



## Pediatric Well Check Disclosure

The American Academy of Pediatrics (AAP) has updated its schedule of the screening and health assessments that are recommended at each well-child visit from infancy through adolescence. The updated periodicity schedule reflects current AAP recommendations for preventive pediatric health care, which are explained in detail in the third edition of “Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.” Under the Affordable Care Act, non-grandfathered plans are required to cover services that are recommended by Bright Futures (and included in the periodicity schedule), **at no cost to the patient**. We are required to submit these charges to your insurance company. If insurance does apply the cost to your deductible we are obligated to collect their contracted rate for these services. For any question regarding non-coverage please contact your insurance company or Human Resources department. Charges may include but not limited to:

<p><b>2 Week</b> Postnatal Depression Screen</p>	<p><b>2 Month</b> Postnatal Depression Screen</p>	<p><b>6 Month</b> Lead//TB Questionnaire</p>
<p><b>9 Month</b> PEDS Developmental Questionnaire Lead/TB Questionnaire</p>	<p><b>12 Month</b> Dental Varnish Lead/TB Questionnaire</p>	<p><b>15 Month</b> PEDS Developmental Questionnaire Lead/TB Questionnaire</p>
<p><b>18 Month</b> MCHAT Autism Screen Lead/TB Questionnaire Dental Varnish</p>	<p><b>24 Month</b> MCHAT Autism Screen Lead/TB Questionnaire Dental Varnish</p>	<p><b>30 Month</b> PEDS Developmental Questionnaire Lead/TB Questionnaire Dental Varnish</p>
<p><b>3 Year</b> Lead//TB Questionnaire</p>	<p><b>4-6 Year</b> MCHAT Autism Screen Lead//TB Questionnaire Dental Varnish</p>	<p><b>7-10 Year</b> Hearing Screen Vision Screen</p>
<p><b>12 Year</b> Adolescent Depression Screen Vision Screen</p>	<p><b>13-18 Years</b> Adolescent Risk Questionnaire Adolescent Depression Screen Vision Screen</p>	<p><b>ADHD</b> Vanderbilt Questionnaire</p>

Signature

Date