



Annual Physical Policy

Well Woman Exam

Patient Name: _____ DOB: _____

Many of our patients have health insurance plans that cover the cost (including co-pay) of a yearly preventive health care visit – otherwise known as your annual physical. Not all insurance coverage is the same; you can find out more about your coverage and policy specifics by contacting your insurance company.

The American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS) and commercial insurance company guidelines identify a predetermined list of components that are considered part of an annual physical. For example, during your annual physical, you may expect that your provider will do the following:

- Gather or update your comprehensive medical history
- Outline plans for the reduction of risk factors
- Provide interventions or counseling to improve overall health
- Order appropriate laboratory/diagnostic procedures based on your personal medical conditions
- Order and/or administer appropriate immunizations
- Manage minor health concerns that have already been diagnosed
- Routine prescription refills for chronic medications (blood pressure, cholesterol, allergy, birth control, etc.)
- Special attention to a skin lesion or mole and plan for evaluation and/or removal (not same day)

More specific or acute health concerns **are not covered** by your insurance as part of your annual physical. These are concerns that would normally prompt you to schedule an appointment if you were not scheduled for your physical or already had one. If time permits, your provider may elect to address this at the time of your physical; it is therefore appropriate, according to insurance guidelines, for your provider to generate a charge for an office visit, which would be subject to your out-of-pocket expense according to your agreement/policy with your insurance carrier. If time does not allow, your provider will help to prioritize these concerns at the time and then ask that you schedule a separate appointment and/or reschedule the physical.

Following are examples of specific health concerns that may NOT be covered as part of your physical:

- A sinus infection
- Sore throat (testing for COVID, strep etc.)
- New cough
- New or changed headache pattern
- Abdominal pain
- Pelvic pain
- Depression or anxiety
- Joint pain, both specific and general
- General fatigue
- Sleeping problems
- Irregular periods
- Significant changes in status of a chronic health or mental health problem
- Urinary tract/bladder infection
- New diagnosis or significant change as determined by blood-work or other test results

If you have concerns about whether a charge for an additional office visit will be generated, ask your health care provider for more information. Our goal is to be transparent, to help you to prioritize your needs and utilize your time in our office as efficiently as possible.

Please note: In January 2018, Pinon Family Practice began work with the State Innovation Model (SIM) to address mental health and provide whole-person healthcare. It is our expectation and our goal to ensure that all patients, families, caregivers, insurance companies, government agencies etc., equally consider and cover mental health prevention and disease as that of physical health. Accordingly, it is our policy that every patient of Pinon Family Practice be screened annually (and quarterly if a mental health concern is present) with a PHQ9 and/or GAD7 questionnaire. Most insurance carriers cover this screening as part of preventative health benefits, however we have found that some plans don't cover/pay. The insurance carrier "allowed amount" ranges from \$5 -\$8 per screening and will be billed to you if not covered by insurance.

I acknowledge that I have read and understand the above Annual Physical Policy. I understand that my insurance policy and benefits are an agreement/contract between my insurance carrier and myself/policy holder. I understand that PFP will code and bill for services scheduled and provided and will not change or alter for the purpose of coverage or out-of-pocket expense. As such, I agree to pay Pinon Family Practice accordingly for services rendered and in accordance with the Financial Policy.

*****If patient is under 18 years of age, a parent or legal guardian must sign below*****

Patient/Guardian Signature: _____ Date: _____

General Screenings for Women

Screening tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65 and older
Physical exam, weight and blood pressure	Once a year	Once a year	Once a year	Once a year
Cholesterol test	Every 4–6 years, beginning at age 20, or more often if you have certain risk factors	Every 4–6 years, or more often if you have certain risk factors	Every 4–6 years, or more often if you have certain risk factors	Every 4–6 years, or more often if you have certain risk factors
Osteoporosis: Bone mineral density test		Ask your doctor if you're at risk	Get tested if you're over age 60 and at risk	Get tested at least once, and talk to your doctor about repeat testing
Diabetes: Blood glucose test	Get tested if you're overweight, or at risk for diabetes	Every 3 years, beginning at age 45, or every 1–2 years if your risk is high	Every 3 years, or every 1–2 years if your risk is high	Every 3 years, or every 1–2 years if your risk is high
Mammogram* (X-ray of breast)		Yearly from age 45 (ask if yearly mammograms are right for you from ages 40 to 44)	Every 2 years from age 55 (or can continue yearly screenings)	Continue screenings every 2 years (or yearly) as long as you're in good health
Reproductive health: Pap test	Every 3 years after age 21. Beginning at age 30, every 5 years with HPV test, or every 3 years without HPV test	Every 5 years with HPV test, or every 3 years without HPV test	Every 5 years with HPV test, or every 3 years without HPV test	Ask your doctor if needed
Reproductive health: Pelvic exam and breast exam [†]	Ask your doctor once you're 19 (pelvic exams may be yearly, breast exams may be every 1-3 years)	Yearly pelvic exam; ask your doctor if you need a breast exam yearly	Yearly pelvic exam; ask your doctor if you need a breast exam yearly	Ask your doctor if you need to continue screenings
Colon health: Colorectal cancer screening*	May need to begin screening if you are at high risk of colon cancer	Begin regular screening at age 45 (stool-based tests every 1-3 years, visual tests—like colonoscopy—every 5-10 years)	Regular screenings every 1-10 years depending on the type of test	Continue regular screenings until age 76. Ages 76-85, talk to your doctor about whether you need screenings. Ages 85+ do not need screening.
Skin health: Mole exam [‡]	Monthly self exam; ask your doctor if you're at risk and need regular exams by a dermatologist	Monthly self exam; ask your doctor if you're at risk and need regular exams by a dermatologist	Monthly self exam; ask your doctor if you're at risk and need regular exams by a dermatologist	Monthly self exam; ask your doctor if you're at risk and need regular exams by a dermatologist

Sources: *American Cancer Society, †The Skin Cancer Foundation, ‡The American College of Obstetricians and Gynecologists