

## TOTEM LAKE FAMILY MEDICINE

Dear Patient:

You have scheduled your annual exam for today. Insurance companies may call this **PREVENTATIVE CARE OR ROUTINE EXAM.**

We ask that you take a moment to read the remainder of this letter. After you have read this letter we ask that you sign and date in the spaces provided below. We will retain this documentation for our records.

Due to national coding laws, we **MUST** bill your insurance company for your visit today as Preventative visit. If during your visit today you have additional concerns or conditions that require a diagnosis and/or other treatment, you may incur additional office and/or lab charges. These charges as well as the charges from your Preventative Care exam will be billed to your insurance company.

If your insurance does not cover some or all of these charges you will be billed directly for the balance they indicate as "patient responsibility".

Medicare patients, please note, Medicare does not cover physicals.

Please **DO NOT** ask us to re-bill your insurance by changing the procedure or diagnosis Codes.

Your annual exam is important whether it is a covered benefit or not! Please be aware of your insurance coverage and benefits. If Preventative Care coverage is **NOT** covered by your insurance, we would be happy to discuss payment arrangements with you.

We appreciate your understanding and cooperation.

**I acknowledge that I have read and understand the information above. Further, I understand that I will be financially responsible for services that my insurance company indicates are "patient responsibility".**

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date

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