



ANNUAL PREVENTATIVE EXAM/PHYSICAL

You are scheduled for an annual preventive exam which allows your doctor to evaluate your health and make sure you receive the right screening for your age, gender, and family history. This exam is called a Wellness or Preventative Care Service which is in accordance with the Affordable Healthcare Act.

Members can call Customer Service at the number on their member ID card for details on how these benefits apply to their coverage and the most up-to-date list of covered preventive services, including those paid without any cost-sharing by the patient.

Below is information on what is included & excluded in an annual preventive exam.

| ANNUAL PREVENTATIVE EXAM | ROUTINE OFFICE VISIT |
|--|--|
| <p>Preventive care is received when you are symptom free of any ailments.</p> <ul style="list-style-type: none"> ● Usually does not require a copay or deductible ● Services covered will depend on insurance ● Allowed 1 time per calendar year by most insurance companies ● Includes: <ul style="list-style-type: none"> ○ Vital signs ○ Health history ○ Physical examination ○ Preventive laboratory and imaging screening tests ○ EKG (if indicated) ○ Medication refills not requiring medical management of chronic conditions <p>*Some Medicare plans do not include preventative service (i.e. mammography, routine labs, bone density, pap smear, & EKGS)</p> | <p>If your doctor manages any of the following during your Annual Preventive Exam visit, it is not considered part of the Preventive Exam</p> <ul style="list-style-type: none"> ● Management of existing chronic problems including medication refills (diabetes, high blood pressure, etc.) ● Any new illness or condition (acute or chronic) requiring additional medical management outside the covered services of preventive medicine <p>In addition to the Annual Preventive Exam:</p> <ul style="list-style-type: none"> ● An office visit will likely be billed ● Copay and/or deductible will apply to the office visit as per your insurance plan |

Patient Signature _____

Date _____

Patient Name (Printed) _____