Consent Form and Waiver

We pride ourselves on providing only the highest quality care for your child and do this by following many of the American Academy of Pediatrics clinical guidelines and other trusted sources for evidenced-based clinical outcome information.

However, insurers rarely keep pace with guidelines, or want to cover services related to meeting these clinical recommendations. In fact, insurance company rules and policies change all the time. As prompt and appropriate treatment of your child is of primary importance to us, we ask that you sign a 'waiver' giving us permission to perform screenings, tests and non-covered services as we, your trusted providers of care, deem necessary.

Following is a list of the most frequently provided services for which we request a signed waiver and that you can use to determine coverage with your insurer.

Vision Screening

- Snellen Testing. This is a simple screening performed with the use of a Snellen eye chart used to measure visual acuity on older children.
- Spot Vision Screening. This is an important test for early detection of eye and vision problems in infants and young children. Amblyopia (or 'lazy eye') occurs when the brain does not receive proper images from the eye. If it is not diagnosed in early childhood, there may be a permanent loss of vision in the affected eye.

As we consider these to be important tests for your child, and will routinely perform them at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount.

Otoacoustic Emissions testing (or OAE)

This is an important hearing test and can be used on newborns through adulthood. It does not require a soundproof room or the ability of the child to understand instructions or respond to sounds, which makes it a much more accurate screening tool for picking up on hearing issues at any age.
Not only do we believe that hearing screens should be performed every year, but testing is required for most preschools, public and private schools, and for sports. As we consider this to be an important test for your child, and will routinely perform it at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount.

Developmental Testing

Developmental screening (including standard pediatric developmental screening done at well-visits, Connors forms, Edinburgh post-partum depression screening, etc) are very important in the assessment of any development delays or potential problems. As we consider these to be important tests for your child, and will routinely perform them at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount.

In-office lab tests

Often, patients want to know as soon as possible if their child has the flu, strep, etc. We can effectively and efficiently determine that by performing in-office testing. Many insurers do not pay for in-office testing because they have contracts with external labs to provide these services. However, sending tests out to external labs results in waiting days for results that we can provide to you much more quickly (in some cases, within minutes or overnight). We believe it is important to treat your child as quickly as possible, and therefore offer the services listed below.

In-office labs and fees include: RSV tests, rapid flu, rapid strep, urinalysis, pregnancy tests.

Ear Piercing

In addition to screenings and lab test, we also offer ear piercing which is not a covered service by your insurance company. We charge $65.00 including a pair of studs.

Please sign the following waiver indicating that you are aware that these charges may apply in the event that your insurance company does not cover these services.

Waiver Form Acknowledgement of Receipt

I acknowledge receipt of the Waiver List giving us permission to perform screenings, tests and non-covered services as we, your trusted providers of care, deem necessary and as recommended by the AAP. I attest that I fully understand my financial responsibility for any balance resulting from non-covered services, or services not covered in-office, by my insurer. I agree to pay the amount of the charge as stated herein, in the event that my insurer does pay for these services.

Patient(s) Name [please list all in family]:

_____

Responsible Party's Name: _____

_____ _____

Responsible Party's Signature Date

Springtime
PEDIATRICS

Consent for Treatment

I, knowing that I have a medical condition or physical check-up requiring diagnostic, medical or surgical treatment; do hereby voluntarily consent to such procedures, care, medical, surgical and other services under the general and specific instructions the provider as is necessary in her judgement.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatment or examination by the provider.

Responsible Party's Name	Responsible Party's Signature

Nurse Practitioner Consent for Treatment

Springtime Pediatrics has on staff Nurse Practitioners in the delivery of primary medical care.
A Nurse Practitioner is not a doctor. A Nurse Practitioner (NP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree or doctoral degree) and training and can diagnose, treat, and monitor common acute and chronic diseases, as well as provide health maintenance care. In addition, the NP may treat minor lacerations and other minor injuries.

I understand that at any time I can refuse to see the Nurse Practitioner and request to see a physician.

I have read the above, and hereby consent to the above services and service providers for my health care needs.

Responsible Party's Name	Responsible Party's Signature	Date