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PHYSICAL EXAMINATION (WELL EXAM) ACKNOWLEDGMENT

Print Name of Patient: _____ *Date:* _____

We are about to perform a routine physical (well exam) on your child, which your health insurance **MAY NOT** cover. You may also be required to pay amounts in addition to your co-pay today for immunizations and/or tests performed. If, during the well exam, your physician finds an illness, issue, disease or you address a problem or illness during the routine physical, then both a well exam and a sick visit will be submitted to your insurance company. Depending on your insurance benefits, this may generate a copayment which you will be responsible to pay. If the well exam is not covered, we will credit any amount received for the sick visit toward the amount you may owe for the well exam (office visit only - does not include immunizations or tests given on that same visit). Please note that Sunshine Valley Pediatrics does not offer vaccine only appointments. Your child will need to be examined by a physician before any vaccines are ordered and therefore an office visit charge will be accessed.

If your insurance company denies payment for this visit under your policy, you will be billed for any amounts not covered. **PLEASE BE AN INFORMED CONSUMER!** Make it a point to know what your insurance does and does not cover. We cannot be responsible for providing this information due to the vast number of companies, policies and plans that exist. We do our best to get an accurate quote of benefits covered from your insurance company but it is not a guarantee of payment on their part. We are also unable to change the reason for the visit once it has been submitted to your insurance company.

Your Sunshine Valley Pediatrics pediatricians strongly recommend that it is in the best medical interest of your child to have certain tests performed if your child is over the age of 6 months and as part of this well exam.

- SureSight Vision Test (recommended at 6 mos., 12 mos., 18 mos., 24 mos., and every year thereafter).**

Vision disorders are one of the most prevalent health problems children have. 20% of teenagers suffer from a refractive error that requires corrective lenses. In pre-schoolers, the majority of vision disorders are undetected. Left untreated, these disorders often lead to amblyopia ("lazy eye") – the leading cause of monocular blindness in North Americans under 70. The SureSight vision test screens for common vision problems that are also risk factors for amblyopia, including near- and farsightedness, astigmatism (asymmetrical focus), and anisometropia (unequal power between the eyes). If risk factors are detected, 95% of patients can have their vision saved and avoid the lifelong effects of amblyopia, which may include a dramatically higher chance of loss of sight in the other eye, learning delays, and limitation of career choices.

Please initial one of the following. By initialing the "Accept" response, you are agreeing to pay directly to Sunshine Valley Pediatrics the cost of this test if your insurance does not cover the test or if the cost of the test applies to your deductible.

Please initial one: _____Accept _____Decline _____under 6 months

DPOAE Hearing Test (recommended at 6 mos., 12 mos., 18 mos., 24 mos., and every year thereafter).

Routine hearing tests throughout infancy and childhood are very important in ensuring your child’s good health. The American Academy of Pediatrics (AAP), Joint Committee on Infant Hearing and National Institutes of Health recommend screening infants for hearing loss using one of only two approved methods. The instrument used in our office for hearing screening uses one of the two approved methods. It measures otoacoustic emission (OAE), a response generated by outer hair cells in the healthy cochlea to sound presented in the ear canal.

Additionally, the DPOAE screening is extremely useful in helping us treat Otitis Media (OM) (or the common ear infection). OM results in periods of temporary hearing loss during the critical years of language and speech acquisition and can result in developmental language delays. The DPOAE screening tracks the resolution of OM and return of hearing to normal.

Please initial one of the following. By initialing the “Accept” response, you are agreeing to pay directly to Sunshine Valley Pediatrics the cost of this test if your insurance does not cover the test or if the cost of the test applies to your deductible.

Please initial one: _____Accept _____Decline _____under 6 months

EKG (electrocardiogram) (recommended at age 2, and every 2 years thereafter).

An electrocardiogram (EKG/ECG) is a test that measures the electrical signals that control the rhythm of your heartbeat. EKGs must be used to monitor children who are on ADD medicine. EKGs are used to detect evidence of heart enlargement, signs of insufficient blood flow to the heart, signs of new or a previous injury to the heart, changes caused by an electrolyte imbalance, and signs of inflammation of the sac surrounding the heart. In children, we also look to an EKG to detect different types of heart rhythm problems (arrhythmias), such as Prolonged QT Syndrome, which is a silent and potentially fatal disease that only an EKG can pick up. Finally, EKGs are used to detect congenital heart disease (a defect or malformation in one of more structures of the heart or blood vessels that occurs before birth) that affects 8-10 out of every 1,000 children and may not show symptoms until adulthood.

Please initial one of the following. By initialing the “Accept” response, you are agreeing to pay directly to Sunshine Valley Pediatrics the cost of this test if your insurance does not cover the test or if the cost of the test applies to your deductible.

Please initial one: _____Accept _____Decline _____under 6 months

I acknowledge that I have read and understand the above. I further understand that it is my responsibility to know whether my insurance plan covers the well exam and the tests that my physician recommends at this time. I understand and agree I will be held responsible for paying any charges that my insurance company does not cover for the well exam and/or the tests performed today.

Date: _____

Sign Name: _____

Print Name: _____

