



## All About Kids Pediatrics

Jill Overcash, MD, FAAP  
Amanda Bennett, CPNP  
2000 Riverside Parkway, Suite 207  
Lawrenceville, GA 30043  
Phone 678-646-0404  
Fax 678-646-0202

### NON-COVERED SERVICES POLICY

Many parents are disappointed to learn that routine care is not always covered 100%. No standard “plan” of routine care exists today, either within the physician community or the insurance carrier community. As such, every insurance company has a different concept of what constitutes routine care, and they do not always follow American Medical Association or American Academy of Pediatrics guidelines. It is not possible for our office to keep up with what each company does or does not consider part of routine care. All About Kids Pediatrics follows AMA and AAP recommended guidelines, and routinely performs certain tests/procedures that some insurance companies do not agree are part of recommended routine care. These tests will be billed to your insurance carrier, but if determined to be non-routine, and therefore non-covered, these charges will be the responsibility of the guarantor/patient guardian. This office works hard to provide these recommended tests/procedures at minimal cost to the guarantor/patient guardian (associated fees listed below.) The tests/procedures most often affected include, but are not limited to, the following:

- Hemoglobin testing (CPT codes 85018/88738 - \$5)
- Lead testing (CPT code 83655 - \$15)
- Hearing screenings (CPT codes 92587/92588/92552/92558 - \$20)
- Vision screenings (CPT code 99173 - \$5)
- CHADIS Child development screening (CPT codes 96110/96111 - \$15)
- Behavioral/ADHD screening (CPT code 96127 - \$15)

Any questions regarding these charges should be addressed with the billing department prior to the appointment or with the nurse/provider during the appointment. This notice serves as an insurance Advance Beneficiary Notice (ABN) and will apply to all dates of service beginning June 1, 2016 and shall remain in effect until further notice.

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Patient Name

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Date of Birth

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Patient Name

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Date of Birth

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Patient Name

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Date of Birth

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Parent/Legal Guardian Signature

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Date