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Dear Parent or Guardian:

Thank you for bringing your child for a well visit today. We recommend regular well visits (also known as preventive exams or physicals) based on the American Academy of Pediatrics guidelines. We are providing this document to help you understand the difference between what is covered within a well visit versus a problem-oriented visit.

Screening – During well visits we perform recommended screenings appropriate to your child’s age and seek to uncover any conditions that may lead to suboptimal health in the years to come. These screenings are also required for school, sports, camp, scouts and other activities. In our experience, some insurance plans cover these screenings and some do not. Because there are so many different insurance companies and plans, we do not know in advance what will and will not be covered. It is your responsibility to understand what screening services are covered 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, allergies, warts). When possible, we strive 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, these issues then prompt charges for both categories. While preventive services may not require a co-pay/deductible, problem-oriented services do prompt a co-pay/co-insurance/deductible.

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

Acknowledgement 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. In this case, I understand that two 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 pertaining to problem-oriented 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 would still apply.

Patient name: _____ DOB: _____

Parent/guardian signature: _____ Date: _____

Tuberculosis and Lead Screening Questions

Casa Verde Pediatrics, Inc.

Name of Child _____ DOB _____ Date _____

Tuberculosis (TB) is an infection of the lungs and many other parts of the body that can cause death if undetected and untreated. It is contagious. California wants to treat and protect children who have been exposed to TB and are at risk of the infection.

The following questions help determine testing for tuberculosis. These questions and TB testing are required for childcare, school, and many jobs. These questions are used only to decide who needs TB testing.

Ask the doctor or nurse practitioner if you need more information to answer the questions.

Where was the child born? *Please circle one*

United States

Africa

Asia

Middle East

Northern/Western Europe

Eastern Europe

New Zealand/Australia

Latin American: Central or South America

Please answer the following questions by circling **yes** or **no**

- 1. Has the child traveled to or lived in a country with a high rate of TB and stayed for one month or more? YES/NO**

Where did they travel or live? Please circle all areas below

Africa

Asia

Middle East

Northern/Western Europe

Eastern Europe

New Zealand/Australia

Latin American: Central or South America

- 2. Has the child even been around anyone who has ever had TB or a positive TB test? YES/NO**

This includes anyone with a positive TB test or was treated for TB at any time in the past including family, friends, nannies, babysitters and childcare providers, especially if they were born outside of the United States.

- 3. Is your child being treated for a condition that suppresses the immune system? YES/NO**

This includes: oral steroids for more than a month, infection with HIV, an organ transplant or other medications that suppress the immune system.

For **children under 5**, please continue to the following lead screening questions:

- 5. Does your child live in or regularly visit a house that was built before 1950? YES NO**
Is there chipped, peeling or damaged paint? YES NO
- 6. Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (within the past 6 months?) YES NO**
- 7. Does your child have a sibling or playmate who has or did have lead poisoning? YES NO**

Reviewed on: _____