



Routine Preventive Exams (Annual Physicals, Wellness)

The purpose of a routine preventive exam is to identify potential health problems in the early stages when they may be easier and less costly to treat.

A routine preventive exam is technically defined as periodic comprehensive preventive medicine evaluation and management, and includes the following:

- Past medical, social and family history
- Complete physical exam and review of body systems
- Review of medications
- Immunizations
- Counseling/anticipatory guidance/risk factor reduction interventions
- Review of age/gender appropriate screening tests
- The exam is prevention focused, not problem focused.

You can take the following steps to help ensure your routine exam is billed correctly:

1. When scheduling your routine preventive exam with your provider’s office, use the terms “Routine Preventive Exam” “Annual Physical” or “Wellness”. Do NOT schedule a “Check-up”, which implies checking up on a health problem.
2. When you talk with the nurse and/or provider, let them know you are there for your routine preventive exam.
3. If you bring up health problems (i.e. skin rash) during your routine preventive exam, understand that you may have a charge related to the treatment of that problem.
4. Do not save up all of your health concerns for your routine preventive exam. If you have a current chronic condition, you may need other diagnostic visits & services during the year.

What is NOT considered Wellness/Preventive Care:

Labs for the purpose of monitoring your chronic conditions are not covered for screening. (Some examples: Hypertension, Hyperlipidemia, Diabetes) Even though your insurance may cover screening labs for these conditions, if you have that diagnosis or condition then it is not screening and will not be billed as screening.

Your provider does not know your health plan benefits and sees many patients with various insurance plans throughout the day. You are responsible for knowing what services are covered under your health plan. Review your Summary of Benefits prior to your preventive exam or call Customer Service for your benefit information.

I have read and understand the above information.

Printed Name _____ Date of Birth _____

Signature _____ Date _____