



Dear _____,

Your Annual Wellness Visit is scheduled on _____ at _____

with _____.

Please come prepared for your appointment: Arrive fifteen (15) minutes before your appointment for check-in. Bring your current insurance card(s). Prior to your arrival, it is important that you complete the physical packet you received. Bring your medication bottles and/or a written list of all medications including any OTC or supplements you may take.

This Annual Wellness Visit is considered preventative and covered by Medicare at no cost to you. During this wellness exam, your Medical Provider will update your medical history, including a list of all outside providers, current medications and allergies, discuss disease prevention along with suggestions for health and wellness improvements.

The Annual Wellness Visit differs from a Complete Physical which you may have received before you qualified for Medicare. It does not include a more extensive physical exam. It does not include the discussion of your ongoing medical concerns or any new problems.

PLEASE NOTE: When you and your provider address any new or continuing health issues, there will be an additional fee billed to Medicare with you being responsible for the co-pay or deductible applied. If testing other than the screening covered by Medicare is ordered, the patient will be responsible for a co-pay or co-insurance. Examples include labs, EKG and/or X-Rays to address ongoing issues.

Please inform your provider and staff at the beginning of the visit if you only want to have the annual wellness exam performed and return at a later date to address any continuing medical concerns.

If you need to reschedule please give us at least twenty-four (24) hours notice to avoid a no show of \$100.00. We look forward to seeing you.

Providers and Staff
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