



Patient Name: _____
Patient MRN: _____
(Do not affix label, print clearly)

WHAT YOU SHOULD KNOW ABOUT MEDICARE WELLNESS VISITS

What types of preventive medical visits does Medicare cover?

Medicare pays for two types of wellness visits:

- Welcome to Medicare Visit
- Annual Wellness Visit

There is no deductible or copay for the “Welcome to Medicare” or the “Annual Wellness” visit.

What types of preventive medical visits does Medicare NOT cover?

Medicare does **NOT** cover a routine yearly physical. Examples of **non-covered** items or services include lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam, and extremities exam. Clinical laboratory tests are **NOT** included in either the Welcome to Medicare Visit or Annual Wellness Visit.

What is a “Welcome to Medicare” visit?

If you are newly enrolled in Medicare Part B, you are eligible for a **one-time** “Welcome to Medicare” visit only within the first 12 months.

The “Welcome to Medicare” visit includes:

- Review of your medical and social history on your completed *Wellness Visit Health Questionnaire*
- Education and counseling about preventive services such as certain screenings and immunizations
- Checking your height, weight, blood pressure, and other routine measurements
- Performing a simple vision test
- Advice or referral services that may help intervene and treat potential health risks

Please note that the one-time “Welcome to Medicare” visit does **NOT** include a full physical exam. If your provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

What is an “Annual Wellness” visit?

The “Annual Wellness” visit can take place every 12 months. The first “Annual Wellness” visit can be scheduled either 12 months after the “Welcome to Medicare” visit or after more than 12 months of your enrollment in Medicare.

The “Annual Wellness” visit includes:

- Review of your medical and social history on your completed *Wellness Visit Health Questionnaire*
- Checking your height, weight, blood pressure, and other routine measurements
- Develop a screening schedule for appropriate preventive services and evaluate any risk factors, which may be impacting your health.
- Advice or referral services that may help intervene and treat potential health risks

Please note that the “Annual Wellness” visit does **NOT** include a full physical exam. If your provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

Why would I receive a bill for my “Welcome to Medicare” or “Annual Wellness” visit?

If you need to have a medical condition evaluated or treated in a way that goes beyond the purpose and limited scope of a “Welcome to Medicare” or “Annual Wellness” visit, you will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

What if I want to receive a full physical exam that is not covered by Medicare?

You may schedule a full physical exam with your provider but Medicare does **NOT** cover a routine yearly physical. You will be responsible for covering the cost of the physical examination. Out of pocket costs typically exceed \$370 just for the visit with the provider. Additional costs for lab and testing services may be added.

What if my provider recommends additional tests or screenings?

During your “Welcome to Medicare” or “Annual Wellness” visit, your provider may perform additional evaluations, order tests, and/or prescribe medications during an extended part of the visit. This will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

Will I have out-of-pocket costs for preventive tests such as mammograms or colonoscopies?

Medicare determines which preventive or screening tests are covered and when they should take place, and no copay or deductible is required for these. A screening test is given to those who have no symptoms of a condition, such as measuring cholesterol levels in people who have no symptoms of cardiovascular disease. A diagnostic test is used to confirm a suspected condition once initial testing has revealed its possibility. Sometimes a screening test becomes diagnostic if potential abnormalities are found and more testing must be performed. It's a good idea to become familiar with Medicare's rules about screening tests. Your Guide to Medicare's Preventive Services explains in detail which are covered and how often. The guide is available online via this link: <http://www.medicare.gov/Pubs/pdf/10110.pdf>.

I have read and understand the above information provided to me regarding what is and is not covered under the Medicare Wellness Visits benefit. I understand that if my provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to my deductible or copay. I also understand that Medicare does not cover the cost of a Preventative Physical exam and that I will be responsible for covering the cost of any Physical examination I choose to have.

I understand that if I have any questions about this I will speak to my provider prior to receiving any non-covered services.

Printed Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____