

Dear Patient,

We want you to receive wellness care – health care that may lower your risk of illness or injury. Medicare pays for some wellness care but it does not pay for all of the wellness care you might need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term “physical” is often used to describe wellness care. But Medicare does not pay for a traditional, head-to-toe physical. Medicare does pay for a wellness visit once a year to identify health risks and help you reduce them. At your wellness visit, our healthcare team will take a complete health history and provide several other services;

- Screenings to detect depression, risk for falling and other problems,
- A limited physical exam to check your blood pressure, weight, vision, and other things depending on your age, gender and level of activity,
- Recommendations for other wellness services and healthy lifestyle changes.

A wellness visit does not deal with new or existing health problems. That would be a separate service, and requires a longer appointment. Please let our scheduling staff know if you need the doctor’s help with a health problem, a medication refill, or something else. We may need to schedule a separate appointment. *A separate charge applies to these services, whether provided on the same date or a different date than the wellness visit.* We hope to help you get the most from your Medicare wellness benefits.

In preparation for your Subsequent Wellness examination scheduled on _____ at _____ am / pm, please complete the enclosed forms and bring them with you at the time of your visit. It is important that your provider that these complete forms for review during your visit.

Should you have any questions regarding completion of these forms, you may contact our office at _____.

Sincerely,

Patient Name: _____

DOB: #: _____

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Please list any other providers you see at least once a year.

Providers Name	Specialty	Diagnosis or reason you are seen by this provider

Please list any additional health related items or service you receive. (i.e. home oxygen, medical equipment, home nurse aides, etc.)

Supplier	Equipment or Service

Please fill out both sides of form. Thank you.

MEDICAL SUPPLIERS AND MEDICATIONS

HEARING SCREEN

Form # 313 (8/16)

Name: _____ Date: _____

DOB: _____

Ten Ways To Recognize Hearing Loss

The following questions will help you determine if you need to have your hearing evaluated by a medical professional:

Do you have a problem hearing over the telephone? Yes No

Do you have trouble following the conversation when two or more people are talking at the same time? Yes No

Do people complain that you turn the TV volume up too high? Yes No

Do you have to strain to understand conversation? Yes No

Do you have trouble hearing in a noisy background? Yes No

Do you find yourself asking people to repeat themselves? Yes No

Do many people you talk to seem to mumble (or not speak clearly)? Yes No

Do you misunderstand what others are saying and respond inappropriately? Yes No

Do you have trouble understanding the speech of women and children? Yes No

Do people get annoyed because you misunderstand what they say? Yes No

HEARING SCREEN