

<<Appropriate Letterhead or Logo>>

Dear Patient:

Thank you for scheduling your Medicare Annual Wellness Visit. This visit is specifically covered by Medicare as a “wellness visit.” There is no co-pay required. It is separate from your other visits. Enclosed you will find a health information questionnaire. We ask that you complete the document and bring it with you to your wellness appointment. The doctor and nurse will review it with you at your visit. If you have any difficulty with questions on the form you can leave them blank and we can discuss them at your visit.

What you can expect at your Medicare Annual Wellness visit is:

- This is a **Preventive Care Visit, not a physical!**
- Preventive services refer to measures taken to prevent disease from developing and to detect any disease at its early stage.
- During this visit your health care provider will develop a personalized prevention plan.
- If this visit includes non-preventive care, additional charges may apply.

Please remember to **bring to your appointment:**

1. Your insurance card(s)
2. Completed forms (included in this packet)
3. Immunization records
4. Copies of any Advance Care Directive or Living Will if you have it

We look forward to seeing you and thank you for choosing <Facility Name> for all your health needs.