



Dear Patient:

If your visit today is for a complete physical exam, then this visit is considered a “preventative visit” or a “well care” by your insurance company. Not all insurance plans cover preventive visits. It is your responsibility to know if this service will be paid for by your insurance plan. You can find this out by contacting the member services department of your insurance company. The phone number for this department is usually found on your insurance card.

Medicare Patients – Medicare will not cover a preventive visit; they only cover what they deem is “medically necessary”. Medicare will only cover a pap smear and mammogram for women every two years routinely, a PSA for men once per year and bone density every 23 months. They will only cover these items more frequently if there is a medical reason. Example: An abnormal Pap smear result that requires a follow up in 6 months.

If your insurance does not pay for your visit, you will be responsible for paying the bill. We always file your claim first. If there has been a change in your insurance coverage since your last visit please make sure our receptionist are informed of this. We will need to obtain a copy of your insurance card to correctly file your claim.

Please understand that we cannot change the coding of your claim after the fact unless we are truly in error when submitting the charges to your insurance company. Insurance companies often tell people that they need to have their physician “change the coding” and the bill will be paid. We cannot do this if we billed what was done at the visit. This is Insurance Fraud and is against the law.

We hope this communication will clear up any misunderstandings regarding preventive visits.

By signing below I acknowledge I have read the information regarding coverage for a complete physical exam. I understand that if my insurance does not pay for this visit I will be responsible for paying the bill.

Print Name: _____ Date of Birth: _____

Signature: _____ Date: _____