

Important Information Regarding “Screening” Exams

Our office makes every effort to follow the current coding practices for reporting medical services as dictated by Federal Law and the American Medical Association (AMA). These regulations can be quite complicated and generate many questions from our patients. The purpose of this handout is to clear up any confusion caused by these complicated rules regarding the billing of Preventative and Screening Services.

The Preventative Medicine charges for our practice include:

A complete history and examination in addition to a rectal exam. There will be questions about other medical conditions and counseling on risk factors such as: diet and exercise, stress management and smoking cessation.

As outlined above, discussions about problems and conditions you are being treated for, that are under control, are considered an integral part of the screening exam and cannot be billed as a “sick visit” under Federal Compliance rules.

***If a separate problem is identified, addressed or treated during the course of the exam, we are required to submit our claims based on the documentation in the medical record of the service provided to you. This may result in a higher out-of-pocket cost.**

If at the time of scheduling your appointment, you are aware of problems you would like to discuss, we recommend scheduling a separate “problem appointment”. If you are scheduled for your screening exam today and are aware of problems you would like to discuss, please inform the nurse. In this event, your appointment may be converted to a “problem appointment” due to the time restraints and to avoid additional costs to you.

You as the insured will be responsible for payment as dictated by your insurance plan of all co-payments and deductibles at the time of service. Again, if an additional problem is treated or addressed during this exam, there may be an additional charge that you will be responsible for.

I understand the above information and agree to pay any charges incurred due to discussion/treatment of a problem during a screening exam

Print Name _____ Date of Birth _____

Patient’s Signature _____ Date _____

Note: Please be advised it is the patient’s responsibility to inform staff if your insurance carrier requires the use of a specific laboratory.