



Affiliates of Family Medicine

## **PREVENTIVE AND DIAGNOSTIC LABS**

I am aware that any labs performed are labs that either my physician feels are needed for evaluation or that I am requesting. If my insurance denies payment of the labs, I realize I may be responsible for the cost. I understand Affiliates of Family Medicine verifies coverage for my office visit but are unable to verify coverage for labs. I understand if my insurance does not cover the labs drawn I will receive a bill from the lab and I will need to contact my insurance and laboratory to arrange payment or for any questions.

Patient/Guardian Signature: \_\_\_\_\_

## **WHAT IS A PREVENTIVE EXAM?**

### **Also Called a “Physical”, “Wellness Exam” or “Annual Exam”:**

A preventive exam is a scheduled medical evaluation of an individual that focuses on preventive care. It will include an age and gender specific history, an examination, a review of risk factors and the ordering of appropriate immunizations, screening labs or diagnostic procedures.

### **What Does This Mean?**

A preventive exam is a periodic exam that covers all prevention and health maintenance issues related to age, sex and family history; it is a Well Exam. A preventive exam is **NOT** a follow-up visit or problem based visit. A preventive exam cannot be expected to address all that has been bothering you since your last medical exam.

### **A Second Service May Be Necessary:**

Depending on the judgment of the provider, new problems or chronic disease follow-up may be addressed as a **SECOND** service during the visit or the provider may ask you to make another appointment. Examples of chronic diseases or problems that are not considered preventive care are diabetes mellitus, hypertension, heart disease, emphysema, chronic pain, gout, etc.

### **Note:**

If a follow-up visit, discussion of any chronic disease, or new problem is discussed during your preventive visit, a follow up visit will also be charged with your well visit and you will be required to pay your copay or pay towards your deductible if so dictated by your insurance policy. Please consult with your insurer or HR department to understand your insurance coverage benefits and requirements.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_