

Dear Patient:

Because insurance billing issues can be confusing, we want to inform you of our responsibility in billing you and your health insurance company for today’s visit.

If you are here for a preventative exam (sometimes called an annual physical, annual wellness visit or well visit), we must clearly indicate that when we bill your insurance company. The exam code we use indicates that today’s visit is for preventative health care, not for a new or recurring medical problem. \*Please note Traditional Medicare does not cover annual physicals. Some Medicare Advantage plans do offer coverage. Please consult your plan for coverage details.

If you receive care for a new or recurring medical problem during a preventive exam, the diagnosis codes we report to your insurance company must reflect that medical problem. We must also document care for this problem in your medical chart. Please note that receiving care for a medical problem during today’s visit may result in different out-of-pocket costs for you than you may expect for your preventative exam.

Our billing department bills exactly what your doctor has reported for this visit. The billing department cannot change the codes before reporting them to your insurance company. They must reflect the services you received during your visit today.

Due to the uncertainty of final charges for your visit, we will collect your standard copay at the time of checkout for all visits, including preventative health exams. Once coverage determination is received by your insurance plan, your payment will be applied to any copay, deductible or co-insurance amounts that are found to be patient responsibility. You will be refunded any funds that were overpaid for your visit.

If you have any questions, please discuss them with your physician.

Sincerely,

Riverwood Family Medicine