



HAR _____
MRN _____

Dear Patient:

You are here today for an annual wellness examination. Many insurance companies cover wellness examinations, which include may include comprehensive screenings for heart disease, certain cancers, vision and hearing disorders, and evaluation of health habits.

If you have a health concern that needs to be addressed, your insurance may also be billed to evaluate and manage those issues. It is important to disclose if you have any health concerns before the start of your wellness exam, so the health care provider can best address your needs during your office visit.

Please list any health problems or concerns you have here:

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Also, if your visit qualifies as a wellness visit and an abnormality or a pre-existing problem is addressed in the process of performing this preventive medicine visit, and if the problem/abnormality is significant enough to require additional work in order to appropriately address your medical needs, then a separate service or visit code may be billed in addition to the preventative/wellness service.

Alternatively, your health care provider may decide to treat the specific problem and ask you to schedule another appointment for your wellness visit.

If you have any questions regarding the billing/coding of your examination please discuss this with your health care provider.

**I acknowledge that I may ask my provider to evaluate and manage my medical problem(s) during my preventive exam and that this treatment may result in a separate office visit to be billed in addition to the preventive exam.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date