



Advanced Beneficiary Notice

The American Academy of Pediatrics recommends annual screening, periodic testing & annual exams. We have developed a list of services that may NOT be covered by your insurance carrier. The purpose of this list is to help you make an informed choice. Beansprout Pediatrics follows the AAP recommendations and does not consider individual insurance coverage when making recommendations. 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.

SERVICE	CPT CODE
AudioScope Hearing screening	92551
OAE-Evoked Auditory Test (hearing test for newborns)	92527
Vision Screening Snellen	99173
Lipid Profile (cholesterol screening)	80061
Developmental Testing	96110
Preventive Medicine Risk Management established patient/new patient	99401/99402
30 month wellness exam established patient/new patient	99382/99392
Wellness exams over the age of 18 years established patient/new patient	99395/99385

Miscellaneous

Instrument-based ocular screening \$30

After hours call with Triage Logic nurse \$25.

After hours medical service are services provided outside of the following regular office hours:
Monday - Friday 8:00am - 5:00pm

*Saturday after hours convenience fee \$30 This fee is due at the time of service separate from copay, or self pay fees.

*** Miscellaneous fees are not filed with insurance, & will not be waived.**

I have read and understand the Advanced Beneficiary Notice and agree to stated financial policy regarding services that may not be covered by insurance.

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 parent/guardian printed name signature date