



**Definition of a Well-Care Visit**

Insurance companies and Medicare have defined a well-care visit as a visit for preventative care. These recommendations apply to healthy people without disease or physical symptoms. If tests or services beyond the scope of a well-care visit are provided, then additional charges will be incurred for those services.

The choice to address both well-care and medical issues is offered for the convenience of avoiding 2 visits. You may prefer to address your medical conditions at a separate visit. If so, please advise the medical assistant when you are brought to an exam room.

Please remember that Medicare has its own defined wellness coverage guidelines. Go to <http://www.medicare.gov/coverage/preventative-visit-and-yearly-wellness-exams.html> to review coverage service requirements.

**What is a WELL-CARE Visit?**

YES	NO
A review of your current health and medical history	Treatment or consultation for a specific medical condition
Counseling about ways to improve your health	Recommendations for treating a symptom is not considered part of a well-care visit
A physician exam tailored to your preventative care needs	Medication refills for current medical conditions
Immunizations and screening tests, if needed (billed separately)	Disease care/management

Your scheduled appointment today is for an ANNUAL EXAM, which is a well-care visit. Wellness exams are often paid 100% by your insurance company. This is for the purpose of assuring all the recommended health screening tests and procedures have been done. These annual visits are not normally for treating conditions or disease. Unfortunately, it is impossible for us to know your contract with your insurance company; we cannot advise you if your insurance company is going to cover the charge for an annual exam. If tests or services beyond the scope of a well-care visit are provided, then you will incur additional charges.

- If you are uncertain of your coverage, please contact your insurance company regarding benefits
- I fully understand and agree to pay Dr. Robert Raley/ATX Primary Care for this service if my insurance company denies my claim.

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

PRINTED NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_