**NORTH CHATTAHOOCHEE FAMILY PHYSICIANS**

**ANNUAL PHYSICAL/WELLNESS FORM**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are glad to have you as our patient and appreciate your selection of one of our providers as your own. All of our providers feel very strongly about communication with our patients.

Your visit today is scheduled as an ANNUAL PHYSICAL/WELLNESS EXAM appointment. Today’s charges will be submitted to your insurance company as an ANNUAL PHYSICAL/WELLNESS EXAM. These appointments are not designed for the treatment of medical problems.

If you are seeing the provider for additional medical problems not included as part of an ANNUAL PHYSICAL/WELLNESS EXAM, you may incur additional charges.

**Example:** (**New Problem, Uncontrolled Medical Problem, Sick visit**). This may result in an office visit charge, and/or lab charge. It is important that you understand your insurance company may not cover these charges. Any questions about your benefits should be addressed with your insurance company. **NOT ALL PLANS COVER ANNUAL** **PHYSICAL/WELLNESS EXAM**. It is your responsibility to know your insurance plan benefits. Any service determined to not be covered by your plan will be your responsibility. **I understand an additional fee will be charged to my insurance and I am responsible for applicable copays, coinsurance, or deductible.**

The following are the laboratory tests that may be ordered by your provider during your Annual Physical/Wellness Exam. Please be aware that this is **NOT** a complete list of all laboratory tests that may be ordered during your Annual Physical/Wellness Exam.

**General Health Panel (CMP, CBC, TSH), Lipid Panel, Urinalysis, PSA (Men),**

**Pap smear (Women), FOBT (Stool), CRP Cardio, HIV Screening, Vitamin D**

If your insurance company requires that all lab testing be billed directly by Lab Corp, Quest Diagnostics, Solstas (not our medical office) the billing codes will appear different and all inquiries should be directed to Lab Corp, Quest Diagnostics, Solstas Laboratories.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_