

WELL CHILD CHECK (PERIODIC PHYSICAL EXAMS) VS COMBINATION WELL AND SICK VISIT

DEFINITIONS AND BILLING INFORMATION

WELL CHILD CHECK DEFINITION: This is a preventative care visit, also known as a “physical.” It occurs at intervals deemed necessary by your Provider based on your child’s age. The visit includes a complete exam and age-appropriate screening tests and vaccines as well as anticipatory guidance to help keep your child healthy.

SICK VISIT DEFINITION: This is a condition-specific visit. It is any visit that includes information or complaints that are outside the scope of a well child check.

WHAT WILL HAPPEN IF MY CHILD IS SICK ON THE DAY OF THE WELL CHILD CHECK OR MY DOCTOR DISCOVERS A PROBLEM AT THE VISIT THAT IS OUTSIDE THE SCOPE OF A WELL CHILD CHECK?

- Your child’s doctor may choose to address BOTH the well child check and the sick visit if time allows. From a billing perspective, **this will now be treated as TWO visits and you may have a copay and other charges for the sick visit.**
- Your child’s doctor may choose to only address the matter on that day, do a sick visit, and may have you reschedule the well child check depending on the severity of the illness. From a billing perspective, you may have a copay, coinsurance, and other charges.

GIVE ME AN EXAMPLE: Here are a couple:

- Your child is scheduled for a well child check. He happens to have a runny nose and fever. When your doctor is doing a full exam, she notices an ear infection and needs to prescribe antibiotic. She finishes the rest of the well child check. You will be billed for two (2) visits: a well child check and a sick visit.
- Your child is scheduled for a well child check. She comes in coughing and short of breath due to her asthma. Your doctor decides your child will not have a well check due to the severity of her symptoms. Doctor treats your child with nebulizers and send you home with prescriptions. You will be billed for a sick visit

WHAT WILL MY INSURANCE COVER? Check with your insurance company as to what is covered. It is your responsibility to cover all expenses related to services rendered regardless of your insurance coverage.

PARENT/GUARDIAN SIGNATURE