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## **COMPLETE PHYSICAL EXAM**

## This form must signed and given to the front desk at your appointment. We look forward to seeing you!

A complete physical is a routine preventative exam. This means that it is prevention based, not problem based. If you have any medical complaints (i.e. a new medical problem, an acute issue, an injury, an existing medical problem that needs addressing, etc.) that need attention, you will have to make a separate appointment to have that assessed.

Insurance Coverage – It is your responsibility to confirm that you have coverage for your complete physical exam and testing ordered by your physician. Please be advised that this exam may or may not be a covered benefit with your insurance company; it is your responsibility to check with your insurance company prior to your appointment to see what benefits are covered for you and to what extent as to avoid any unwanted charges to your account (you may find a list with what services we may be providing on the back of this page). Additionally, some insurance plans require qualification forms/questionnaires – we do not know which insurances/companies require these and they are your responsibility to bring to your appointment. We will complete them, when provided, as a courtesy to you.

**Testing Instructions** – You should be fasting for this appointment. Fasting means nothing to eat or drink for 10-12 hours; however, you are encouraged to drink water! Black coffee, black tea, and medications are allowed. Additionally, please refrain from using any body lotion, oil, or powder (this does not include antiperspirant/deodorant). We do not allow patients to come any day earlier than their scheduled appointment date for their lab work; patients can do their lab work the same day as their appointment or any day following (if the appointment is in the afternoon).

**Cancellations** – Please provide us with at least 12 hours of notification if you need to cancel your appointment; we even have a cancellation voicemail if you need to call after business hours. Failure to show for your appointment without notification will result in a charge.

**Results** – If your results are normal you will not receive a phone call. If there is anything that comes back abnormal, or that your physician has recommendations on, we will give you a call. However, we do recommend that you call about 2 weeks after your appointment just to confirm all of your results were received and reviewed.

Appointment Date:
Appointment Time:



Please find the services (with procedure codes) we may be providing below. These tests are what our physicians deem appropriate for preventative care and are also based on age / additional risk factors; dependent on your personal history, family history, and your current medical conditions there may or not be more testing/services provided at the discretion of your doctor.

Service (all are billed with diagnosis code Z00.00 [routine] unless otherwise specified)	Procedure Code
Routine Preventative Exam (office exam, coded on age)	99381-99397
Electrocardiogram (EKG)	93000
Chest X-ray	71046
Urinalysis	81000
Hemoccult (ages 35 and over)	G0328
Complete Blood Cell Count with platelets and differential (CBC)	85025
Erythrocyte Sedimentation Rate (ESR)	85651
Comprehensive Metabolic Panel	80053
Lipid Panel	80061
Thyroid Stimulating Hormone (TSH)	84443
Free T4 (only if on thyroid medications; not billed as routine)	84439
Vitamin D	82306
Prostate Specific Antigen (PSA) (males over 40)	G0103

By signing this form, you acknowledge that these services may not be covered (or are subject to your deductible) and agree to pay any charges that incur thereafter.

Patient's Full Name (printed):	Date of Birth:
Patient's Signature:	Today's Date: