

Information for routine physical appointments for commercial insurance:

Starting January 2020, routine physical exam benefits have changed.

What is performed during a routine exam:

- Consult with provider regarding your plan of care, which consist of blood pressure check, weight, BMI, depression screening, alcohol screening, health history screenings and physical exam.
- Annual hearing test for anyone 20 years old and younger.
- Annual general health screening blood-work for anyone over age 18 NOT already diagnosed with cholesterol, thyroid, and/or anemia. For pediatric wellness exams, ONE cholesterol screening between age 9 – 11 and ONE between age 17 – 21.
- Annual diabetes screening for anyone between age 40 – 70 years old NOT already diagnosed with diabetes AND meets the high-risk assessments, such as having high blood pressure or being overweight.
- Annual electrocardiogram (EKG) for anyone over age 18.
- ONE cervical cancer screening (PAP smear) every 3 years for women age 21 – 65 OR every 5 years for women age 30 – 65 combined with HPV testing.
- Annual chlamydia and gonorrhea screenings for sexually active women age 24 and younger OR sexually active women 25 years and older who meet high-risk assessment.
- Annual Hepatitis B, HIV, and Syphilis screening for sexually active persons IF said person meets the high-risk assessment.
- ONE Hepatitis C screening for anyone born between 1945 – 1965.

Please contact your insurance if you have questions on your policy and/or what is covered for your physical. If you choose to have any additional procedures performed during this office visit, including diagnostic blood-work, those procedures will be separate from your routine physical exam and subject to normal diagnostic benefits versus routine benefits.

_____ I want to have my diagnostic blood-work and visit performed with my routine physical
(Initial) exam. I understand these requested procedures will be separate from my routine physical exam and will be subject to my plan benefit, such as a co-pay or deductible.

I have read and understand the above information for my visit today. I understand anything not covered by my insurance will become my responsibility as the patient receiving the services.

Patient Name (Print)

Date of Birth

Patient / Guarantor Signature

Date