

Sand Point Internists

4915 25th Ave NE #301

Seattle, WA 98105

206-524-4737

10330 Meridian Ave N #230

Seattle, WA 98133

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Dear Patient,

Your upcoming visit is scheduled as a **WELL EXAM**. It will be billed as such to your insurance plan. Insurance companies may call this a **PREVENTIVE CARE** or **ROUTINE EXAM**.

We ask you to take a moment to read the remainder of this letter, sign and date it in the spaces provided and bring it with you at the time of your visit. We will need a signed copy before your exam is performed. We will retain it for our records.

Due to coding laws, we **MUST** bill your **WELL EXAM** as **Preventive Care**. If during your visit you have **ADDITIONAL CONCERNS** or **PROBLEMS** that require a diagnosis and/or other treatment it would be considered a **Problem Oriented Exam** and you may incur additional office or lab charges. These charges and any from your **Preventive Care Exam** will be billed to your insurance company. You and your physician may want to keep your **Well Exam** separate from your **Problem-Oriented Exam** and we would be happy to schedule it that way for you.

If your insurance company does not cover some or all of these charges, you will be billed directly for the balance they indicate is "patient responsibility".

PLEASE BE AWARE THAT MEDICARE DOES NOT COVER PREVENTIVE CARE EXAMS. THEY DO HOWEVER, COVER FEMALE EXAMS THAT INCLUDE BREAST/PAP/PELVIC EVERY TWO YEARS. THEY ALSO COVER PREVENTIVE EXAMS FOR ALL NEWLY ENROLLED MEDICARE PATIENTS DURING THE FIRST 6 MONTHS OF COVERAGE ONLY.

Please **DO NOT ASK US TO RE-BILL** your insurance by changing the procedure or diagnosis codes. We are unable to make a change once the insurance has been billed under a **Well Exam**.

Your annual exam is important whether it is a covered benefit or not! Please take the time to make yourself familiar with your insurance benefits. Feel free to call the insurance company and ask about coverage. There are many plans and their benefits change often we have no way of knowing what is current for you.

NOTE: Tests we order as part of your **Preventive Exam** may or may not be covered by your insurance. This includes, but is not limited to mammograms, lab tests, bone density scans, etc.

We appreciate your understanding and cooperation.

I acknowledge that I have read and understand the information above. I understand I will be financially responsible for services that my insurance company indicates are "patient responsibility".

Patient name and signature

Date