

A WORD TO OUR PATIENTS ABOUT MEDICARE AND WELLNESS CARE

Dear Patient,

We want you to receive wellness care/health care assessments that may lower your risk of illness or injury. Medicare pays for some wellness care, but it does not pay for all the wellness care you may need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term “physical” is often used to describe wellness care, but Medicare does not pay for a traditional head to toe physical. Medicare does pay for a wellness visit once per year to identify health risks and to help you reduce them. The Medicare Wellness Visit includes the following assessments:

- Screenings to detect depression, risk for falling, cognitive, and other problems;
- A limited physical exam to check your blood pressure, weight, and other items depending on your age, gender, and level of activity; and
- Recommendations for other wellness services and healthy lifestyle changes.

A wellness visit does not deal with new or existing health problems. These would be separate services and require a longer appointment. Please let our scheduling staff know if you need the doctor’s help with a health problem, a medication refill, or any other issue outside of your wellness visit. We may need to schedule a separate appointment to address your concerns. Please be aware that a separate charge applies to these services, whether provided on the same date or a different date than the wellness visit.

We hope to help you get the most from your Medicare Wellness Benefits.

PLEASE READ THIS NOTICE PRIOR TO SIGNING

Dear Patient,

You are here today for a Medicare Annual Wellness Visit. This is a preventive assessment and is billed as such. The Medicare Annual Wellness Visit is NOT the same as a routine physical checkup. Medicare does NOT cover routine physical examinations.

This Medicare Annual Wellness Visit will include:

- A review of your medical and family history
- Developing or updating a list of current providers and medications
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- A screening schedule (like a checklist) for appropriate preventive services.

This Medicare Annual Wellness Visit does NOT include:

- Laboratory tests
- Discussion of on-going or chronic conditions
- Medication refills
- Addressing acute conditions

As a courtesy, your provider may provide additional services during the scheduled time allotted for your Medicare Annual Wellness Visit, **but there will be an additional office visit charge assessed.** If you would prefer your provider only perform services covered under the Medicare Annual Wellness Visit today you must inform the staff **PRIOR** to seeing your provider.

We will be happy to schedule additional appointments to cover any of your health concerns including follow ups for ongoing conditions, medication refills, and acute issues.

To learn more about Medicare Annual Wellness Visits please go to www.medicare.gov and search for "Annual Wellness Visit".

Date: _____

Patient Name Printed: _____

Patient Signature: _____

Tobacco Product Use

Select One: None Current Use Past Use

Type of Product: Smoke Smokeless

How much per day? _____

How long? _____

Are you willing to quit? Yes No

Screenings and Immunizations

(If unknown, please leave blank)

Mammogram: ____/____/____

Colonoscopy: ____/____/____

Hemoccult (Stool Card): ____/____/____

Abdominal Aortic Aneurysm (males who ever smoked only): ____/____/____

Immunizations (date of last)

Flu Shot: ____/____/____

Pneumonia Shot: ____/____/____

Tetanus: ____/____/____

Shingles Vaccine: ____/____/____

PSA (males only): ____/____/____

Depression Screening

Over the past two weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things Yes No
- Feeling down, depressed, or hopeless Yes No

Advance Directive

Do you have an advance Directive (Living Will)? Yes No

If yes, please bring a copy with you for your medical records.

Patient Health Questionnaire (PHQ-9)

Patient Name: _____ Date: _____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling/staying asleep, sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down				
g. Trouble concentrating on things, such as reading the newspaper or watching TV				
h. Moving or speaking so slowly that other people could have noticed, or the opposite; being so fidgety or restless that you have been moving around more than usual				
i. Thoughts that you would be better off dead or of hurting yourself in some way				

2. If you checked any off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Total Score _____