



Important Information Regarding Your Child's Sports Physical

The goals of a pre-participation sports evaluation can be summarized as follows:

- Determine that the athlete is in general good health.
- Assess the athlete's present fitness level.
- Detect conditions that predispose the athlete to new injuries.
- Evaluate any existing injuries of the athlete.
- Assess the size and developmental maturation of the athlete.
- Detect congenital anomalies that increase the athlete's risk of injury.
- Detect poor pre-participation conditioning that may put the athlete at increased risk

In order to sufficiently meet the above-defined goals, it is the policy of Carolina Pediatrics that sports physical forms can not be completed without your child being seen by a provider. We apologize for any inconvenience but it is critical that your child be properly assessed for their fitness to participate in organized sports activities.

Most insurance plans do not pay for Sports Physicals. Therefore we assess a minimal charge to conduct the evaluation and complete the necessary form. Sports Physicals for Carolina Pediatrics patients are \$25.00. Payment is due prior to being seen at the time of service.

Sports Physicals do not routinely require labs or other diagnostic evaluations. However, if for some reason your organization's physical does require urinalysis or other diagnostic testing, there will be a separate charge. Once again, if the testing is part of the Sports Physical by request, insurance will not pay for these services and payment will be required by the patient/parent/guardian.

Hearing and vision screening may be performed as part of the Sports Physical and will not result in additional charges.

If your child needs a Sports Physical and you are coming for a routine Well Child Visit. We can conduct the Sports Physical at the same time, but there will be an additional \$15.00 charge (not billable to insurance). The Well Child visit will be billed to the insurance as usual.

If during the course of the Sports Physical a medical condition or illness is discovered that requires further follow up or diagnostic testing, (including immunizations), we will assess a "sick visit" charge and perform the required diagnostics or administer the appropriate vaccines. The "sick visit" and relevant procedures will be billed to the insurance carrier.

I acknowledge that I have read and understand the Sports Physical Policy of Carolina Pediatrics & Adolescent Care.

Signature of Patient/Parent/Guardian

Date_____

PATIENT NAME: _____ AGE: _____ DOB: _____