

Definition of a Well-Care Visit

Insurance companies and Medicare have defined a well-care visit as a visit for preventive care. These recommendations apply to healthy people without disease or physical symptoms. If tests or services beyond the scope of a well-care visit are provided, then additional charges will be incurred for those services.

The choice to address both well-care and medical issues is offered for the convenience of avoiding two visits. You may prefer to address your medical conditions at a separate visit. If so, please advise the medical assistant when you are brought to a room.

Please remember that Medicare has its own defined wellness coverage guidelines. Go to <http://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html> to review coverage service requirements.

What is a Well-Care Visit?	
YES	NO
A review of your current health and medical history.	Treatment or consultation for a specific medical condition.
Counseling about ways to improve your health.	Recommendations for treating a symptom is not considered part of a well-care visit.
A physician exam tailored to your preventive care needs.	Medication refills for current medical conditions.
Immunizations and screening tests, if needed. <i>(billed separately)</i>	Disease care / management

Your scheduled appointment today is for an Annual Exam, which is a well-care visit. Wellness exams are often paid 100% by your insurance company. This is for the purpose of assuring that all the recommended health screening tests and procedures have been done. These annual visits are not normally for treating conditions or disease. Unfortunately, it is impossible for us to know your contract; we can't advise you if your insurance company is going to cover the charge for an annual well exam. If tests or services beyond the scope of a well-care visit are provided, then you will incur additional charges.

- ❖ If you are uncertain of your coverage, please contact your insurance company regarding benefits.
- ❖ I fully understand and agree to pay Margolin, Keinarth & Alberda M.D. for this service if my insurance company denies my claim.

Signature _____ Date _____

Print Name _____ Date of Birth _____