



1750 Laurel Street, Columbia, SC 29201
Ph: (803) 779-3378 • Fx: (803) 779-3103
LexInternists.com



A Lexington Medical Center Physician Practice

Patient Acknowledgment of Wellness Services

You are scheduled for Wellness Services in our office on _____.

Generally, this is your annual complete physical exam or yearly check-up. Physical Exam appointments do not include evaluation of any existing medical problems or complaints as those are addressed in a different type of appointment. Please know that your exam will be billed to your insurance as a wellness exam. It is important to know that the coding of this visit will not be altered once performed.

Because all insurance plans have different coverage benefits, Lexington Internists Laurel cannot guarantee coverage for any services, including labs, EKG, and x-ray. Please check directly with your health plan for specific coverage information. By signing below you acknowledge that every effort will be made to your insurer for the reimbursement of a wellness exam. In the event that your insurance does not pay, then you agree to be responsible for the balance.

I acknowledge that I have been informed in advance of receiving these services, and that these services may not be covered by my health insurance plan. I have chosen to receive these services and understand that I will be financially responsible for the charges and any remaining balance, in the event my insurance company does not make payment.

Print Patient Name: _____

Patient Signature

Date

Please bring this form and your insurance card to your appointment.