



1844 E. Baseline  
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## Our Policy Concerning Routine Physical Examinations

In the judgement of Dr. \_\_\_\_\_, routine, thorough physical examinations are an important part of good medical practice.

A thorough examination may uncover illness or disease that may not be presenting symptoms YET. For example, in patients over 40, an EKG (electrocardiogram) may uncover heart problems BEFORE they present a health hazard. This early detection and treatment can result in longer life and a better quality of life for the patient.

Practice Name  
Practice Address  
City, State, Zip

Interstate 60	
Baseline Road	

Practice Name  
Address  
Phone

## ROUTINE PHYSICAL EXAMINATIONS

The problem lies in the fact that many insurance policies do not cover routine physical examinations.

IF

1. Your insurance carrier does not cover routine physical examinations

AND

2. You elect to go ahead and undergo the routine physical examination, you can expect to pay approximately \$ \_\_\_\_\_ for these services.

THEN

You are expected to either pay for this at the time of service or make arrangements for payment PRIOR to receiving the service.



If during the course of your routine physical examination, the physician discovers problems which would normally be covered under your insurance plan, the physician will ask that you make an appointment for a later date to address these issues.

OR

If in the physician's judgement it is advisable to address the problems at the same time as your routine physical examination, the amount of the covered services will be deducted from the total which you are expected to pay.

### *Example:*

In the course of a routine examination, the physician uncovers a heretofore undiagnosed stomach ulcer...

Routine exam	\$230.00
Office Visit (covered by insurance)	<u>- \$80.00</u>
Amount to be paid by the patient	\$150.00

Note: This example is provided for illustrative purposes only and is not intended to portray your individual circumstances

If you have any questions concerning this policy, our staff will be happy to attempt to clarify your individual situation. You are entitled to a full explanation prior to any testing, procedure, or referral and have the option to decline such treatment or seek further information.

Practice Name

I have read and understood the above-stated policy concerning routine physical examinations and in the event that my insurance does not cover routine physical examinations, I agree to be personally liable for the above stated amount.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date