

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Preventive Visit Form**

### **Important information about your preventive visit.\***

Preventive visits are important for your overall health. They help us find problems early, before you have any symptoms. This can prevent more serious health issues down the road.

We want to help you understand what a preventive visit covers and what it does not.\*\*

### **Common types of preventive visits:**

- Annual physical
- Well-child exam
- Medicare annual wellness visit (AWV)
- Medicare welcome visit

### **Services covered as part of a preventive visit:**

- Medical history check
- Physical exam
- Guidance for lowering health risks
- Age-related advice to improve overall health
- Ordering screening tests and immunizations, as needed

### **Services that are not part of a preventive visit:**

*These are considered a **second service** and may be billed separately. In some cases, you may need to make a second appointment.*

- Diagnosing, testing or treating a new concern like a rash, cough, infection, etc.
- Managing existing medical issues like depression, anxiety, asthma, high blood pressure, etc.
- Performing procedures like ear cleaning, removing a skin tag or wart, etc.
- Screenings like hearing, vision, behavioral health, etc.

Your health and wellness are our highest priorities. It's important to tell us if something is bothering you. Your doctor/clinician will only recommend care you need.

I understand that I may have to pay part of the cost for today's services, like a copay, coinsurance, or deductible.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

**If you only want preventive visit services today, talk to your doctor/clinician before signing this form.**

*\*Please note: you will be given this form at every preventive visit.*

*\*\*All health plans are different. Call the number on the back of your insurance card to check what your plan covers.*