



As part of your well child visit today, your physicians believe that a screening test for vision and hearing is necessary to evaluate your child's health.

Please be aware that some insurance plans do not cover wellness visits or screening procedures, such as vision and hearing exams. If your insurance does not cover these visits or screenings, you will be held responsible for the entire balance. The burden of researching vision and hearing screen coverage lies with the policy holder and not with this office.

Please indicate your preference below:

- I **AGREE** to have my child's vision and hearing tested today. I understand that if my insurance company does not cover these exams, I will be held responsible for any additional charges incurred.
  
- I **DO NOT** want my child's vision and hearing tested today. I understand that these exams are important for my child's health, and will have them examined by an eye doctor and/or hearing specialist.

I have carefully read the information above and have indicated my choice for today's well child visit.

\_\_\_\_\_  
Patient name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Printed name of parent of guardian