

MINOR & JAMES MEDICAL

ROUTINE/PREVENTIVE CARE DISCLOSURE / AGREEMENT

Date : _____

Doctor: _____

Patient Name: _____ Account #: _____
(please print)

- I have Medicare and have been informed** that Routine Preventive Exams are not a covered service. Medicare does cover a pelvic exam, breast exam, and the collection of a pap smear, however they **may not cover this on a yearly basis**. Should Medicare deny this visit I will be held responsible for payment.

NON-MEDICARE PATIENTS:

- It is my understanding that my insurance plan **covers** Routine Preventive Exams and screening lab and diagnostic studies. However, if I have exhausted my routine benefit and/or misunderstood coverage, I am responsible for payment of today's visit.
- It is my understanding that my insurance plan **does not** cover Routine Preventive Exams. I will be held responsible for payment of today's visit.
- My visit today is for preconception counseling (**planning to become pregnant**). Should my insurance determine that this is a **non-covered service** I will be held responsible for payment.
- I am here for contraception management (**birth control**). Should my insurance determine that this is a **non-covered service** I will be held responsible for payment.

This office will file a claim with my insurance on my behalf. However, if my insurance company denies payment for any reason (i.e. non covered services, routine care not covered, routine benefits exhausted, applied to deductible), I will pay for same upon written/verbal notice of their denial of payment.

I further agree and understand that this office can only code and file a claim for my visit(s) with a diagnosis that was encountered and documented in my medical record. Thus, to ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and may result in a fraudulent act.

Patient signature

Date

Internal use:
Attach to the Fee Ticket and route to Business office.