

**SOUTHPARK INTERNAL MEDICINE**

**9088 S RIDGELINE BLVD #201 HIGHLANDS RANCH, CO 80129 P: 720.266.6900 F: 303.791.9920**

TO BE COMPLETED FOR ALL PHYSICAL/WELLNESS EXAMS

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

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

**Doctor:** \_\_\_\_\_ **Dr. Ellen Burkett** \_\_\_\_\_ **Dr. Philomena D. Pirozzi**

Insurance issues, requirements and coverage are ever changing. We are making every effort to be in compliance and to eliminate payment denials before they occur. Your insurance plan **may or may not** cover routine preventative services including lab testing.

We are legally obligated to assign procedure codes based on the service provided to you, whether it is a wellness exam, a visit to take care of problems, or both. **We cannot change the coding later to cause the insurance company to pay for a non-covered service.**

Changing or re-coding claims once they have been submitted constitutes fraud and we **do not** do this under any circumstances.

If you have multiple or complex medical issues, they may not be covered during a routine physical exam. An additional office visit may need to be scheduled. Any subsequent charges may be your responsibility as a result of that visit. These problems are not considered part of a "wellness" exam and will be subject to your copay/co-insurance/deductible. The decision is at the discretion of the provider.

**The office bills only for services performed by our providers. The laboratory companies are a separate entity. You and/or your insurance company will be responsible for labs that are performed. If you have any questions regarding your lab bill, please contact that laboratory or your insurance company.**

We thank you for taking the time to complete this form. We are making every effort to comply with governmental rules and the rules of all insurance plans for claims submission. We appreciate the help of our patients in this endeavor.

**Patient Signature:** \_\_\_\_\_

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