

North Austin Pediatrics, P.A.

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Vision Screen Opt in/Opt out form

Dear Parent or Guardian:

The Vision Screening Tests (CPT Code 99173 or 99177) is not a covered benefit in a Pediatrician's office under some medical insurance plans. A Vision Screening Test would usually be covered by your vision insurance with an optometrist (eye doctor). The American Academy of Pediatrics recommends vision screenings to be administered at 1, 2, 3, 4, 5 years of age with the Vision Spot Screener or a Visual Acuity Chart Screening at the ages of 6, 8, 10, 12, 15 & 18 years of age.

A vision test is done at public elementary schools in Kindergarten, 1st, 3rd and 5th grades.

Why your child should have his/her eye's tested:

- Though most children have healthy eyes, one in four (25 percent or 12 million) school-aged children have a vision problem or suffer from some degree of visual impairment. Even more concerning, 80 percent of preschoolers don't receive vision screening.
- If left undetected eye conditions such as amblyopia (lazy eye), strabismus (cross-eyed) and refractive errors (nearsightedness, farsightedness or astigmatic) can damage your child's vision and negatively impact a child's learning ability.
- The benefits of preventive eye care involve exams frequent enough to detect early eye disease development, which allows for more successful treatment. Undiagnosed subtle visual performance problems can also make work and play less fulfilling.

Your choices are as follows:

- Age 1, 2, 3, 4, or 5**
I opt to have the Spot Vision Screening Test (99177) performed today and are aware the code will be filed with my insurance plan and if my insurance does not cover the screen under my plan or my insurance applies towards deductible or coinsurance, I will be billed for the amount due. (averages \$14-\$25)
- Age 6, 8, 10, 12, 15, or 18**
I opt to have the Vision Screening Test performed today and will pay in full receiving a 25% discount. ($\$25.00 - 25\% = \18.75)
- I decline the performance of the Vision Screening Test for my child and will be responsible for providing this office with results of the tests.

Name of Child or Children

Signature of Parent or Guardian

Date