



IMPORTANT INFORMATION ABOUT TODAY'S VISIT

Patient Name: _____

Date of Birth: _____

Appt. Type: _____

Provider: _____

Complete Physical Exam / Annual Preventative Exam / Annual Wellness Visit

Your insurance will cover one visit per year to discuss preventative care with your provider. These wellness visits are important so we can assess risk factors for diseases and discuss what test may be needed to screen for illness. Our goal is to keep you well!

A wellness visit does not address new or existing health problems, medication adjustments, referrals etc. If at the time of your wellness visit there are separate issues which need to be addressed then we are required by your insurer to bill you for that service. You will likely owe a copay in that situation.

As time allows, your provider will address these issues during your wellness visit. In some cases, we may need to schedule a separate appointment on a different day to treat these problems.

Patient name: _____ Patient Signature: _____

Date: _____

Thank you for taking the time to invest in your health by coming in for your wellness visit today.