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Dear Families,

Insurers continually adjust the services they cover and how they pay for pediatric care. We are concerned about the impact that payment policies may have on your family's out-of-pocket medical expenses. Strategies to reduce *insurer's costs* are continually being developed. *High deductible* policies are one such idea, and are popular now among insurers. The idea is to shift the burden of the cost of care to patients, away from the insurer.

We have serious ethical concerns about this trend. Many families with deductibles have questioned medical charges because they do not understand that the amount paid toward their family's insurance premium is (now) only *a portion* of the cost-of-care. The purpose of this note is to explain why some *well* visits may generate a co-payment, co-insurance, or deductible charge.

Typically, there is no out-of-pocket charge for an annual wellness visit. However, if your child is also monitored or treated for an existing medical condition, or treated for a separate problem during the time of the well-visit, your normal co-payment, co-insurance, or deductible may apply. Examples of when this might occur include time discussing a chronic medical condition, such as asthma, weight control, or ADHD, or an acute illness such as an ear infection.

In the past, many health insurance plans covered this charge. This is not a new *billing* practice; it is just an example of *insurers* shifting the cost of care to the insured.

Please feel free to talk with one of us or with your insurer if you seek more understanding.

Sincerely,

Jonathan A. Benjamin, MD
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