



### **Important Insurance Information about your Wellness Exam**

It's an unfortunate statistic that only 21% of Americans get a wellness exam annually, so you are to be congratulated for taking a proactive approach to better health. Before your exam, here are a few things to understand so your visit is reimbursed appropriately and you are not stuck with a large bill:

- National coding laws stipulate that we bill your insurance company for your exam as a "preventative care" visit. Your insurance company may also refer to this visit as "wellness care", "yearly" or "annual well exam".
- If you have existing concerns or conditions outside the parameters of preventative exam, many insurance companies require separate office visits for "wellness" and "illness" issues. For your convenience, other insurance companies will allow you to combine both "illness" and "wellness" in a single office visit, however they may require you to pay 2 co-pays: one for your wellness exam, and second one for your illness exam.\*
- If during your visit you have additional concerns or conditions that require diagnosis and treatment, you may incur additional charges. These charges, as well as the charges for your annual or preventative care exam, will be submitted to your insurance company.
- If your insurance does not cover some or all of the charges, you will be billed only for the portion your insurance company indicates as being "patient responsibility".
- Please do not ask us to re-bill by changing the procedure or diagnosis codes. This constitutes insurance fraud and jeopardizes the provider's medical license.
- If preventative care coverage is not a part of your insurance benefits we will ask for payment at the time of service. If you are experiencing financial hardship our bookkeeper will be willing to discuss payment arrangements

\* It is the patient's responsibility to be aware of their unique insurance plan and benefits. If restrictions apply, we will abide by them pursuant to our agreement with your insurance company.

Thank you for your understanding in this matter. Your cooperation is greatly appreciated.

I acknowledge that I have read and understand the information above. Further, I understand that I will be financially responsible for any and all charges that my insurance company indicates are "patient responsibility".

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Patient name (please print)

\_\_\_\_\_  
Patient signature

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Date