



107 N St Rd 135, Suite 103  
Greenwood, IN 46278  
(317)550-4510

## Wellness Visit Awareness

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have been provided and understand the Wellness Visit information.

I agree that if I or my provider wishes to address specific medical problems or request services other than routine preventative care during my visit that I may incur charges.

\_\_\_\_\_  
Patient or Authorized Person's Signature