⫟⫟ A Northside Network Provider

PREVENTIVE PHYSICAL EXAMINATION

Patient Name: _____   DOB:_____

Provider Name: _____   Date of Service:_____

You have made an appointment for a Physical Examination. A "Physical Examination," "Routine Physical," or "Annual Check-up" is a preventive visit that focuses specifically on promoting health and wellness. The purpose of this exam is to identify potential health problems in the early stages when they may be easier to treat.

Depending on the specific coverage plan of your policy, your insurance carrier may pay all, part, or none of the cost of this examination including, but not limited to, diagnostic testing, labs, EKG, and any additional services deemed appropriate by your provider. It is your responsibility as the patient to be aware of coverage limitation of your insurance plan prior to this examination. Any charges not covered by your insurance carrier will be your responsibility.

Your Physical Examination is *prevention*-focused and not *problem*-focused:

- A periodic follow-up visit to address chronic conditions (i.e. high blood pressure, diabetes, elevated cholesterol, etc.) scheduled on the same day as a Physical Examination is not part of the Physical Examination as they are considered to be problem-focused issues. **A co-pay, deductible, and/or co-insurance may be collected as mandated by your insurance plan.**

- A new health problem that is addressed during the preventive visit (i.e. skin rash, headaches, injury, etc.), is not considered part of the Physical examination as it is a problem-focused issue. **A co-pay, deductible, and/or co-insurance may be collected as mandated by your insurance plan.**

- A physical exam visit may be converted to a problem-focused visit at your provider's discretion if the allotted time is needed to address your chronic conditions instead (i.e. high blood pressure, diabetes, elevated cholesterol, etc.). You may be asked to return at a later date to complete the physical exam. **A co-pay, deductible, and/or co-insurance may be collected as mandated by your insurance plan.**

If a problem is discovered or addressed during your visit, it may generate two charges for one date of service.

Your provider will not change any diagnosis codes that are pertinent to your visit just for the sole purpose of getting claims paid. This is considered insurance fraud and is illegal.

I have read and understand the above policy. I acknowledge that I am responsible for any co-pay, deductible, co-insurance, charges and/or non-covered services.

Patient Signature: _____   Date:_____