

INFORMED CONSENT PREVENTATIVE MEDICINE (COMPLETE PHYSICAL)

You have scheduled a yearly physical exam. This is to inform you that your insurance company policy may not cover any portion of the physical exam fee or may have limited dollar amount coverage. This means you could either be fully responsible for the cost of your physical exam or be responsible for an amount greater than your usual co-pay.

Before arriving for your appointment, we suggest that you contact your insurance company to determine your financial responsibility. Please be prepared to take care of your financial responsibility the day of your appointment. We accept payment in the form of cash, check or credit card.

ATTENTION MEDICARE PATIENTS

A yearly physical exam is not a covered benefit under the Medicare program, for patients that became eligible before 12-31-2004. You are fully responsible for the physical exam fee. Please be prepared to take care of your financial responsibility the day of your appointment. People who start Part B coverage have, one-time, coverage within the first year you have Part B. This includes measurement of height, weight, blood pressure, an EKG, education and counseling.

There are certain preventative medicine services that are a benefit under the Medicare program.

I have read the above and fully accept the financial responsibility.

Signature: _____ Date: _____