

PHYSICAL EXAM OPTIONS

STUDENT NAME _____

I wish for my child to have:

_____ 1. **SPORTS PHYSICAL ONLY.**

The fee will be \$35.00 and is to be paid at the time of the exam. No insurance will be filed.

_____ 2. **ROUTINE YEARLY WELLNESS EXAM.**

This will be filed with your insurance, your office co-pay, if applicable, is to be paid at the time of the exam.

I have called my insurance company and have wellness benefits for this: YES/ NO

▶ IMMUNIZATIONS TEENAGERS NEED ◀

Does your insurance cover immunizations? YES _____ NO _____

Is there a maximum benefit limit on your insurance plan? YES _____ NO _____

▶ We MUST know this at the time your child comes in. If the answer is NO, we have an option through the state to help with the cost, but we MUST know this prior to your appointment and the immunization being given to comply with state law.

MENINGITIS: \$130.00 + administration

_____ YES, I would like my child immunized if she/he has not already been immunized.

_____ NO, I do not want my child to be immunized for meningitis.

_____ My child has had the meningitis vaccine.

ADACEL: \$45.00 + administration

_____ YES, I would like my child immunized if she/he has not already been immunized.

_____ NO, I do not want my child to be immunized for tetanus and diphtheria.

_____ My child has had a recent Adacel Vaccine.

GARDASIL: \$170.00 + administration * **New Recommendations for MALES* when checking with your insurance for coverage-please be specific in asking for coverage of males!!**

_____ YES, I would like my child immunized if she has not already been immunized.

_____ NO, I do not want my child to be immunized for HPV.

_____ My child has had the Gardasil immunizations.

Parent or Guardian's Signature _____ Date _____

If you have any questions, please do not hesitate to call the office at 712-655-2551 and ask for Theresa.

