

PATIENTS SCHEDULED FOR ANNUAL PHYSICAL

If you have been scheduled for an annual physical, please read the following which contains important information regarding payment and your responsibility.

Most insurance carriers will cover the charge for your physical at 100%, **however** any additional services rendered at the time of the visit may not be considered routine or preventative under your plan. A Copay/Coinsurance/Deductible may be applied, depending on your individual plan.

Please review the following and contact your insurance carrier for information on how your policy covers physicals.

- 1) Is a physical covered once per **calendar** year or once every **365** days? This is important! If a physical is done before insurance allows, it will not be covered and will be your responsibility.
- 2) Lab Processing: Please check with your insurance carrier for the name of the participating lab where your lab work will need to be sent to. Lab work for a physical cannot be done prior to the physical at our office due to billing issues with your insurance. You may go to a lab if you wish to have your labs done prior to your physical. A Copay/Coinsurance/Deductible will apply to lab work that is drawn at our office **after** the date of the physical.
- 3) What service is considered routine or preventive and will it be covered at 100% or will there be a portion that will be your responsibility?

The following information you will need when contacting your insurance carriers:

Diagnosis Code:

- Z00.00** Adult Physical/Routine/Preventive exam (19 yrs and older)
- Z00.129** Child Physical/Routine/Preventive exam (18 yrs and younger)

Procedure Code:

- 93000** Electrocardiogram (ECG/EKG), routine with interpretation and Report
- 94010** Spirometry, Including Report
- 92551** Hearing Screening Test, pure tone, air only
- 99173** Vision Screening, bilateral (left and right side)
- 81002** Urinalysis
- 82270** Blood Occult (feces collected specimen)
- 99497** Advanced Care Planning

Prostate (male) G0102 Prostate Cancer Screening/Rectal Exam (**diagnosis Z12.5**)

GYN (Female-Medicare Patients Only)

- G0101** Pelvic/Breast Exam (**diagnosis Z01.419**)
- Q0091** Screening Pap Smear (**diagnosis Z12.4**)

Ultimately the decision of treatment and services rendered are up to the patient and the discretion of the provider.

Thank you