

South Lake OB/GYN and Advanced
1900 Don Wickham Drive, Ste. 120
Clermont, Florida 34711

Patient Name: _____ Date: _____ Insurance Co: _____

Today you are here for your **Annual Wellness Visit**, which consists of the following, as deemed appropriate.

A physical exam with pap smear and breast exam

A review of your family medical history

A review of your past medical and surgical history

A discussion about healthy lifestyle

Refill of any medications we have prescribes

Recommended Screening Tests (which may include)

Lab services, Mammogram, bone testing, Colonoscopy or others

As you can see, we will cover a lot of ground during your Annual Wellness Visit. Therefore, this visit is not designed to cover any “specific” healthcare problems. However, we would be happy to schedule another appointment in order to discuss any of your potential healthcare needs. During that appointment we would allocate the appropriate time to address those issues. Examples of these visits would include birth control management, abnormal bleeding, pain, hot flashes, breast pain, lumps, hormonal issues, etc.

If we have to address any health issues during your Annual Wellness visit, your insurance will be billed for the Annual Wellness Visit, as well as a separate charge associated with the problems addressed during the extended visit. It is important for you to realize that most insurance companies do not cover a problem visit on the same day as a preventive medical examination. You may be responsible for associated costs of service, and/or copayments for that portion of your visit.

In most circumstances, it is your best interest to schedule a different appointment for medical problems, or request our staff to convert your Annual Wellness Visit to a problem visit if it is of great urgency and necessitates being seen immediately.

By signing below, I acknowledge that I have read and understand the above mentioned policy.

Patient’s Name: _____ Date: _____

Witnessed By: _____ Date: _____