



YOUR INSURANCE COMPANY DECIDES IF YOU OWE US A CO-PAY

THERE IS NO SUCH THING AS A FREE WELL VISIT, despite what your insurance company advertised to you.

- The Affordable Care Act (ACA) legislated that insurance companies cannot charge a co-pay for **preventive services**.
- Your visit is charged and submitted to you or your insurance company exactly as it was before the ACA was passed. The difference now is that your insurance company has to pay for all the preventive services and cannot pass a co-pay on to you.
- **Insurance companies ARE allowed to charge a co-pay to you for services that are not preventive.**
- Examples of services that may be provided on the day of your well visit that **are NOT preventive services**:
 - Evaluation and treatment of an acute illness (like an ear infection)
 - Evaluation and treatment of a chronic problem (like eczema, asthma, headaches, abdominal pain, ADHD, etc...)
 - Procedures that are not part of the routine recommended preventative/well child visit (like draining an abscess or removing impacted ear wax)
 - Any services that the insurance company says are not preventative.
- If non-preventive services are provided to a patient, we are legally **REQUIRED** to report those services to your insurance company.
- **YOUR INSURANCE COMPANY DETERMINES WHETHER OR NOT YOU OWE A CO-PAY** once they review the services provided.
- If your insurance determines that you owe a co-pay, we are required to collect it.
- If you receive a bill from us for a co-pay for the same date as your well visit, then a non-preventive service was provided to you on that date and **YOUR INSURANCE COMPANY** determined that requirement.

Ivy Pediatrics is dedicated to the health and well being of your child. We are more than happy to address ongoing issues during well visits as long as you understand that a co-pay may be billed at a later time. We are required to follow the contracts dictated by the insurance company. Please be understanding of this situation.

I have read and understand the above and I understand that if non-preventative services are provided at the time of a well child visit I may be responsible for a co-pay as dictated by the insurance company and their terms.

Signature of Patient or legal representative

Relationship to Patient

Date