

*SANDUSKY PEDIATRICIANS*  
*UNIVERSITY HOSPITALS MEDICAL PRACTICES*

**WELL CHILD / BABY CARE CHECK UP POLICY**

Dear Patient:

Our records indicate we have not seen your child for a *well child* check up (routine preventative examination) in over one year. **Yearly medical well child check ups performed by your child's established primary care provider meet the standard of care as determined by the American Academy of Pediatrics (AAP).** As members of the AAP, we support this standard and feel it is important for quality medical care. Therefore, check ups are mandatory to provide the medical care your family deserves.

A well child check up is a scheduled appointment when your child is not ill. This visit includes a history and physical examination, developmental assessment, and health supervision issues appropriate for your child's age, *all of which are **not** provided at illness visits.*

A scheduled well child check up will be billed to your insurance company as a Preventative Visit. We realize this may be determined a non covered or limited service by your insurance company. However, the fact that your insurance company does not pay for this service does not mean that your child should not receive it.

Our Preventative Check Up Schedule is as follows. Compliance with this schedule is required to maintain *current patient status*.

**Age 0-1**

Check Up required at 1, 2, 4, 6, 9, and 12 months.

**Age 1-2 years**

Check Up required at 15, 18, 24 months.

**Age 2-18 years**

Check Up required at 2 ½ years, and annually beginning at age 3 years to 18 years of age.

Maintaining *current patient status* enables us to provide the following:

- ❑ *Illness visits*
- ❑ *After hours Emergency On-Call Physician Availability*
- ❑ *Immunizations*
- ❑ *College, School, Daycare Form completion*
- ❑ *Telephone Consultation by Nurse or Physician*
- ❑ *Prescription refills, and school medication permission form completion*
- ❑ *Sports Card, Work Permit form completion*
- ❑ *Referrals and Consultation to Specialty Providers*
- ❑ *Use of Telephone Hour (8:00 AM – 9:00 AM – Monday through Saturday)*
- ❑ *Other miscellaneous paperwork and/or orders for required services.*

Thank you for your understanding and cooperation with this Policy. It is our privilege to provide your medical care.