

# Hahn Ob-Gyn Associates

Dr. Yoram Hahn, M.D., FACOG  
Dr. Eran M. Hahn, M.D., FACOG  
Dr. Shannon J. Potter, M.D., FACOG

3466 McKelvey Rd.  
Bridgeton, MO 63044

1035 Bellevue Ave., Ste. 105  
St. Louis, MO 63117

## Preventative and Screening Services for our Medicare Patients:

The regulations of Medicare and the AMA are quite complicated and generate many questions from our patients. The purpose of the handout is to clear up any confusion caused by these complicated rules regarding your annual exam. You will be asked to review and sign this annually.

**Medicare will now pay for screening for cancer** (a breast and pelvic exam and Pap smear) **once every two years.** If you meet Medicare's High Risk criteria, you may be covered annually.

Please review the following list and check any factors that apply to you.

1. Woman of **childbearing age**
  - Cervical or vaginal cancer is or was present
  - Abnormalities were found within the last 3 years
  
2. Woman NOT of **childbearing age** and has NOT had a **hysterectomy**
  - Onset of sexual activity under 16 years of age
  - Five or more sexual partners in a lifetime
  - History of sexually transmitted disease
  - 4 out of the last 7 pap smears have been positive for a problem
  - No pap smears at all within the past 7 years
  - History of HIV**
  
3. Woman NOT of **childbearing age** and had a hysterectomy
  - Exposed to DES in Utero (A medication your mother would have received while pregnant with you in the 1960's to prevent miscarriage)

While we regret Medicare does not pay for your annual exam, it is preventative by intent and we are required to submit our claims based on the service provided.

In the year Medicare *does not* pay, your cost will be \$100.00. Many of the supplements, including Missouri Medicaid, will not pay for any service Medicare has not approved. You will be responsible for payment unless your supplement policy pays for these preventative services.

Providing you with high quality healthcare remains our first priority. We thank you for choosing us to assist you with your healthcare needs.

---

(Patient Signature)

---

(Date)