

AIFP

Associates in Family Practice, P.A.



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Due to the ever changing insurance company reimbursements, it has become necessary to establish a policy regarding our Complete Physical Exam (CPE) procedure. Please read the following in its entirety.

A Complete Physical Exam entails a comprehensive head to toe assessment. Fasting blood work is drawn to screen for elevated cholesterol, diabetes, and metabolic disorders. Depending upon your age and your personal and family medical history other specialized testing may be ordered prior to your physical which may include: a colonoscopy, chest x-ray, or stress test. A vision and hearing, prostate exam and immunization update (such as tetanus) will also be performed during the physical.

All of this will be determined in a brief consult prior to the actual physical. During the consult appointment, the physician will determine what labs and specialized testing are needed in order to provide the most comprehensive evaluation of your health. Your medical history will be reviewed and you will have the opportunity to express any concerns that you would like addressed during the CPE. At the consult appointment, the physician will determine the length and type of physical that you will require. After the completion of the consult you will have your fasting blood drawn and then you will be sent to the appointment desk to schedule your physical.

This consult is not considered part of your physical exam and will be billed as a separate office visit to your insurance. As such, it is possible that this appointment may be your responsibility if you have not met your deductible or if your insurance requires you to pay a coinsurance percentage for your visit.

Each insurance company has different guidelines regarding preventive care. Some insurance companies consider a well woman exam (routine pap smear and breast exam) the only preventative service they will allow. Medicare will cover a routine "Welcome to Medicare" CPE in the first year of Medicare coverage. After your initial CPE, Medicare will (should) pay for a wellness exam every 12 months. For our female patients, Medicare will only allow one pap smear every two years. Within the same company, individual policies can vary depending on specific plans and allowances. It is impossible for our office to know the specifics of each patient's individual plan. Therefore, it is YOUR responsibility to know what your covered benefits are when scheduling a CPE.

Every effort will be made to obtain payment from your insurance company on your behalf. However, you should contact your insurance company to find out the specific coverage for your policy. By signing this waiver, you are acknowledging that you understand that you may be responsible for all or part of your CPE and/or consult appointment, and are aware of our missed/cancellation policy and corresponding fees.

Printed name of patient / Date

Signature of patient or legal guardian