

*Family Practice Associates*  
*Providing Comprehensive Care for Families*

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*Raymond G. Decker, M.D.*  
*FAAFP*  
*Board Certified*  
*American Board of Family*  
*Practice*

*Rishika Kaundal, M. D.*  
*FAAFP*  
*Board Certified*  
*American Board of Family*  
*Practice*

*Gretchen Lockard, M.D.*  
*FAAFP*  
*Board Certified*  
*American Board of Family*  
*Practice*

*Donald E. Yeatts, M.D.*  
*FAAFP*  
*Board Certified*  
*American Board of Family*  
*Practice*

*Scott Trawick, PA-C*  
*Physician Assistant*

*Jodi Caddell, FNP-BC*  
*Family Nurse Practitioner*

*Rachel Martin, CFNP*  
*Family Nurse Practitioner*

*Kristy Slaven, FNP-BC*  
*Family Nurse Practitioner*

*Amrisha Patel, PA-C*  
*Physician Assistant*

*Phyllis Wagoner, FNP-BC*  
*Family Nurse Practitioner*

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Dear, \_\_\_\_\_  
Thank you for scheduling your Annual Wellness Visit with

\_\_\_\_\_  
You are scheduled on \_\_\_\_\_  
at \_\_\_\_\_

This visit differs from a regular physical; this wellness visit is considered a hands off approach focused on health history, risk factors, age appropriate screenings and patient education. During this visit your Medical Provider will update your medical history, including a list of all outside providers you see and current medications and allergies. Discuss disease prevention, health and wellness improvements. Check your height, weight and blood pressure. Review your medical plan of care, including any preventative screenings that are covered by Medicare.

Please come prepared for your appointment: Fill out the enclosed forms and bring them with you to your appointment. Be prepared with a list of any concerns you would like the Medical Provider to address. Bring a list of all medications and insurance cards.

There is no charge for an Annual Wellness Visit because it is considered preventative, if you and your physician address other acute or chronic health issues, in addition to performing your wellness exam the charges will be billed to Medicare and you may be responsible for some or all of the expense.

Specifically an EKG (\$38) and Chest X ray (\$51) will not be covered during the Medicare Wellness Visit. We can still do these tests but you will likely be charged the above amounts.

Sincerely,

Providers and Staff  
Family Practice Associates

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## **Medicare Annual Wellness Visit**

***Please read this information carefully.***

Effective January 1, 2011, Medicare began covering an Annual Wellness Visit. This visit is with your primary care site and there are no copays or deductibles for this visit.

The Annual Wellness Visit is not an annual physical, nor should it be confused with the "Welcome to Medicare" Visit (a one-time visit for patients new to Medicare). The Annual Wellness Visit is designed to help you, your doctor and their staff to develop an ongoing health plan intended to keep you healthy, safe and independent.

**Your Annual Wellness Visit will include, but is not limited to:**

- Medical history
- Health risk assessment
- Evaluation of physical condition
- Screening for cognitive impairment
- A prevention plan set by your provider, including appropriate health screenings

### **Frequently Asked Questions**

**1. What does the Annual Wellness Visit cost?**

- There is no out-of-pocket cost for this visit; however, if additional testing is required, you may incur a copay or deductible expense.

**2. When am I eligible for an Annual Wellness Visit?**

- After you have had Medicare Part B for more than 12 months. If you have had a "Welcome to Medicare" Visit within the last 12 months, you will need to wait 11 full months from the date of your "Welcome to Medicare" Visit to schedule your Annual Wellness Visit.

**3. What if I am sick? Can I schedule my sick visit and Annual Wellness Visit at the same time?**

- Possibly. It will depend on the severity of the illness and your doctor's schedule; however, should you be seen for a sick visit and an Annual Wellness Exam during the same appointment, you will be charged for the sick visit.

**4. How often can I have my Annual Wellness Visit?**

- You can have an Annual Wellness Visit once every year (11 full months from your previous visit).

**5. What is covered during the Annual Wellness Visit?**

- Your first Annual Wellness Visit will include:

- Routine measurements such as height, weight, blood pressure and body mass index (BMI)
- Review of medical and family history
- Establishing a list of current providers, suppliers and medications
- A personal risk assessment (including any mental health conditions)
- A review of functional ability and level of safety
- Detection of any cognitive impairment
- Screening for depression
- Establishing a schedule for Medicare's screening and preventive services you qualify for over the next 5-10 years
- Other advice or referral services that may help intervene and treat potential health risks
- Voluntary advanced care planning

- Subsequent Annual Wellness Visits will include:

- Measurement of weight and blood pressure, as well as other measurements deemed appropriate
- An update to medical and family history
- An update to the list of providers, suppliers and medications
- A review of the initial personal risk assessment
- Detection of any cognitive impairment
- Screening for depression
- An updated screening schedule
- A review and update of the list of referral services to help intervene and treat potential health risks

6. **Is the Annual Wellness Visit the same thing as an annual physical exam?**  
- No. An annual physical is a much more extensive physical examination. In addition to collecting a medical history, this visit may also include the following: vital signs checked, a lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam and extremities exam. The Annual Wellness Visit should not be viewed as a replacement of your annual physical, and may or may not be covered by your insurance.
7. **Will I actually see a doctor during the Annual Wellness Visit?**  
- Most of your time will be spent with an allied health professional, such as a nurse or medical assistant who will gather most of your medical history in order for your physician to determine an appropriate preventative health screening plan. Please note, there may be times when you see a physician and times when you see an advanced practice clinician, nurse or medical assistant.
8. **What is the difference between the “Welcome to Medicare” Visit and the Annual Wellness Visit?**
- Medicare covers a one-time “Welcome to Medicare” Visit (see below for what your provider will cover at this visit)
  - Medicare also covers an Annual Wellness Visit every 11 months from the date of your last visit (see previous page for what your provider will cover during this visit)
9. **When am I eligible for my “Welcome to Medicare” Visit?**  
- Medicare covers a one-time “Welcome to Medicare” Visit within the first 12 months you have Medicare Part B. If you did not receive your “Welcome to Medicare” Visit and have been with Medicare for more than 12 months, you are eligible for your Annual Wellness Visit; not a “Welcome to Medicare” Visit.
10. **What does the “Welcome to Medicare” Visit cost?**  
- Effective January 2011, there is no out-of-pocket expense for this visit.
11. **What is covered in the “Welcome to Medicare” Visit?**  
- A “Welcome to Medicare” Visit is similar to the Annual Wellness Visit and includes:
- A thorough review of health, education, and counseling about the preventative services covered by Medicare and referrals for other care if needed
  - Establishing a schedule for Medicare’s screening and preventive services you qualify for over the next 5-10 years
  - A review of medical and social history with attention to risk factors for disease detection
  - A review of an individual’s potential for depression or other mood disorders
  - A review of an individual’s functional ability and level of safety
  - An examination to include an individual’s height, weight, blood pressure, visual acuity, BMI measurement and other factors deemed appropriate by the examining physician or qualified non-physician practitioner
  - End-of-life planning, upon individual’s consent
  - Education, counseling and referral based on the results of the reviews and evaluation services included in this visit as listed above
  - EKG with interpretation and report
  - Hearing assessment
12. **Do I need to have my “Welcome to Medicare” Visit before my Annual Wellness Visit?**  
- You do not need to have a “Welcome to Medicare” Visit before an Annual Wellness Visit; however, if you have chosen to have the “Welcome to Medicare” Visit, you will have to wait 12 months from the date of that visit before you can have your first Annual Wellness Visit.
13. **What if I require further tests or screenings?**  
- Medicare covers many screenings for people who are at high risk for certain diseases. During your Annual Wellness Visit, you and your doctor will decide on the appropriate tests and screenings.

**Family Practice Associates of Chesterfield  
Medicare Wellness Form**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*For Medicare to pay for a wellness visit and co-pay, you must only discuss wellness issues during the visit. If the Provider addresses other acute or chronic conditions during this appointment, additional charges may apply\*\*\*

**PLEASE LIST:** The names of ALL doctors you are currently seeing (last 2 years)

Provider Name	Specialty	Location	Comments

**CIRCLE THE ANSWER THAT APPLIES**  
**Pain Assessment**

Do you have any pain?	YES	NO	N/A								
Where is your pain located?											
Please rate your pain on a scale of 0-10 (where 0 is no pain, and 10 is the worst)	0	1	2	3	4	5	6	7	8	9	10

**Activities of Daily Living**

Do you need assistance with grocery shopping, planning, and preparing?	YES	NO	N/A
Do you have trouble chewing, swallowing food, or have problems?	YES	NO	N/A
Do you need help with housework, i.e. dusting, washing dishes, vacuuming, etc?	YES	NO	N/A
Do you need help bathing or dressing?	YES	NO	N/A
Do you use any grab bars, rails or other assistive devices?	YES	NO	N/A

**Functional Mobility Assessment**

Do you use any of the following: Cane, Walker, Wheelchair?	YES	NO	N/A
Do you have any trouble getting in or out of the bathtub?	YES	NO	N/A
Do you have any trouble getting in or out of bed?	YES	NO	N/A
Do you have any trouble getting in or out of chairs?	YES	NO	N/A
Do you have any problems with making it to the bathroom on time?	YES	NO	N/A
Have you had any falls in the last 6 months?	YES	NO	N/A
Do you hold on to furniture, counters, or walls when you walk?	YES	NO	N/A
Do you have any oxygen tubing or urinary catheter?	YES	NO	N/A
Do you have a visual impairment?	YES	NO	N/A

**Nutrition Assessment**

Because of your health, have you had to change how you eat?	YES	NO	N/A
Do you eat fewer than 2 meals a day?	YES	NO	N/A
Do you eat few fruits, vegetables, or milk products?	YES	NO	N/A
Do you eat alone most of the time?	YES	NO	N/A
Have you lost or gained 10 pounds in the past 3 months without trying?	YES	NO	N/A
Do you ever have difficulty with shopping, cooking, and/or feeding yourself?	YES	NO	N/A

## Medicare Wellness Form

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

### Advance Directive

Do you have an Advance Directive?	YES	NO	N/A
Does your PCP have a copy of your Advance Directive?	YES	NO	N/A
Do you have a copy of your Advance Directive should you need to go to a hospital?	YES	NO	N/A
Do you wish to receive information/talk to your doctor about Advance Directives?	YES	NO	N/A

### Psychosocial Assessment

Do you use alcohol?	YES	NO	N/A
How many drinks per day? _____ or per week _____			
Do you use tobacco?	YES	NO	N/A
If you are a smoker, would you like to quit?	YES	NO	N/A
Do you use street drugs and/or medications not prescribed for you?	YES	NO	N/A
Do you have any concerns about abuse or neglect?	YES	NO	N/A

### Safety and Physical Activity

During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?						
<b>Very Heavy</b>	<b>Heavy</b>	<b>Moderate</b>	<b>Light</b>	<b>Very Light</b>		
Can you handle your own money without help?					YES	NO
During the past 4 weeks, how would you rate your health in general?						
Excellent	Very Good	Good	Fair	Poor		
Are you having difficulties driving your car?						
Yes - often	Sometimes	No	N/A			
Are you afraid of falling?					YES	NO
Do you exercise for about 20 minutes 3 or more days a week?						
Yes - most of the time		Yes - some of the time		No - I do not usually exercise this much		
How often in the past 4 weeks have you been bothered by any of the following problems:						
- Fall or dizzy when standing up?	Never	Seldom	Sometimes	Often	Always	
- Trouble eating well?	Never	Seldom	Sometimes	Often	Always	
- Teeth or dentures	Never	Seldom	Sometimes	Often	Always	
- Problems using the phone?	Never	Seldom	Sometimes	Often	Always	
- Tired or fatigued?	Never	Seldom	Sometimes	Often	Always	
Have you been given any information to help you with the following?						
- Hazards in your house that might hurt you?					YES	NO
- Keeping track of your medications?					YES	NO

### Hearing/Vision

Do you have any visual impairments or use visual aids such as glasses or contacts?	YES	NO	N/A
If so, which eyes?	Right	Left	Both
Last eye appointment was approximately _____ Frequency of Eye Visits? _____			
Do you have a hearing impairment or wear hearing aids?	YES	NO	N/A
If so, which ears?	Right	Left	Both

### PHQ-9 Depression Screening

In the last two weeks, have you felt little interest or pleasure in doing things?			
Not at all	Several days	More than half the days	Nearly every day
In the last two weeks, have you had feelings of being down, depressed, irritable, or hopeless?			
Not at all	Several days	More than half the days	Nearly every day
Have you had trouble falling or staying asleep, or sleeping too much?			
Not at all	Several days	More than half the days	Nearly every day

**Medicare Wellness Form**

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

**PHQ-9 Depression Screening Cont'd**

Have you been feeling tired or having little energy?			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Have you had a poor appetite, weight loss, or overeating?			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Have you been feeling bad about yourself – or that you are a failure and have let yourself or family down?			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Trouble concentrating on things, such as reading the newspaper or watching television			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Moving or speaking slowly so that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Have thoughts that you would be better off dead, or of hurting yourself in some way?			
<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

XX

**For Provider Use Only:**

Advanced Care Planning Discussed?	Y	N	Time Spent: _____
Medications Reviewed?	Y	N	
Problem List Reviewed?	Y	N	
Surgical History Reviewed?	Y	N	
Family History Reviewed?	Y	N	
Aspirin/Opioid Use Reviewed?	Y	N	
Depression Screen Administered?	Y	N	Time Spent: _____
Fall Risk Screen Administered?	Y	N	
Mini Cog Administered?	Y	N	
Preventive recommendations discussed?	Y	N	

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medicare Wellness Form

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

Preventive Measure (Copy of this given to patient)	Frequency Covered by Medicare	N/A	Date Done	Date Due
<b>Bone Mass:</b> Post-menopausal females 65 years and older and those at increased risk (prolonged steroid use, FDA approved medications for osteoporosis, etc.).	Every 2 years			
<b>Colorectal Cancer Screening</b>	<b>**Patient's aged 50-75 years screening recommended; aged 76-85 years, consult PCP per USPSTF recommendations.</b>			
- Colonoscopy	Every 10 years (normal hx) Every 3-5 years (abnormal hx)			
- Fecal Occult Blood Test (FOBT) - Cologuard	Once a year (FOBT) Every 3 years (Cologuard)			
<b>Glaucoma Screening:</b> (DM, Fam. Hx., African Am. 50+, Hisp. Am. 65+)	Once a year			
<b>Women's Health and Men's Health.</b>	<b>**Women over 65 years may be able to discontinue screenings per recommended guidelines from ACS, USPSTF, and ACOG.</b>			
Cervical Cancer Screening w/ HPV <b>**All females Aged 30-65years**</b>	Normal Risk: Once every 5 years High Risk: Once every year			
Screening PAP Test <b>**All females Aged 30-65years**</b>	Normal Risk: Once every 2 years High Risk: Once every year			
Pelvic & Breast Exam <b>**All females**</b>	Normal Risk: Once every 2 years High Risk: Once every year			
<b>Mammogram</b> <b>**All females Aged 40 and older**</b>	Once a year			
<b>Prostate Screening</b> <b>**All males 50 and older**</b>	Once a year			
<b>Vaccine Series &amp; Administration</b>				
Influenza Virus Vaccine	Once a year			
<b>Pneumococcal Vaccines (for patients 65 years and older)</b>				
- Pnevnar-13 (PCV13) *1 year apart from PPSV23*	Once a life-time			
- Pneumovax-23 (PPSV23) *1 year apart from PCV13*	Once a life-time			
Hepatitis B Virus Vaccine	Series if increased risk (e.g. DM)			
<b>Hepatitis C Virus Screening</b> <b>**high risk patients, born between 1945-1965**</b>	Once a life-time			
<b>AAA Screening</b> <b>**Male, Age 65-75, Hx smoking 100cig/lifetime</b>	Once a lifetime			
<b>Low-Dose CT Lung Cancer Screening</b> <b>**Age 50-80, current smoker or quit within 15 years, 20 pack/year hx, asymptomatic</b>	Once a year			

<b>Diabetes:</b>	For Patients with the Diagnosis of Diabetes Type 1 or Type 2			
<b>A1C</b>	>7.0%; every 3 months <7.0%; every 6 months			
<b>Microalbumin – urine</b>	Once a year			
<b>Fasting Lipid Panel</b> (Must include Chol, LDL, HDL, Trig)	Once a year; controlled Every 6 months; uncontrolled			
<b>Diabetic Retinal Eye Exam</b>	Once a year			
<b>Foot Exam</b> Monofilament must be performed and doc.	Once a year			



## WILL I NEED TO PAY A “Co-Pay” TODAY—POSSIBLY

Please take the time to read and ask questions.

If you and your Provider address a new or established medical problem, you may be responsible for your copay, co-insurance or deductible for the problem-oriented services provided in addition to preventative visit.

Examples of new issue or concerns are:

- Acute illness with or without fever
- Fatigue, Malaise or mood changes
- Pain: chronic or acute onset
- Discussion of concerns/problems noted on pre-physical forms

Examples of established and/or chronic issues or concerns with or without refills are:

- Hypertension
- Diabetes
- Depression

Many Insurance Carriers have waived patient responsibility for copays and/or deductibles for Preventative/Wellness Visits. In addition, they will cover screening procedures such as Mammograms, Pap Smears and Colonoscopies

Any testing performed for new, on-going or chronic issues will be subject to your co-payment, co-insurance and/or deductible. This is directly linked to your insurance coverage and not a decision made by the providers here at Family Practice Associates.

Your coverage for today's exam will depend on your Insurance Carrier. Medicare does not provide the head to toe physical exam; instead, they offer an annual wellness visit/screening. Depending on your plan, lab and radiology services may not be covered with a wellness exam. Your insurance company may pay for some services; apply a copayment for some services, or state that some services are the patient's responsibility due to deductibles or screening/diagnostic testing guidelines.

As your provider, we make every effort be here for your medical needs. By addressing your concerns or issues during the preventative/wellness exam, we hope to avoid the inconvenience of asking you to return for a separate visit. If you would prefer to come back at a later time please let us know.

Family Practice Associates

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date