



7 Days Pediatrics

"Where You Can See a Pediatrician Any Day"

Please be informed that Well Check-up includes the following procedures /codes. **Please check with your insurance company prior to exam, if these procedures will be completely covered under Well Check-up Visits.** If you do not wish to perform any of these procedures, please let the Nurse/Medical assistant or Doctors know before exam. **Number of allowed Well Check-up Visits may be limited in nature, hence please find out with your insurance company, how many Well-Visits are allowed per year.** It will be the member's responsibility to know their benefits. If the limit is exceeded, insurance may deny the claim and you will be responsible for the charges.

Hearing test or Audiometry 92587 or 92552

Vision Screening 99174 and/or 99173

Developmental Screening 96110

Immunizations (if needed) & Immunization Administration

Also please be informed that during any Well Check-up visits, if you have any additional medical concerns, which is unrelated to Well-Check-up, where doctor may need to spend additional time addressing your concerns, you may be required to pay a Copay, Deductible, or Coinsurance depending on your insurance policy.

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