



## WELLNESS CARE ACCORDING TO THE AFFORDABLE CARE ACT

At *Lone Star Pediatrics*, we want to inform you about how we expect your insurance company to cover your wellness appointment. A well child exam is defined as an annual, routine physical exam and immunizations (if performed) to patients at no additional copay, deductible or coinsurance. These services are exceedingly limited and apply only to:

1. Evaluation of growth/milestones
2. Immunizations
3. Developmental screening
4. Dietary & lifestyle counselling

Depending on your age, gender, family history and other circumstances, we may suggest more extensive diagnostic or preventative testing and we want you to be mindful that some of these services may not be covered, or paid fully, by your insurance provider.

We find that many patients who come in for their wellness care visit also have additional medical conditions that they would like to address at the same time, some of these conditions are:

- |                 |                       |                          |
|-----------------|-----------------------|--------------------------|
| 1. Fever        | 5. Sore throat/Reflux | 9. Allergies             |
| 2. Stomach pain | 6. Ear pain           | 10. Behavioral           |
| 3. Headache     | 7. Cough/congestion   | 11. Skin conditions      |
| 4. Asthma       | 8. Digestive issues   | 12. Specialist referrals |

**Assessing and treating new or existing medical concerns during a well child visit falls under “medical management” and is not part of a wellness exam as defined by the Affordable Care Act. We understand, however, that your time is valuable, and we strive, when time permits, to address your medical concerns along with your wellness exam. Please note, you will be billed for two visits on the same day and consequently, any additional concerns addressed (that do not fall within the parameters of a well child check) will require a copay, deductible or coinsurance payment.**

PLEASE NOTE: Since the nature of behavioral evaluations tend to be lengthy, these issues will likely need to be discussed at an additional appointment. Your provider may require you to schedule a behavioral specific appointment at check-out and complete additional forms prior to your child’s appointment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childs name

\_\_\_\_\_  
Childs name

\_\_\_\_\_  
Childs name