

DO I NEED TO PAY A “Co-Pay” TODAY

Your responsibility to pay a co-payment has changed with Healthcare Reform. The majority of Health Insurance Carriers eliminated patient co-payments for Preventative Screenings such as:

- Annual Preventative Visits and Well-Child Visits
- Mammograms
- Pap Smears
- Colonoscopies
- Vaccines (Depends on age and medical history)

You may be responsible for the payment of a co-payment or deductible during a preventative visit if the provider addresses a new, on-going or chronic issue or concern during your physical.

Examples of new issue or concerns are:

- Acute illness with or without fever
- Fatigue, Malaise or mood changes
- Pain: chronic or acute onset

Examples of on-going and /or chronic issues or concerns with or without refills are:

- Hypertension
- Diabetes
- High Cholesterol
- Depression

Insurance Carriers define preventative exams differently. Medicare does not provide the head to toe physical that commercial insurances may cover. Blood work and ancillary testing coverage varies according to your insurance plan. Please be aware that if your physician addresses a new or established medical issue that your insurance company may be billed for the problem-oriented services provided in addition to preventative care. This will create a financial responsibility for a copayment according to the contractual agreement with the insurance carrier.

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. 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.

As providers, we believe in comprehensive, quality care. 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.

Family Practice Associates

Patient Signature

Date

IMMUNIZATIONS/PREVENTION:

	Date		Date
Flu Vaccine	_____	PPD	_____
TD/Tetnus/Diphtheria	_____	Hepatitis A	_____
TDAP	_____	Hepatitis B	_____
Pneumovax	_____	MMR	_____
Varicella	_____	Lymes Titer	_____
Zoster (Shingles)	_____	Aspirin Therapy	_____
Meningococcal	_____	Dietary Counseling	_____
Gardisal (HPV)	_____	Calcium Supplement	_____

PROCEDURES OF INTEREST:

Have you had these tests/exams before?

		Date	Comment/Explain
Complete physical exam	Y / N	_____	_____
Pap smear (if applicable)	Y / N	_____	_____
Mammogram (if applicable)	Y / N	_____	_____
Rectal Exam	Y / N	_____	_____
Prostate exam (if applicable)	Y / N	_____	_____
Dental Exam	Y / N	_____	_____
Flexible sigmoidoscopy	Y / N	_____	_____
Colonoscopy	Y / N	_____	_____
Stress test for the heart	Y / N	_____	_____
Bone mineral density	Y / N	_____	_____
Total Abdominal Ultrasound	Y / N	_____	_____
Chest X-Ray	Y / N	_____	_____
EKG	Y / N	_____	_____
Pulmonary Function Test	Y / N	_____	_____
Cardiac Echocardiogram	Y / N	_____	_____
Cholesterol check	Y / N	_____	_____
Diabetes Screening	Y / N	_____	_____
Eye Exam	Y / N	_____	_____
Microalbumin	Y / N	_____	_____
CT Scan (head, chest, abdomen)	Y / N	_____	_____
Microfilament exam	Y / N	_____	_____

Review of Symptoms: Please check if you have experienced any of the following symptoms in the past 3-6 months.

GENERAL:

- Weight loss/gain
- Fever
- Night sweats
- Fatigue

EYES:

- Wear glasses/contacts
- Eye disease
- Blurred or double vision
- Glaucoma
- Cataract

ENT/MOUTH:

- Hearing loss
- Ringing in ears
- Earaches
- Chronic sinus problems
- Nose bleeds
- Mouth sores
- Swollen glands
- Sore throat
- Voice change

CARDIO:

- Chest pain
- Angina
- Heart attack
- Palpitations
- Shortness of breath
- Swelling of feet

RESPIRATORY:

- Coughing
- Coughing up blood
- Asthma
- Wheezing

HEMO/LYMPH:

- Easy bleeding/bruising
- Anemia
- Past transfusion

GI:

- Change in appetite
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Dark stools
- Blood in stools
- Heartburn
- Ulcer
- Hemorrhoids

GU:

- Frequent urination
- Bloody urination
- Burning urination
- Painful urination
- Kidney stones
- Incontinence
- Dribbling
- Change in libido
- Testicular pain
- Impotence

OB/GYN

- # of pregnancies
- # of children
- Age of 1st menstrual period
- Age of last menstrual period
- When was last Pap
- When was last Mammo
- Abnormal pap smear
- Abnormal Mammo
- Vaginal discharge
- Abnormal bleeding
- Irregular bleeding
- Pain with intercourse

MS:

- Joint pain
- Stiffness or swelling
- Weakness
- Muscle pain/cramps
- Difficulty walking
- Cold extremities

SKIN/HAIR/NAILS:

- Rash
- Itching
- Change in skin color
- Change in hair/nails
- Varicose veins
- Breast pain
- Breast lump
- Breast discharge

NEURO:

- Frequent headaches
- Light headedness/dizziness
- Seizures
- Numbness/tingling
- Tremors
- Stroke
- Head injury

PSYCH:

- Depression
- Anxiety
- Memory loss
- Confusion
- Difficulty sleeping

ENDO:

- Increased thirst/urination
- Heat/cold intolerance
- Diabetes
- Thyroid disease

Enlarged glands

Blood clots