



Dear Parents,

We would like to inform you that the following services/procedures will be filed with your insurance company as a courtesy to you. We feel that the service we provide is not only medically necessary, but also essential to ensure we are continuously providing exceptional customer service. Some insurance carriers do not pay for these services. Please note that if your carrier does not cover these services, or if they are applied to your deductible, you will be responsible for the charges.

PROCEDURES INVOLVED, BUT NOT LIMITED TO, ARE AS FOLLOWS:

VISION AND HEARING WHEN DONE AS PART OF A PHYSICAL

URINALYSIS WHEN DONE AS PART OF A PHYSICAL

HEMOGLOBIN WHEN DONE AS PART OF A PHYSICAL

HEMOCULT

BLOOD STICK, GLUCOSE

DEVELOPMENTAL TESTING

ROCEPHIN INJECTIONS

DECADRON INJECTIONS

CHOLESTEROL SCREENING

HUMAN PAPILOMAVIRUS VACCINATION (HPV)

TELEPHONE SERVICES

Signature of Parent/Guardian

Date