

## NORTH GEORGIA WOMEN'S CENTER

### Patient Acknowledgement of Annual Exams

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#### **Physical Exams & Insurance Billing**

North Georgia Women's Center follows American medical Association (AMA) coding and billing guidelines for medical services we provide. There are two categories of services that are utilized for most annual exam office visits: 'preventive care' and 'problem oriented evaluation and management (E&M)' services.

It is your responsibility to know what types of services your insurance covers. Some insurance companies pay only for 'problem oriented evaluation and management (E&M)' services. Others provide a yearly preventive care allowance. Some even provide coverage for both. If you receive services that are not covered by your insurance company, you are responsible for paying the entire amount billed for those services.

The providers at north Georgia Women's Center are committed to providing you medical care that is tailored to your individual needs. We are also committed to honest and ethical coding and billing procedures. Therefore, a 'preventive care' visit (i.e., an annual or yearly exam) cannot be submitted to your insurance company with a 'problem oriented evaluation and management (E&M)' code. Likewise, a visit dealing with medical problems cannot be billed with a 'preventive care' code. To do so is considered insurance fraud.

**You are scheduled for an annual or physical exam today. Please initial the space next to the service you would like to have today:**

\_\_\_\_\_ **Preventive Care** visits focus on staying healthy and includes an age appropriate exam (ex: Routine physicals and well woman exams). Health screening tests and immunizations are recommended based on your age, gender, and health history. Medication refills for a few long-term stable medical conditions are provided. Your insurance will be billed using Preventive Care codes. **NOT included in a 'Preventive Care' exam: 1) Significant new symptoms or problems requiring evaluation or treatment; 2) Significant worsening of an existing problem; 3) Changing a medication for an existing problem that is not stable; 4) Medication refills for multiple or complicated medical problems.**

\_\_\_\_\_ **Problem Oriented** visits focus on: 1) Management of long-standing medical problems that need further testing or adjustment of medications. 2) New symptoms that need further evaluation. Your provider will do a physical exam that is appropriate for evaluating your particular medical concerns, and will advise you on how to best evaluate and manage your medical problems. Your insurance will be billed using evaluation and management (E&M) codes. **NOT included in a 'Problem Oriented E&M' visit: 1) Tests for routine health screening; 2) Medication refills for a few long term, stable medical conditions.**

If you are scheduled for a preventive care visit, but are having medical problems today, your provider may decide that it is more important to address your problems today and reschedule your preventive care exam. You and your provider may also consider another option for providing both preventive and problem oriented care.

\_\_\_\_\_ **Preventive Care Plus Problem Oriented:** if you are here for a preventive care visit, and have Significant new symptoms or worsening of an existing problem, your provider may be able to Address both at today's visit (time permitting). Your insurance will be billed both a preventive Care code and an evaluation and management (E&M) code. **IN SOME CASES, INSURANCE COMPANIES WILL NOT PAY FOR BOTH VISITS IF PROVIDED BY THE SAME PROVIDER ON THE SAME DAY. YOU ARE RESPONSIBLE FOR PAYMENT FOR ANY SERVICES DENIED BY YOUR INSURANCE COMPANY UNLESS SPECIFICALLY ADDRESSED IN A PARTICIPATING PROVIDER CONTRACT WITH THE INSURANCE**

**COMPANY.**

IT IS YOUR RESPONSIBILITY TO KNOW WHAT SERVICES YOUR HEALTH INSURANCE COVERS. Every health insurance policy is different. After the receipt of your copay and/or deductible, we bill your insurance company for any balance due. The codes used to bill your insurance will reflect the actual services provided by your provider today. We are committed to following established coding guidelines accurately and ethically. To do otherwise is considered insurance fraud. If your insurance company does not pay, the balance due is your responsibility.

\_\_\_\_\_ **I acknowledge that I have read and understand the billing conditions for today's visit for an annual/physical exam.**

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

\_\_\_\_\_  
**Date**