



Circumcision - Elective Service

Advanced Benefit Notice

Circumcisions are requested as needed, although recommended by the American Academy of Pediatrics is an election of the parent no a requirement.

Our office provides a **self pay, one time fee** for circumcision services to our patients. It requires the parents to **PREPAID** prior to services, by calling APC Pediatrics and processing your payment. These charges are independent from hospital charges and From Pediatrician visit to the hospital. The circumcision would be performed while baby is still at the hospital. **Due** to the many difference on insurance plans, and the many coverage and no coverages within the plans our office has decided this service will only be Performed under a self-pay agreement and will not be filled to the insurance. **You may elect** to find a in-network provider that can do the circumcision for you. Our pediatricians will be happy to provide your baby born with a clearance if you prefer to use your insurance for circumcision services.

All other services such as, newborn visits, in-patient care while in the hospital and discharged **are billable** services to your insurance and our office will be happy to bill your insurance on your behalf.

By signing this documents PARENTS agreed and understand the following (initialize each bullet)

Circumcision is elective *

Initials

Circumcision is performed at the hospital. A one-time fee of is \$250.00 pre-paid prior to service *

Initials

Circumcision is a self-pay service and will not be billed to your insurance *

Initials

Regardless if your insurance covers circumcisions or not, and regardless that our office might be in-network, this is a self pay service **elected by you**. You are welcome to arrange circumcision with another doctor if you need to use what is in your insurance benefits.

Circumcision will be performed at the hospital and is an independent charge from pediatrician visit while baby is at the hospital *

Initials

Circumcision is not a refundable service *

Initials

Prior to any circumcision service, this ABN agreement, this document need to be signed and received by our office *

Initials

Date *



Month Day Year

Parent Name *

First Name Last Name

Signature