of the time these screening tools are covered, but it is your responsibility to understand which screening services are covered by your specific insurance plan.

Screens:

CPT

Edinburgh Postpartum Screening (every well check through 6mo)*	96161
Ages and Stages Questionnaire (development screening)*	96110
MCHAT (Modified Checklist for Autism in Toddlers), 18mo, 2yr*	96110
ProOptix Vision Test, (well checks at 1 and up until eye chart can be used)*	99174
Lead and TB exposure questionnaire (6, 9, 12, 18mo then yearly from 2yr)	96160
Dental evaluation and Fluoride protection (at 6mo until dentist established)	99429, 99188
Hearing and vision screening (yearly starting at 4yr)*	99173
PHQ-9 Depression screen (yearly starting at 11)*	96127

*Screenings with an asterisk are billed at a flat rate of \$25 if not covered by insurance

Insurance coverage of Well versus Problem-oriented visits

Well visits may reveal problem-oriented issues that require evaluation and management (for example, ear infections, ADHD concerns, wart treatments). To comply with insurance company billing policies, this then prompts charges for both categories. While well checks/preventative services may not require a co-pay or deductible, problem-oriented services do. If you need further explanation about incurring additional fees for services provided during your visit, please speak with our billing team.

Acknowledgement of Billing Procedures

I have been informed of the routine procedures performed during my child’s well visit and understand that some of the screening tools may go to my deductible or co-insurance. I acknowledge that during my child’s well visit, there may be a problem-oriented service performed that will generate a separate charge to my insurance company. I understand that, alternatively, I can make a separate appointment for the problem-oriented issue at which time my co-pay/deductible/co-insurance would still apply.

Name: _____

Signature: _____

Date: _____