

This letter contains important reminders for your comprehensive examination appointment. Please fast from midnight if your appointment is early in the morning. If your appointment is in the afternoon, you may have a light breakfast. If your appointment is in the evening, you may have a light breakfast and lunch. All patients are encouraged to drink plenty of plain water prior to their visit. Regular medications should be taken as usual with water only. Do not wear any body lotion or body powder - deodorant can be worn.

This appointment typically lasts 60-90 minutes, during which time each patient will be evaluated based on their individual needs, which will include addressing past & present medical problems, diet & exercise, disease risk factors, and health related screenings.

Depending on the nature of the patient's medical issues, the visit may be processed with diagnosis and/or wellness codes, which may result in your being responsible for a copayment or deductible.

Due to the length of your appointment, we require 48 business hours cancellation notice to allow another patient to use the appointment time and in order for you not to be charged a cancellation fee.

**MEDICARE PATIENTS:** Medicare approves payment for a "Welcome to Medicare" physical if performed within 12 months after your initial enrollment. For those that do not qualify for this at this time, Medicare will cover most charges for your exam. Depending on your medical issues and any secondary insurance coverage, there may be a small portion of the exam that Medicare considers part of the patient's responsibility (which also includes any copayments or deductibles.)

**NON-MEDICARE PATIENTS:** Prior to this visit, please verify with your insurance company if you have wellness coverage and indicate this below. If your insurance has changed since your last appointment, please confirm our participation status with your carrier.

\*\*\*Wellness Coverage Available YES or NO (Please circle)\*\*\*

Failure to notify us as to the status of your routine coverage will result in the patient being responsible, should your insurance not cover this visit and/or procedures.

\*\*\*PLEASE SIGN THIS LETTER AND BRING WITH YOU AT THE TIME OF YOUR APPOINTMENT!!\*\*\*

Patient Signature \_\_\_\_\_

Very truly yours,

Valley Diagnostic Medical Center

Please Note: Any Procedures done after the visit (i.e. mammogram, colonoscopy, stool occult cards, etc.) are billed separately by the date of service.