



Beth Israel Deaconess HealthCareSM

Dear Patient:

Your visit today is scheduled as an “Annual Wellness Visit” or “Annual Physical”, and does not require a co-payment under the *Patient Protection and Affordable Care Act*.

For your convenience, your physician or provider may treat you for a medical condition during your Annual Wellness Visit or Annual Physical today. This saves you from having to make several trips to our office.

As a result, a **co-payment or deductible** may be required by your insurance company if discussions beyond your preventive care occur. Some examples of this are as follows:

- Your physician needs to change your medication or orders tests to deal with PRE-EXISTING chronic problems, and /or
- Your physician treats you for any NEW problems you are currently experiencing.

For questions related to your benefit coverage and co-payments, please reach out directly to your insurance company. Our physician offices collaborate with many health insurance carriers and do not know what benefits you may qualify for under your particular plan.

I have read the above and understand that I may owe a co-pay if medically necessary services are provided during my Annual Wellness Visit or Annual Physical.

X **Patient Signature** _____ **Date** _____

Patient MRN _____ (Office Use)

Thank you for taking the time to read and acknowledge this information. Please let us know if you would like a copy of this notification.

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