



Dear Patient,

Our records indicate they your child has been scheduled today for a “Sports/School/Camp Physical Examination” and/or a “Well Child/Healthcare Maintenance/Yearly Check Up Physical Examination”. These exams are also known by, but not limited to, the following terms:

Sports Physical Exam
Sports Clearance Physical Exam
School or Camp Physical Exam

Well Child Physical Exam
Healthcare Maintenance Physical Exam
Yearly Check Up

Please check the box above for the service or services you are requesting (one selection only).

A Sports, School, or camp Physical Exam includes:

- Comprehensive review of past sports-related history
- Height / Weight screening
- Blood pressure and vision screening
- Sports-related physical examination / clearance and paperwork completion

An age-appropriate Well Child Physical Exam, Health-care Maintenance Physical Exam or Yearly Check Up includes:

- Review of past/present medical history
- Review of pertinent age-appropriate preventive care items
- Height / Weight screening (and comparison to the “normal” child)
- Blood pressure and possible urine screening
- Review of immunizations / updating them if needed [extra charge]
- Hearing and vision screening
- Comprehensive physical examination
- Health education and counseling
- Also: Sports physical clearance for one year (if requested)

PLEASE NOTE: A sports physical is **not covered** under most insurances. Shots or lab testing that your child’s school requires will be additional. **Payment will be due at time of service.**

PLEASE NOTE: This comprehensive healthcare maintenance exam may be covered under your child’s insurance. If so, you will be responsible for the co-payment and any services that your insurance does not cover. Many insurances will only pay for a physical on children ages 6-18 every other year. If your child’s insurance does not cover this examination, you will be billed for the full amount of today’s visit.

It is your responsibility to know if your child is covered for wellness, preventive, well woman or health screening benefits. All services for today’s visit, whether billed by this office or the reference lab, not paid by insurance, **are your financial responsibility**. If you are unsure whether or not your insurance will pay for one of these examinations, please contact your insurance company now to determine your child’s benefits. Billing codes and fees **cannot** be changed after this claim is filed with your insurance company.

The physicians and physician assistants of Aspen Creek Medical Associates feel that periodic, routine physical exams with certain diagnostic labs or other age-appropriate procedures are an integral part of providing excellent healthcare to their patients.

By signing below you acknowledge and accept financial responsibility for all non-covered services associated with today’s visit.
Thank-you. Aspen Creek Medical Associates

Please check the box above for the service or services you are requesting (one selection only).

Patient’s Printed Name and Date of Birth

Signature of Patient or Guardian/Guarantor

Date