



---

PRINT PATIENT NAME

PT DOB

MRN

Dear Patient:

You are scheduled today for your Annual Preventative Medicine visit, commonly referred to as an Annual Physical.

Please know that your insurance may limit the reimbursement for this service to once every 365 days. If you have received this service from another provider within the past 365 days you may be charged for this visit.

The Annual Preventative Medicine visit includes the following:

- An age appropriate history and exam that is not part of disease management.
- Counseling, guidance and risk factor reduction.
- Ordering of routine tests such as screening colonoscopy, screening labs and radiology services to identify potential problems.

The Annual Preventative Medicine visit does not include the services below. If you require these additional services today, please be aware your insurance has a separate billing category for which your provider may charge your insurance. Alternatively, please let your provider know if you do not want these services.

- Evaluation and Management of new or ongoing problems requiring further workup or discussion. This may include a more extensive problem focused physical exam, ordering of diagnostic tests for known problems, prescription drug management, coordinating care with another specialist, or simply providing further counseling related to a chronic diagnosis.

If you have any questions regarding this information, please see the front desk staff.

I have received and read this information.

---

PATIENT SIGNATURE

DATE