



Routine Preventative Exam Financial Agreement

This Financial Responsibility Agreement is a legally binding contract between you and **Hillside Family Medicine**. Please read this document carefully and ask a member of our staff to answer any questions which you may have before you sign this document.

You are requesting a **Routine Preventative Exam** (Annual Physical, Well Woman Exam, etc.). This is a specific service designed to screen for and prevent health issues. It may include a physical exam, immunization, medical tests (EKG/x-ray), counseling, and lab work depending on your individual risk factors and medical needs.

In most cases, the **Routine Preventative Exam** is provided by insurance under the preventative care benefits. The Affordable Care Act obligates most insurance plans to pay for this service at no cost to you.

Important exceptions:

- The evaluation and management of some EXISTING and NEW health issues are NOT covered under the Preventive Exam.
 - Insurance companies regard these issues as separate and distinct services from the Preventive Exam and process them as diagnostic services.
 - If you and your provider **do** address new or existing issues during your preventive exam, it may generate separate charges that apply to your deductible, copayment, or coinsurance, and/or you may be completely responsible. If the decision is made between you and your provider to address these issues later due to time constraints, appropriate office visit charges will be billed at that time.
- If you have a chronic disease, your provider may check your condition with further diagnostic testing.
 - These types of screenings and tests help to further diagnose or monitor your condition/illness and would not typically be covered under your preventative benefits due to your pre-existing diagnosis.
 - These additional services may require extra time which may generate separate charges that apply to your deductible, copayment, or coinsurance, or you may be completely responsible. If the decision is made between you and your provider to address these issues later due to time constraints, appropriate office visit charges will be billed at that time.

Please try to prioritize your medical concerns when scheduling as this will help to determine if a preventative exam or office visit is more appropriate for the services and/or medical concerns you are wanting to discuss.

- Labs (bloodwork) ordered at/prior to your Preventative Exam may not be covered at 100% by your insurance company under the preventative benefit portion of your plan as each plan is different.
 - The lab tests ordered by your provider for quality medical care are determined by your provider to be appropriate based on your current medical concerns, past medical history, and geographical location. These are often considered above and beyond due to the decrease in preventative benefits provided by insurance companies. Please keep in mind the insurance company's decision on medical coverage is not made with your individual healthcare needs in mind.
 - We encourage all patients to check with their insurance company prior to receiving services to know what is being covered as preventative. We are happy to provide a copy of your lab order with CPT and diagnostic ICD-10 codes prior to your appointment and discuss any questions you may have.

Please feel free to ask Hillside Family Medicine to provide you with a benefit check prior to services rendered but be aware that this will only be an **ESTIMATE**.

Patient's Printed Name

DOB

Signature of patient or Legal Guardian

Date

By signing my name, I acknowledge that I understand and agree to the above.

For complete coverage determination, you will need to contact your insurance company.

Your medical insurance is a contract between you and the insurance company. It is the patient's responsibility to know their covered benefits before services are rendered. This allows patients to be able to make financial decisions appropriately.