

Patient Visit Billing & Disclaimer

Please read the following policy carefully before your visit.

If you choose to pay with insurance at Pandora Family Medicine, we offer:

- Wellness Visits - *also known as an Annual Visit or Physical Exam*
- Medical Office Visits - *Typically for Problem-Focused Care*

Understanding that there is a difference can help you to prepare for your visit and can clarify how your insurance is billed.

Wellness Visit / Annual Physical

A wellness visit is a **LIMITED** preventive health screening and includes:

- Discussion of age-appropriate health screenings (cancer screening, STI screening)
- Discussion of age-appropriate vaccinations (each vaccine is billed separately)
- Brief review of current medications and allergies
- Physical examination
- Ordering or reviewing screening tests (example: lipid panel, A1c, CMP, CBC)
- Preventive health counseling
- Billing codes: New: 99381-99387 Established: 99391-99397 Medicare: G0402, G0438, G0439

Important: *Wellness visits are not meant to address active medical issues or chronic conditions.*

Medical Office Visit

An **office visit** involves:

- Reviewing and recording a detailed medical history (past and present conditions, medications, allergies, hospitalizations, lifestyle habits)
- Making one or more diagnoses
- Ordering tests, prescribing medications, or referring to specialists/therapists
- Creating or modifying a treatment plan
- Managing chronic health conditions
- Medication management
- Completing paperwork (e.g., disability, FMLA forms)
- Physical Exam Note: **A physical exam may be limited or omitted depending on your clinical situation. In some cases, the visit may focus primarily on discussion.**
- Billing codes: New: 99202-99205 Established: 99211-99215

PLEASE SELECT ONE OPTION BELOW:

- ☐ I would **ONLY** like my visit to be only a **Wellness Visit** or **Annual Physical**.
I understand this visit is **ONLY** preventive in nature.
- If medical issues arise that must be addressed today for safety, the **wellness visit** may be deferred to another visit at the discretion of the physician.
- ☐ I understand that I will be receiving an **Office Visit** today for the reasons described above, and that all applicable charges (e.g., copay, coinsurance, or deductible) will apply.

Name (Printed): _____ Date: _____

Signature (or Guardian if patient is a minor): _____