

Piedmont Internal Medicine, P.L.C.
MEDICARE WELLNESS WORKSHEET

Patient Name _____ Account # _____ Date of Exam _____ Provider _____

You are scheduled for a **routine physical examination** that your doctor recommends periodically as an important part of your overall wellness care. Unfortunately, **Medicare does not cover this wellness care**, except for pelvic exams and pap smears for women, and prostate exams for men. No other components of your wellness exam will likely be covered by Medicare, and therefore will be **your payment responsibility** (unless covered in part by a secondary insurance plan.)

Our **basic wellness exam fees** are as follows:

- Age 40-64 **\$175** (\$195 for new patients)
- Age 65+ **\$190** (\$210 for new patients) **Basic Fee** \$ _____

This basic fee will be **reduced** by the amount charged Medicare for any of the following screening services provided during the exam:

- Pelvic Exam **\$ 40** (G0101 – every 2 years) **minus \$** _____
- Pelvic Exam w/ Pap **\$ 80** (G0101, Q0091 – every 2 years) **minus \$** _____
- Prostate Exam **\$ 21** (G0102 – every year) **minus \$** _____

This basic fee may also be **reduced** by the amount charged Medicare for any qualifying illness services provided during the exam:

- Illness Services, Level 2 **\$ 60** (\$ 85 for new patients) **minus \$** _____
- Illness Services, Level 3 **\$ 90** (\$120 for new patients) **minus \$** _____
- Illness Services, Level 4 **\$120** (\$180 for new patients) **minus \$** _____
- Illness Services, Level 5 **\$175** (\$225 for new patients) **minus \$** _____

Adjusted Fee \$ _____

Any checked services provided above will be billed to Medicare and should be covered, so they will be deducted from your exam fee. Your adjusted fee is the amount likely to be uncovered by Medicare and therefore your responsibility (unless covered in part by a secondary insurance plan.) *These calculations represent our best estimates; Medicare makes all final determinations and adjustments.

Ancillary Testing

Please note that Medicare may not cover other services besides your wellness examination, if they consider them “unnecessary” . . . certain blood tests, urine tests, electrocardiograms, stress tests, breathing tests, and vaccines may not be covered. If you are to receive any such services, we will inform you in advance and ask you to sign a waiver indicating that you understand Medicare coverage may be denied.

Thank You / Questions

We appreciate your patience as we seek to work within Medicare’s guidelines. If you have questions about our services or policies, please call our Billing Office (341-7263). If you have concerns about Medicare’s coverage vs. non-coverage of specific services, please contact Medicare directly.