

Dear Patient,

We want to advise you about how the Affordable Care Act (or Health Care Reform) may affect you and your family. Health Care Reform makes wellness and prevention services more affordable to you by requiring health insurers to cover preventive care and to eliminate co-payments and deductibles for certain preventive services.

What is a preventive visit?

A preventive visit (or yearly physical) is a review of your personal medical history to gather medical information and assess your risk factors for developing certain medical conditions. A preventive visit includes a review of your personal history, blood pressure, body mass index, preventive screening and counseling, and a physical exam. A physical exam may include checking your heart and lungs, a breast or pelvic exam, a pap smear, a prostate exam or any other age appropriate exam elements. Your doctor will also review to make sure your immunizations are up to date and that you are up to date on other age appropriate exams, such as mammograms, colonoscopies, eye exams and bone density tests. Your doctor may deem it necessary to order routine blood work to check, for example, your cholesterol or sugar levels.

What this means for you.

Your insurance will generally now be required to cover recommended preventive services without charging you a co-payment or deductible. This means that at a yearly preventive office visit with your primary care provider, *the visit co-payment / deductible is no longer required.*

****IMPORTANT****

Copayments and deductibles are still required for other services.

However, if during a preventive visit, your primary care provider addresses specific health issues beyond a preventive exam, you may be billed for services in addition to a preventive visit. A preventive visit does not address an acute medical problem that is happening right now. For example, if you come for your yearly preventive (physical) visit, and you advise your doctor that you also have:

- Back pain
- Urinary Tract Infection (UTI)
- Cough
- Cold symptoms
- Removal of a wart or cyst
- Chest pain
- Any other acute medical problem

In these situations, a co-payment or deductible may apply based on your insurance coverage.

Laboratory tests may require co-payments.

As part of your preventive visit, your provider may order some laboratory or other tests. Some tests may be covered by the new guidelines. Others may not and could require a co-payment or deductible, as they are not included as services covered as preventive care by your insurer.

We remain committed to providing you with the best healthcare possible, but cannot know in advance your responsibility for payments on your individual insurance plan. Health Care Reform does not change the way we bill for your visit; it only changes the coverage your insurance may allow. The billing of your visit is determined by the services and care received and not by the coverage of your insurance plan. Our providers cannot change services billed in order to match your insurance coverage.

We will do our best to address and help resolve those issues at your appointment. Please feel free to discuss this further with our staff. You can also contact your insurance or employer directly to further clarify what your plan covers and the amount of your co pays and insurance deductibles.