



Advanced Beneficiary Notice

Patient's Name: _____

Insurance Co: _____

Today your child is being seen for a Wellness Check. Please read through the following paragraph and sign below:

Your health insurance may not pay for procedure(s) or service(s) that are described below. Health insurers do not necessarily pay for all of your health care costs. Insurance only pays for covered items and services. The fact that insurance may not pay for a particular service does not mean that you should not receive it, if your doctor recommends that you do receive this service. You will need to make a choice about receiving these health care items or services.

Service(s) and/or Procedure(s):

Office Visit and/or Procedure(s) unrelated to a Wellness Check

The purpose of this form is to help you make an informed choice about whether or not you want to receive these services or procedures, knowing that you might have to pay for them yourself. By signing below you agree to take financial responsibility for the cost of the procedure(s) or service(s), if your health insurance does not include this as a covered procedure(s) or service(s).

The fact that insurance may not completely pay for a service does not mean that you should not receive it if the doctor recommends it.

Parent or Legal Guardian: _____

Date: _____