

North Country Family Practice  
PREVENTATIVE PHYSICAL WAIVER

(2/2021)

Please read the following important information regarding Preventative benefits, initial, sign, and bring this form with you to your appointment.

Initial

\_\_\_\_\_ North Country Family Practice does not verify benefits. It is your responsibility to know your plans coverage rules. In order to assist you with verifying your benefits we have listed below the procedures most commonly performed at a physical exam in our office. The services performed at your physical are based on the commonly accepted medical guidelines for age, gender, and personal or family medical history. You will be responsible for any charges not paid for by your insurance.

\_\_\_\_\_ Refusal of any recommended tests can result in the inability to properly diagnosis and treat you.

\_\_\_\_\_ At the conclusion of your physical exam, your provider will have you schedule a follow-up visit to discuss any new or previous medical conditions and the treatment necessary. Most insurance plans do cover your physical exam at 100% however the follow up visit is not part of your physical exam therefore your preventative benefits do not apply. The follow up visit will be billed using your medical diagnosis.

99395 – Preventative exam for age 18-39

99396 – Preventative exam for age 40-64

93000 – EKG

94010 – Pulmonary function test

71046 – Chest X-ray

82274 – Occult Blood test

81002 - Urinalysis

77085 – DEXA – bone density

Blood work:

80053 – Complete metabolic panel

85025 – Complete blood count (CBC)

84550 – Uric Acid

80061 - Cholesterol

84436 – Thyroid T3

84479 – Thyroid T4

84443 – Thyroid TSH

83540 – Iron

84153 – Prostate Antigen-PSA (male only)

84403 – Testosterone (male only)

Immunizations: Could vary based on age and requirement.

90715 – Tetanus/Adacel

90636 – Hepatitis A and B

90707 – MMR

90732 – Pneumovax

90736 – Zostavax Shingles (age 60+)

90716 - Chicken Pox

90649 – Gardasil HPV

If you request or if it is determined by your provider that additional tests are to be done at the same time as your scheduled physical, it is acknowledged that these tests will not fall under your insurance companies preventative care benefit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date