

**PLEASE COMPLETE YOUR SCHOOL or CAMP FORM
ALONG WITH THIS FORM AND GIVE TO RECEPTIONIST**

Do you have well child care(wcc) with your insurance? WCC visits provide better quality of care for your child and most insurances pay 100% for wellness care (even HSA's and companies with high deductibles). Currently Aetna, BCBS, Coventry, Humana, Medicaid and United pay at 100% or with copay. When you schedule a well child visit we will complete most sports physical forms for free within 12 months of the well child visit (must allow us 3 working days to complete). Call the number on your card to confirm your coverage.

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Today's Date: _____

I hereby certify that I am a legal guardian or have been authorized by a legal guardian of the above named patient to consent for the examination and treatment to include immunizations when indicated.

I am aware and prepared to pay the \$40.00 charge for the Sports/camp physical and understand that any necessary immunizations (Hepatitis A or B, TDAP, MMR, etc) or additional testing such as (IPV, etc) will be an additional charge. I understand that it is best for my child to have sport physical forms completed when up to date on well child visits with his/her doctor. I certify that I am a legal guardian or have been authorized by a legal guardian of the above named patient to consent for the examination and treatment.

Signed: _____ Relationship to Patient: _____

I do not have my school/camp physical form. I understand that Evans Medical Group has a standard form that can be used, but if additional information is needed, there may be an additional charge and/or visit.

Signed: _____

OFFICE USE:

EMG ACCOUNT#: _____
RJL MRI CJA BWJ MAJ DRS LW
Paid \$ _____ Cash or Credit Card
_____ Well Child Visit
CURRENT INSURANCE: _____
Verified? ACTIVE NOT ACTIVE
PCP: _____
Employee Initials: _____

**ADDITIONAL SERVICES
PAYMENT IS EXPECTED AT TIME OF SERVICE**

Tdap 90715	\$60.00
Varicella 90716	\$115.00
Meningitis 90734	\$130.00
Gardasil/HPV 90649	\$155.00ea (series of 3 shots)
Hep A 90633	\$35.00
Hep B 90744	\$65.00
MMR 90707	\$65.00
IPV 90713	\$30.00
Administration: _____	x \$25.00
=	_____

Additional Payment Received \$ _____