

**Information for routine physical appointments for Medicare insurance:**

Starting January 2019, 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 cholesterol screening for anyone between age 40 – 75 years old NOT already diagnosed with high cholesterol.
- 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.
- 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 additional blood work, those procedures will be 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