

Dear New Parents,

Congratulations on your new baby! We know this can be a very busy time for new parents as the family adjusts to having a new little baby in the home. Listed below are just a few things to inquire about with your health insurance company. These tips will help you understand your insurance policy better so that you do not receive an unexpected bill. You may either contact your insurance company directly or ask your employer.

1. Please contact your insurance carrier to add your baby to your insurance policy ASAP. Most policies require the newborn to be added by one month of age in order for all expenses to be paid from the date of baby's birth. Failure to do so may result in a personal balance that is the financial responsibility of the parent. The process can take up to 4 weeks to add the baby to the policy. Baby is considered to be under mother's insurance and charged the designated co-pay from date of first visit until their insurance is active. Please contact the office as soon as baby's insurance is active so we can make the necessary changes to the account and maximize reimbursement from time of birth. If baby is not active on insurance, verifiable by insurance provider or portal, you will be asked to reschedule the appointment.
2. If you have an HMO insurance plan, please assign one of the Physicians in our practice as your child's primary care physician. Our doctors are in the Beaumont Network.
3. When you contact the insurance company, it is very important to ask these questions:
  - a. Do I have co-pays or co-insurance?
  - b. Do I have a deductible?

It is the responsibility of the insured to know the benefits of the policy and know the answers to the above questions. We are here to assist you in any way, but every policy is different and unique.

4. We do accept straight Medicaid. When it is time to assign your child to an HMO plan, we only accept United Healthcare Community Plan (formerly Great Lakes Health Plan), Blue Cross Complete and Meridian Healthcare. We do not accept the following plans:

Meridian Choice  
Priority Health St. John Network  
HAP Henry Ford (unless open network)  
Molina  
Meridian PPO

If you have any questions, we are happy to help. Feel free to call our front desk staff at 248-645-1740 or send questions via email at [appts@bloompediatricsmi.com](mailto:appts@bloompediatricsmi.com). Congratulations again and welcome to the Bloom family!

Warm Regards,

The Bloom Pediatrics Staff



## Meet Our Doctors

Welcome to Bloom Pediatrics, your child's new medical home! We have been serving the community for over 30 years. All of our physicians are board certified and are fellows of the American Academy of Pediatrics.

We practice as a group for your convenience and benefit. This means all the pediatricians at our practice may see your child. You may specify a particular pediatrician when scheduling well or sick appointments. We work on a rotating call schedule within our practice, so you will never be without a pediatric provider should your child have an emergency.

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### Maria Wozniak, M.D.

Maria Wozniak, MD, is one of the proud owners of Bloom Pediatrics. As a native of Poland, she graduated from the Medical Academy of Krakow in Poland. Dr. Wozniak began her residency training at St Joseph Mercy Hospital in Pontiac and completed her pediatric residency at Children's Hospital of Michigan in Detroit. Additionally, Dr. Wozniak completed a fellowship in Pediatric Hematology-Oncology at Children's Hospital of Michigan. She truly enjoys spending time with her patients and their families and watching them grow and develop.

### Katherine Schafer, D.O.

Katie Schafer, DO, is one of the proud owners of Bloom Pediatrics. Native to the Detroit area, she considers it a privilege to live and work in Birmingham. Dr. Schafer completed her undergraduate studies at the University of Michigan and attended medical school at Michigan State University College of Osteopathic Medicine. You'll learn her allegiance when you see her for a visit! She completed her pediatric residency training at the Children's Hospital of Michigan in Detroit and was board certified by the American Board of Pediatrics in 2010. Dr. Schafer lives in Birmingham with her husband, Scott, and her two young sons, Oliver and Elliot. She takes great pleasure in raising her family among the families she cares for at the office. In her free time, she enjoys being active within the American Academy of Pediatrics and is active on city boards within the City of Birmingham. She has been known to find any reason to blow up a balloon and throw a party! Her bucket list keeps growing and includes spending days on Lake Michigan, completing a triathlon and making it back to Africa! She very much enjoys her work as a pediatrician and looks forward to watching her patients and their families grow and thrive.

### Anna Groebe, D.O.

Anna Groebe, DO, is one of the proud owners of Bloom Pediatrics. Having grown up in metro Detroit, she has remained true to her upbringing by continuing to practice in Birmingham. She attended the University of Michigan for her undergraduate degree and obtained her medical degree from Michigan State University College of Osteopathic Medicine. She completed her residency training at the Children's Hospital of Michigan in Detroit. She is board certified by the American Board of Pediatrics. Dr. Groebe resides in Birmingham with her husband, Mike, and her twin "tweenage" boys. In her free time, you might find her walking her dog 'Blue' (which gives away her family's collegiate allegiance). She enjoys attending the ballet and supporting her sons' emerging musical efforts playing drums and saxophone. When time allows, Dr. Groebe enjoys yoga and finding a good book to enjoy. She takes pride in watching her young patients grow and looks forward to meeting your family.

### Kathleen Delaney, M.D.

Katie Delaney, MD, is a native of metro Detroit. She attended Oakland University and later attended Wayne State University School of Medicine. Dr. Delaney completed her pediatric residency in 2012 at William Beaumont Hospital, Royal Oak, where she also served as Chief Resident. She worked as a pediatric hospitalist at William Beaumont Hospital, Troy, before joining our practice in March 2016. Dr. Delaney can't wait to meet your family and watch your children develop and grow.

### Jennifer Castro, D.O.

Jennifer Castro, DO, is a native of metro Detroit. She attended Wayne State University for undergraduate studies and earned her medical degree from Des Moines University College of Osteopathic Medicine. Dr. Castro completed her pediatric residency at St. John Hospital and Medical Center in 2007, where she served as Chief Resident. Outside the office, Dr. Castro keeps a busy schedule with her son's soccer and baseball games. Dr. Castro is excited to meet your family and help your children thrive.

**Rimsha Iqbal, M.D.**

Rimsha Iqbal, MD, has recently joined us after completing her pediatric residency locally at William Beaumont Hospital, Royal Oak. She is a native to the metro Detroit area and completed her undergraduate degree at the University of Michigan. Dr. Iqbal then attended the Michigan State University College of Human Medicine to complete her medical degree. She lives in Birmingham with her husband, Omar, and she loves having the opportunity to walk or bike to Bloom when the weather allows. In her free time, she enjoys playing piano, singing, baking, and traveling. She is a member of the American Academy of Pediatrics and is constantly striving to learn more and stay up to date with pediatric guidelines (and with the latest kid's shows!). Dr. Iqbal's favorite part about being a pediatrician is getting to watch children and families grow over time, and she strives to cater to each child's individual needs.

Financial Policy  
(Effective April 1, 2021)

Thank you for choosing Bloom Pediatrics as your child's health care provider. The following is a copy of our financial policy. Patient care is not permitted without the written consent of receipt and acknowledgement of the understanding of this policy.

**Payments:**

Payment, in full is due at time of service. This includes applicable co-insurance, co-payments, and payments for services not covered or denied by the insurance company. Bloom Pediatrics accepts cash, personal check, debit cards, Visa, Mastercard, Discover, and American Express. We also accept Apple Pay. \_\_\_\_\_  
Initials

**Self-Pay Accounts:**

If you do not have insurance, please come prepared to pay for your visit in full upon check-out. A price list of services is available upon request. We offer a 20% discount for all self-pay services paid in full on the day of the visit. \_\_\_\_\_  
Initials

**Missed Co-Pays:**

Bloom Pediatrics is required by our insurance contracts to collect all co-pays at the time of service. Failure to collect co-pays puts the responsible party and Bloom Pediatrics in default of the insurance contract. A \$25 service fee will be charged in addition to your co-payment, if the co-payment is not paid by the end of that business day. \_\_\_\_\_  
Initials

**Missed Appointments:**

Missed appointments represent a cost to us, you, and to other patients that could have been seen during the time set aside for your child. Cancellations are required 24 hours prior to any well visit appointment and two hours prior to any sick visit appointment via phone call to the practice. A "No Show" fee of \$50 will be applied if an appointment is missed and not cancelled within the stated timeframe. \_\_\_\_\_  
Initials

**Outstanding Balances:**

If you have a personal balance on your account, a monthly statement will be sent. Unless authorized in writing, payment is due upon receipt of statement or within 30 calendar days. \_\_\_\_\_  
Initials

**Payment Plans:**

Bloom Pediatrics understands that full payment may not be possible in certain circumstances. As a courtesy, Bloom Pediatrics may offer the assigned account holder a payment plan. Payment plans are approved on a case-by-case basis and may be discussed with our management team. Patients with a payment plan must be in full compliance with all conditions of the agreement at time of visit. Failure to make scheduled payments on the payment plan, or not paying off a balance in full, may result in your account being turned over to a collection agency and your family being dismissed from the practice. \_\_\_\_\_  
Initials

**Collection Accounts:**

If your account is submitted to a collection agency, all associated fees are the responsibility of the assigned account holder, including a collection fee equal to 50% of the collection balance. The assigned account holder will receive written notification by way of a dismissal letter and given 30 calendar days to find a new health care provider. If your account is sent to collection and then paid in full, the assigned account holder may request the practice reinstate the account. If the practice permits reinstatement, there is a \$25 reinstatement fee to be charged to the account holder. The fee must be paid prior to scheduling any future appointments. \_\_\_\_\_  
Initials

**Returned Checks:**

A \$30 fee will be charged for any checks returned for insufficient funds. \_\_\_\_\_  
Initials

**After Hours/Holiday Care:**

There is a \$40 fee for non-preventative care visits that occur after 5:00pm (EST) daily, on weekend days and federal holidays. If that fee is not covered by your insurance carrier, the assigned account holder is financially responsible for the charges. \_\_\_\_\_

Initials

**Insurance:**

We accept most insurances including most Medicaid plans. Please call the office to confirm acceptance of your coverage.

Please bring a copy of your insurance card to every visit. A scanned copy of the assigned account holder's current insurance card and driver's license is required to be kept on file. Please present newly issued insurance cards upon check-in at the next scheduled visit.

If you have an HMO insurance plan, please assign one of the physicians in our practice as your child's primary care physician (PCP) prior to your visit. If we cannot confirm that one of our providers is listed as your child's PCP, we will ask that the appointment be rescheduled. \_\_\_\_\_

Initials

**Change of Insurance/Change of Account Information:**

Please notify the office as soon as possible of any and all account changes, including co-pay amounts, insurance updates, and change of mailing address. If the account holder does not notify the office within 15 calendar days of these changes, the assigned account holder becomes responsible for any and all charges. \_\_\_\_\_

Initials

**Billing Inquiries:**

Questions about a bill should be directed to our billing department at 1-866-371-6118.

If you have any questions regarding the conditions and terms outlined in this document, please call our office at 248-645-1740 and request to speak with a manager.

**Review and consent of this policy is required prior to services rendered after April 1, 2021**

Patient's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

My initials above and signature below certifies that have read and consent to the outlined policies and procedures.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian      Printed name of parent/guardian      Date

### Credit Card on File Policy

Bloom Pediatrics requires that a valid Credit Card be kept on file.

The policy is designed to:

- Help avoid all billing related fees
- Streamline the billing process in our office and eliminate the expenses related to handling overdue accounts
- Focus our time and energy on your children and their medical care

The card information is stored electronically in an encrypted form and cannot be viewed by our office staff.

### How the policy works:

1. At the time of your registration or check-in, you will be asked for your credit card information to be electronically stored in encrypted form in our computer. Only the last four digits are visible to our staff.
2. We will bill your insurance carrier as a courtesy for all charges related to the visit.
3. When we receive an explanation of benefits (EOB) form your insurance, we will send you a statement on the 5th of the following month, or the next business day after the 5th. If we have not received payment by the end of the month, we will charge the credit card on file for the balance due (on statement). Your signature will authorize the card to be used **only** when your balance becomes past due. Cardholder will be notified when this occurs.
4. If we attempt to use your card and it is declined or has expired, we will send you a new statement with a note attached asking for current credit card information.

**Please remember that this policy does not restrict your right to appeal any charge made to your credit card. Should you feel that we have charged your card in error, you may contact our office ASAP. If a mistake has been made, we will reverse the charges.**

I have reviewed a copy of Bloom Pediatrics Practice, Financial and Credit Card on File Policies. I agree to provide my credit card information to Bloom Pediatrics for the sole purpose of payment for my child(ren)'s medical care. I have the right to cancel this process and use another form of payment.

\_\_\_\_\_  
Signature of Authorized User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name as it appears on your Credit Card

\_\_\_\_\_  
Phone # of Cardholder

Until further notice, I \_\_\_\_\_ authorize Bloom Pediatrics to charge the patient-responsible balances on my account to the following credit card:

Credit Card #: \_\_\_\_\_ Expiration date (mm/yy): \_\_\_\_\_

Security code: \_\_\_\_\_ Card type (circle one): Master Card Visa Discover American Express

## FAQs about Credit Card on File

### What is a Deductible and How Does It Affect Me?

An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance coverage begins to pay. For example, if the policy has a \$500 deductible, you must pay the first \$500 of medical expenses before the insurance company begins to pay for any services.

### When do I have to pay for services?

Any time you receive medical care, you are expected to pay in full for your services until your deductible is met. Our contract with your insurance company expects us to collect the patient's portion at the time of service. If during the claim adjudication process, we receive any unexpected information regarding your payment responsibility, we will promptly notify you to give you an opportunity to address with your insurance company before we charge your credit card, which in any case will be within 30 days from notice.

### Why I'm being singled out? I always pay all my bills.

All patients are required to keep a credit or debit card on file. This policy isn't personal; we apply it equally to all of our patients; by doing it this way, the temptation to play favoritism is eliminated and it removes us from the uncomfortable situation of having to decide who has to follow the policy and who does not.

### What about identity theft and privacy?

Under HIPAA, we are under strict rules and guidelines in terms of protecting patient privacy and the credit card is considered protected health information. Because of HIPAA rules, our medical office is far more secure than most retail establishments as it relates to identity theft. We use a secure gateway that is completely compliant as required by law. The staff has no access to your actual credit card number once stored in the gateway.

### I don't have a credit card.

You are welcome to leave a HSA (Health Savings Account) or Flex Plan card on file or pay with cash or check for the visit in full. We understand there are legitimate reasons you might not have a card (declared bankruptcy, maxed out, or declared unworthy of credit). If this is the case, we will work out a payment plan with you.

### This is not the same as 'signing a blank check'

What we are doing is nothing different than a hotel or rental car company does at each check-in. All credit card contracts give cardholders the right to challenge any charge against their account.

### This is NOT the same as "balance billing"

"Balance billing" is asking the patient to pay the difference between our normal fee and the insurance company's normal payment. That's a breach of our managed care contracts. What we charge to the patient's credit card is the portion the insurance company determined is not covered by the company.

Child's Full Legal Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Newborn History Questionnaire

Household- Please list ALL those living in the child's home.

<u>Name</u>	<u>Relationship to child</u>	<u>Age</u>	<u>Health Problems</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there siblings not listed? Is so, please list their names and ages and where they live \_\_\_\_\_

If mother and father are not living together or if child does not live with parents, what is the child's custody status \_\_\_\_\_

If one or both parents are not living in the home, how often does the child see the parent/parents not in the home \_\_\_\_\_

Pregnancy & Birth – If you answer **YES** to any of the following questions please describe:

1.) Any health issues for yourself or baby during pregnancy? **Yes No** \_\_\_\_\_

2.) Any Tobacco, drugs or alcohol use during pregnancy? **Yes No** \_\_\_\_\_

3.) List any medication used during your pregnancy? **Yes No** \_\_\_\_\_

4.) Was baby born vaginally or cesarean section? \_\_\_\_\_ 5.) How many weeks was baby born at? \_\_\_\_\_

6.) How much did baby weigh at birth? \_\_\_\_\_ 7.) Did baby have any health issues at birth? **Yes No** \_\_\_\_\_

8.) What hospital did you deliver baby at and who was your obstetrician? \_\_\_\_\_

### Family History

Please circle any of the following conditions that the baby's **blood** relatives have or have had. Identify relative having condition including parents, grandparents, aunt, uncle, brother or sister.

Asthma/Allergies \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Strokes/Epilepsy \_\_\_\_\_ Tuberculosis/HIV \_\_\_\_\_

Thyroid Problems \_\_\_\_\_ Diabetes \_\_\_\_\_

Kidney Problems \_\_\_\_\_ Bleeding Disorders/Anemia \_\_\_\_\_

Others \_\_\_\_\_



# Bloom Pediatrics

Where Good Health Grows

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## **Breastfeeding Support**

### **Beaumont Health System Lactation Resources**

Royal Oak  
248-898-0599

Grosse Pointe  
313-473-1777

Troy  
248-267-5750

**Heather Molnar, MD**  
27555 Farmington Road  
Suite 120  
Farmington Hills, MI 48334  
248-477-5608

**Dennette Fend, RNC, WHNP, IBCLC**  
1202 Walton Blvd, Suite 216  
Rochester Hills, MI 48307  
248-710-3040

**Brandy Walters, BBA, IBCLC**  
248-952-7551  
[www.inhomelactationspecialistsllc.com](http://www.inhomelactationspecialistsllc.com)  
248-740-0670

**Kirsten Douglass, CLC**  
248-202-9771  
[www.livelatchlove.com](http://www.livelatchlove.com)

**Oakland County WIC**  
248-858-1272

**Oakland County Breastfeeding Classes**  
248-858-4003

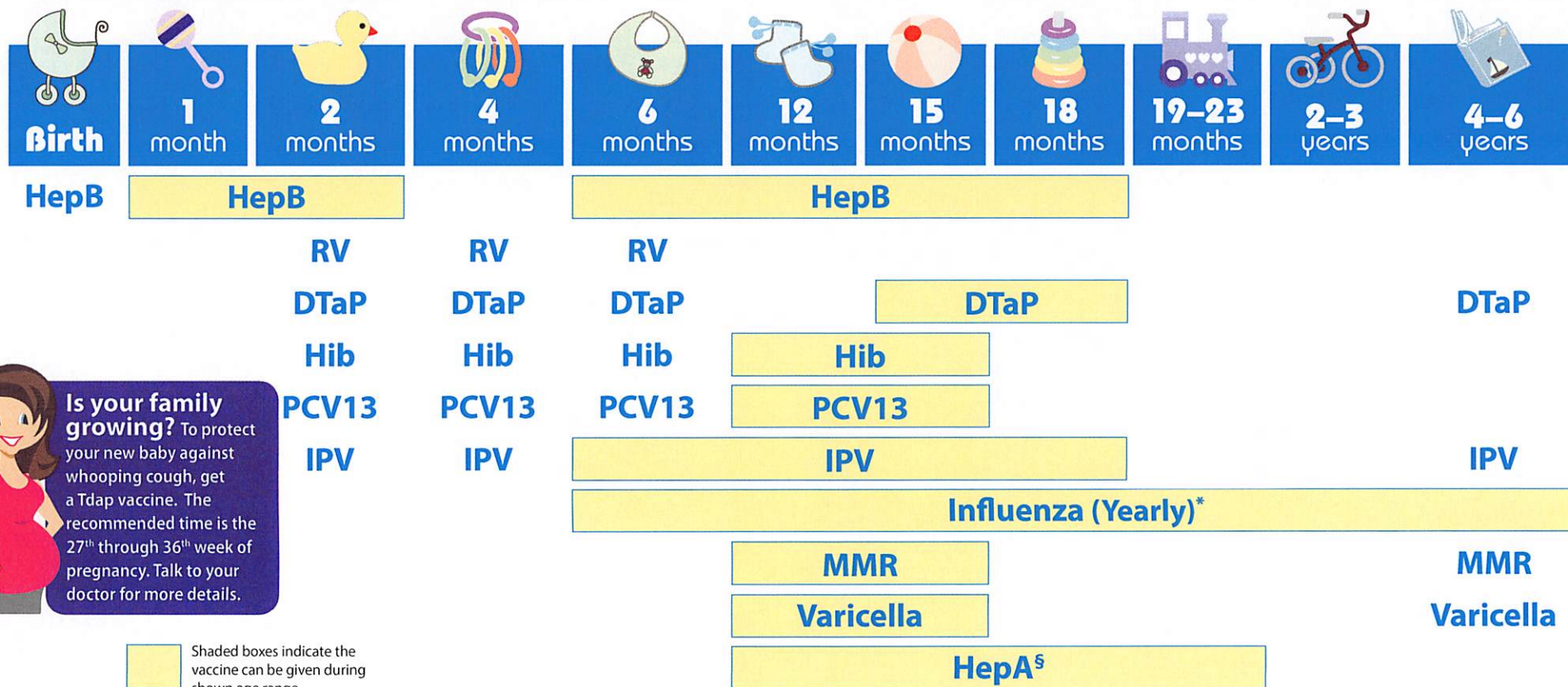
**Macomb County WIC**  
586-469-5471

**La Leche League of Royal Oak**  
[www.llroyaloak.weebly.com](http://www.llroyaloak.weebly.com)

**Honey: A Space for Moms**  
**+ Moms-to-Be**  
3136 Hilton Road  
Ferndale  
248-232-2555

**In-Home Lactation Specialists, LLC**  
Brandy Walters, BBA, IBCLC  
Oakland County  
248-243-6150  
[www.inhomelactationspecialistsllc.com](http://www.inhomelactationspecialistsllc.com)

# 2021 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

## NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

## FOOTNOTES:

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
  - <sup>§</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



For more information, call toll-free  
**1-800-CDC-INFO** (1-800-232-4636)  
or visit  
[www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



**American Academy  
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

### Scheduled Vaccines and Procedures

Birth	Newborn visit in hospital	Hepatitis B (in hospital)
2-3 days after birth	Newborn visit in office	Hepatitis B if not given in the hospital
1 Month visit	Well Visit Growth & Development Evaluation	Hepatitis B # 2 (30 days after 1 <sup>st</sup> one)
2 Month Visit	Well Visit Growth & Development Evaluation	Pentacel Pprevnar #1 Rotateg #1
4 Month Visit	Well Visit Growth & Development Evaluation	Pentacel Pprevnar #2 Rotateg #2
6 Month Visit	Well Visit Growth & Development Evaluation	Pentacel Pprevnar #3 Rotateg #3
9 Month Visit	Well Visit Growth & Development Evaluation CBC & Lead	Hepatitis B # 3
12 Month Visit	Well Visit Growth & Development Evaluation Vision Screen, Fluoride Varnish	MMR #1 Varicella #1 Hep A #1
15 Month Visit	Well Visit Growth & Development Evaluation	DTaP #4 HIB #4 PCV13 #4
18 Month Visit	Well Visit Growth & Development Evaluation CBC & Lead, Fluoride Varnish	Hep A #2
2 Year Visit	Well Visit Growth & Development Evaluation Vision Screen, Fluoride Varnish	No Immunizations
30 Month Visit	Well Visit Growth & Development Evaluation Fluoride Varnish	No Immunizations
3 Year Visit	Well Visit Growth & Development Evaluation Vision Screen, Fluoride Varnish	No Immunizations
4 Year Visit	Well Visit Growth & Development Evaluation CBC, Vision Screen	MMR/Varicella #2 DTaP #5 IPV #4
5 Year Visit	Well Visit Growth & Development Evaluation CBC, Vision Screen	
6-18 Yearly Visits	Well Visit Growth & Development Evaluation CBC, Vision Screen Lipid Screen at 9 & 17yrs Urine screen for Gonorrhea/Chlamydia (15-18yrs)	TDaP booster age 11 Menactra – 11 yrs, 16 yrs Gardasil (HPV) – series of 2

- Annual Flu Shot
- Pentacel – Single vaccine which contains DTaP, HIB, IPV
- Pprevnar – Single vaccine which contains PCV