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Wellness Visit

Thank you for bringing your child in for a well visit today. Panorama Pediatric Group recommends and expects regular well visits (also known as preventative exams or physicals), per the American Academy of Pediatric guidelines. We are providing this document to help you understand the difference between what is covered within a well visit vs. a problem-oriented visit. Because benefits change from one year to the next, it is your responsibility to understand the terms of your insurance plan and services covered. If your insurance company does not pay for the service, you will be responsible for the out-of-pocket cost.

Screening

During well visits, we perform recommended screenings appropriate to age and seek to uncover any conditions that may lead to suboptimal health in years to come. In our experience, some insurance plans require a member cost share, and some do not. Because there are so many different insurance companies and plans, we do not know in advance what plans will require a member cost share. It is your responsibility to understand your benefit, specifically, member cost share for these screenings and all services processed by your insurance plan.

Insurance Coverage for Well Visits vs. Problem-Oriented Visits

Well visits may uncover or revisit problem-oriented issues that require evaluation or management (ex. ear infection, ADD concerns, wart treatments). It is our preference, whenever possible, to address such problem-oriented issues at the same office visit. This is also an additional convenience so that families do not have to return to the office for another appointment. In compliance with insurance company billing policies, this then prompts charges for both categories. While preventative services may not require a co-pay/co-insurance/deductible, problem-oriented services do prompt a co-pay/co-insurance/deductible, per your plan benefit.

If you need a further explanation about incurring additional fees for services provided during your visit today, please ask to speak with a member of our business office.

Acknowledgment of Wellness Services Billing Procedures

I acknowledge that during my well visit, there may be a problem-oriented service performed in addition to the wellness services. Also, some screenings could generate a cost share. In these instances, I understand that separate charges may be submitted to my insurance company and that, when applicable, a co-pay/deductible/co-insurance may be required for charges generated for these services. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my co-pay/deductible/co-insurance would still apply.

Patient Printed Name: _____

Parent/Guardian/Patient (18yo+) Signature: _____

Date: _____

Account Number (office use only): _____