



Well Check / Annual Visit

*Barbi Phelps-Sandall, M.D., F.A.C.O.G., M.Ed.
2485 Hospital Drive, Suite 321
Mountain View, CA 94040
Phone 650-988-7830 Fax 650-966-9207*

Welcome to our office. You are scheduled today for your "Well Check / Annual Visit".

Please be aware that if you have any other medical issues or concerns that you would like to discuss at this visit, you will need to let the front desk know at this time.

Your "Well Check / Annual Visit" does not include any other medical consultation, treatment, or procedures per the terms of your well check benefits. However, we can address your other concerns today, along with your scheduled well check visit, but we will bill your insurance company for two (2) visits. You will be billed as follows:

- 1) Well Check / Annual Visit
- 2) Office Visit / Consultation – You will have to pay a co-pay for this visit, depending on your insurance policy terms.

Please be aware that some insurance companies do not cover two (2) visits on the same day. You will be responsible for knowing the provision of your insurance coverage pertaining to your "Well Check / Annual Visit" benefits/coverage. We can always schedule you for another appointment on a different day to make sure all of your health concerns are met.

Please check one of the following:

Yes, I have additional medical issues or concerns that I would like to address at today's visit.

OR

I will just do my annual exam today, and will make another appointment at a different time to cover other health issues.

Thank you for your attention to this matter.

I have read and understand the above statements

PRINT NAME: _____ **DATE:** ____/____/____

SIGNATURE: _____

