

Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

Patient Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

## PEDIATRIC ASSOCIATES

The services listed below may be provided by Pediatric Associates and may not be covered by your insurance carrier. I understand that **I will be responsible for the services rendered**. This includes but is not limited to Hearing and Vision Screenings, Fluoride Varnish, Ages & Stages, and Vanderbilt forms.

**We are unable to verify coverage on all patients: therefore, it is your responsibility to check with your insurance carrier to determine if the services are covered.**

### IMMUNIZATIONS:

1. \_\_\_\_\_ I have **NO** insurance to pay for immunizations (includes: Medi-share, Liberty Aliera, Unity, OneShare, Solidarity, Christian Health Ministries, and Samaritan)
2. \_\_\_\_\_ I have Medicaid/Peachcare/Wellcare/Amerigroup/Peachstate/Caresource
3. \_\_\_\_\_ My insurance pays for immunizations
4. \_\_\_\_\_ My insurance does **NOT** cover preventative services
5. \_\_\_\_\_ I request a copy of an updated 3231 Immunization Form

\* You will be provided with an information packet regarding immunizations administered today. \*

Please be aware that we are now required to do hearing and vision screens at the ages of 3, 4, 5, 6, 8, 10, 15 and 18yrs. **Your insurance carrier may or may not cover the hearing and/or vision screen.**

**Please be aware that you will be responsible for the \$20.00 charge for the hearing screen and \$20.00 for the vision screen if it is not a covered service.**

**There will be a \$10.00 charge for Fluoride Varnish if it is not a covered service.** This will be performed at 9mos, 15mos, 24mos, 30mos, and 36mos.

**I hereby give consent for immunizations to be administered to my child today and/or have the hearing and/or vision screening and/or Fluoride Varnish completed.**

\_\_\_\_\_ I decline to have the Hearing and/or Vision screen completed at this time.

\_\_\_\_\_ I decline to have the Fluoride Varnish completed at this time.

**Parent/Guardian Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_