

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 a year to identify health risks and to help you to reduce them. The Medicare Wellness Visit includes the following assessments:

Screening to detect depression, risk for falling, cognitive, and other problems.

A limited physical exam to check your blood pressure, weight, and other things depending on your age, gender and level of activity.

Recommendations for other wellness services and healthy lifestyle changes.

A wellness visit does not deal with new or existing health problems. That would be separate service and requires a longer appointment. Please let our scheduling staff know if you need the doctor’s help with a health problem, a medication refill or something else. We may need to schedule a separate appointment. 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 you 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: _____

MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM

Patient's Name: _____ Date of Birth: _____ Chart# _____

Medicare Part B eligibility date: _____ Date of exam: _____ Date of last exam: _____

MEDICAL/SOCIAL HISTORY

Injury or Illness	Date	Hospitalized?

Medications, Supplements and Vitamins:

Allergies:

Tobacco use:

Alcohol use:

Drug use:

Social History Notes (including diet and physical activities):

Family History notes

DEPRESSION SCREEN

- Over the past two weeks, have you felt down, depressed, or hopeless? Yes No
- Over the past two weeks, have you felt little interest or pleasure in doing things? Yes No

FUNCTIONAL ABILITY/SAFETY SCREEN

- Was the patient's timed Up & Go test unsteady or longer than 30 seconds? Yes No
- Do you need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money? Yes No
- Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs, or have poor lighting? Yes No
- Have you noticed any hearing difficulties? Yes No

Hearing Evaluation: _____

A "Yes" response to any of the questions regarding depression or function/safety should trigger further evaluation

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Blood Pressure: _____ BMI: _____

Visual Acuity: L _____ R _____

ELECTROCARDIOGRAM

Referral or Result: _____

EVALUATIONS/REFERRALS BASED ON HISTORY, EXAM AND SCREENING: _____

DISCUSSION OF ADVANCE DIRECTIVE (PREFERENCE, PHYSICIAN/AGREEMENT/DISAGREEMENT): _____

MEDICARE INITIAL PREVENTIVE PHYSICAL EXAMINATION ENCOUNTER FORM continued

COUNSELING AND REFERRAL OF OTHER PREVENTIVE SERVICES

Service	Limitations	Recommendation	Scheduled
Vaccines Pneumococcal Influenza Hepatitis B (if medium/high risk)	No Deductible/No Co-Pay Medium/High-risk Factors: End-stage renal disease Patients with hemophilia who receive Factor VIII or IX concentrates Clients of institutions for the mentally retarded Persons who live in the same house as a carrier of Hepatitis B virus Homosexual men Abusers of illicit injectable drugs		
Mammogram			
Pap and Pelvic Exams			
Prostate Cancer Screening Digital Rectal Exam (DRE) Prostate Specific Antigen (PSA)			
Colorectal Cancer Screening Fecal Occult Blood Test Flexible Sigmoidoscopy Screening Colonoscopy Barium Enema	Exempt from Part B Deductible		
Diabetes Self Management Training	Requires Referral by Treating Physician for Patient with Diabetes or Renal Disease		
Bone Mass Measurements	Requires Diagnosis Related to Osteoporosis or Estrogen Deficiency		
Glaucoma Screening			
Medical Nutrition Screening for Diabetes or Renal Disease	Requires Referral by Treating Physician for Patient with Diabetes or Renal Disease		
Cardiovascular Screening Blood Tests Total Cholesterol High-density Lipoproteins Triglycerides	Order as a Panel if Possible		
Diabetes Screening Tests Fasting Blood Sugar (FSB) or Glucose Tolerance Test (GTT)	Patient Must be Diagnosed with One of the Following: Hypertension Dyslipidemia Obesity (BMI ≥ 30 km/m ²) Previous ID of elevated impaired FBS or GTT or any two of the following: Overweight (BMI ≥ 25 but <30) Family history of diabetes Age 65 years or older History of gestational diabetes or birth to baby weighing > 9 pounds		
Abdominal Aortic Aneurysm Screening Sonogram	Patient Must be Referred Through IPPE and Not Have Had a Screening for Abdominal Aortic Aneurysm Before Under Medicare. Limited to Patients Who Meet One of the Following Criteria: Men who are 65 – 70 years old and have smoked more than 100 cigarettes in their lifetime Anyone with a family history of abdominal aortic aneurysm Anyone recommended for screening by the U.S. Preventive Services Task Force		

Physician's Signature: _____

Date: _____

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 _____