

TO BE COMPLETED ON FOR ALL PHYSICAL/WELLNESS EXAMS

Date: _____

Patient Name: _____

Doctor: _____

Insurance issues, requirements and coverage are ever changing. We are making every effort to be in compliance and to eliminate payment denials before they occur. Your insurance plan may or may not cover routine preventative services including lab testing.

We are legally obligated to assign procedure codes based on the service provided to you, whether it is a wellness exam, a visit to take care of problems, or both. We cannot change the coding later to cause the insurance company to pay for a non-covered service.

Based on the kind of coverage you have, some or all of this cost may have to be billed to you.

Please keep in mind that while the appointment may be just for a physical or just for problems, if both kinds of services are provided during a visit, then both services may be billed. **If both services are billed, you may be responsible for paying a co-payment for each service, depending on your insurance coverage.**

We thank you for taking the time to complete this form. We are making every effort to comply with governmental rules and the rules of all insurance plans for claims submission. We appreciate the help of our patients in this endeavor.

Patient signature

Date