

Information for routine physical appointments:

Starting April 2023, routine physical exam benefits have changed.

What is performed during a routine exam:

- Consult with provider regarding your plan of care, which consist of blood pressure check, weight, BMI, depression screening, alcohol screening, health history screenings and physical exam.
- Annual hearing test for anyone 20 years old and younger.
- Cholesterol screening for Medicare patients every five years who are NOT already diagnosed with cholesterol
- Annual cholesterol, metabolic, thyroid, and/or anemia screening for commercial insurance patients over age 21 who are NOT already diagnosed with cholesterol, thyroid, and/or anemia.
- For pediatrics, ONE cholesterol screening between age 9 – 11 and 17 – 21 who are NOT already diagnosed with high cholesterol.
- Annual diabetes screening for anyone between age 40 – 70 years old NOT already diagnosed with diabetes AND meets the high-risk assessments, such as having high blood pressure or being overweight.
- ONE cervical cancer screening (PAP smear) every 3 years for women age 21 – 65 OR every 5 years for women age 30 – 65 combined with HPV testing.
- Annual chlamydia and gonorrhea screenings for sexually active women age 24 and younger OR sexually active women 25 years and older who meet high-risk assessment.
- Annual Hepatitis B, HIV, and Syphilis screening for sexually active persons IF said person meets the high-risk assessment.
- ONE Hepatitis C screening for anyone born between 1945 – 1965.
- Maintenance blood work and medication refills with no changes can be performed during this visit

Please contact your insurance if you have questions on your policy and/or what is covered for your physical.

You will need to be scheduled on a different date for evaluation and treatment for any additional procedures, such as

- Additional blood work outside of screening
- Medication changes or new medication requests
- Any complaints, such as sick visits, etc.

I have read and understand the above information for my visit today. I understand anything not covered by my insurance will become my responsibility as the patient receiving the services.

Patient Name (Print)

Date of Birth

Patient / Guarantor Signature

Date