

**ADVANCED BENEFICIARY NOTICE**

We have developed a list of services that may **NOT** be covered by your insurance carrier or the charges will be applied to your deductible. The purpose of this list is to help you make an informed choice about whether or not you choose for your child(ren) to receive certain services. The fact that your insurance carrier does not cover a service does not mean that you should not receive that service, it just means that you have a choice as to whether your child(ren) receives it or not. If you choose to receive one of these services in the office and it is later denied by your insurance carrier, you will be financially responsible for the balance on your account.

<b><u>SERVICE</u></b>	<b><u>CPT CODE</u></b>
Pure Tone Hearing Test	92551
OAE	92558
Visual Acuity Screen (vision test-chart)	99173
Auto Vision (machine with print out)	99177
Fluoride Treatment	99188
Preventative Medicine Risk Management (Counseling for delayed vaccine schedule)	99401/99402
30 Month checkup (This is recommended by the AAP but may not be covered by all insurance plans)	99392 established patient 99382 new patient
*Well Checkups over the age of 18 years	99395 established patient 99385 new patient

\*When being seen for a well child check over the age of 18 years, please call your insurance carrier and verify they will pay for services provided by a pediatrician.

**ASSIGNMENT OF BENEFITS**

I, the undersigned authorize payment of medical benefits to Pecan Tree Pediatrics, P.A. and/or Drake Hospitalists, P.A. dba Pecan Tree Pediatrics for any services furnished by my child(ren) by the practice. I also authorize you to release to my child(ren)'s insurance company or their agent, information concerning health care, advice, treatment, or supplies provided to my child(ren). This information will be used for the purpose of evaluating and administering claims of benefits. This assignment shall remain valid until written notice is given by me.

**LATE ARRIVALS / NO SHOW POLICY**

Appointments are scheduled specifically for each patient. If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule to another day. If you cannot keep your appointment, we ask you to cancel at least 24 hours prior to the appointment time. If you "no show" three times we reserve the right to discharge your child(ren) from the practice.

EACH WELL VISIT AND/OR ADHD EVALUATION APPOINTMENT THAT IS MISSED AND NOT CANCELLED PRIOR TO 24 HOURS BEFORE THE SCHEDULED APPOINTMENT TIME WILL BE ASSESSED a \$50 FEE TO THE PATIENT'S ACCOUNT.

EACH SICK VISIT THAT IS MISSED "NO SHOW" WILL BE ASSESSED A \$25 FEE TO THE PATIENT'S ACCOUNT.

Signature of Understanding: I have read and understand the above stated financial policy.

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Patient or Parent/Guardian if Patient(s) is under 18 years of age

\_\_\_\_\_  
Date

For questions regarding your Pecan Tree Pediatrics, P.A. or Drake Hospitalists, P.A. dba Pecan Tree Pediatrics Account, please contact one of our Billing Specialists, at 972-772-3100 or 972-429-4800.