

Desert Peaks Health Care

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To: Our Medicare Patients

Subject: Medicare Annual Wellness and Other Preventive Visits

Beginning January 1, 2011, Medicare covers an “Annual Wellness Visit” in addition to the one-time “Welcome to Medicare” exam. The “Welcome to Medicare” exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your “Welcome to Medicare” exam.

Initial Preventive Physical Exam (IPPE)	“Welcome to Medicare” is only for <i>new</i> Medicare patients. This must be done in the 1 st year as a Medicare patient.
Annual Wellness Visit, Initial	At least 1 year after the “Welcome to Medicare” exam.
Annual Wellness Visit, Subsequent	Once a year (more than 1 year + 1 day after the last Wellness Visit).

The Annual Wellness Visit is *not* the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the “Annual Wellness Visit” includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does *not* include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues *or* your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit, if time allows.

Medicare does not cover an annual physical, however many Medicare Advantage plans do cover this service. If you would like to schedule an annual physical or chronic disease management visit, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare’s usual coverage guidelines.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this benefit to work with your physician in creating your personalized prevention plan.

See the attached list to bring with you to your appointment.

Patient Name: _____ Date of Birth: _____

Medicare Eligibility Date: _____

Date of Last Medicare Wellness Visit: _____

Appointment date: _____

Bring this completed paperwork to your appointment.

The names of all your other doctors:

Name	Specialty

The names of all your medical equipment suppliers:

Name	Supplies

	Yes	No
Do you have any new allergies?		

A list of all your medications, vitamins, supplements:

Name of medicine	Dose	Frequency

	Yes	No
Have you had any recent immunizations? (If you have, please bring the dates received)		
Have any of your close relatives had a change in health?		
Do you exercise?		
Type of exercise?		
How often?		
Do you follow a specific diet?		
Regular		
Cardiac		
Diabetic		
Other (please specify)		
Have you ever used tobacco?		
How many packs per day?		
How many cans per day?		
How many years of use?		
When did you quit?		
Do you drink alcohol?		
How many servings per day?		
How many servings per week?		
1 serving = 1.5 oz of liquor, 5 oz of wine or 12 oz of beer		
Have you ever used illicit drugs (street, recreational)?		
Type?		
How often?		
How used (nasal, IV, smoked)?		
Last used?		
Do you have an Advance Directive or POLST? (If you have one, please bring it with you.)		
Have you had any preventive tests done recently? (labs, mammograms, bone density tests, etc)		
Are you or your friends/family worried about your memory?		
Are you afraid of falling?		
Have you fallen 2 or more times in the past year?		
Does your home have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs, or have poor lighting?		
Do you need help with bathing, dressing, grooming, feeding, toileting, walking or mobility within your home?		
Do you need help with housework, finances, taking medications as prescribed, shopping, using the telephone, or transportation?		
Do you have a caregiver?		
What is their name and relationship to you?		
Do you have difficulty hearing in crowds?		
How do you rate your overall health, in the past 4 weeks?		
Excellent		
Very Good		
Good		
Fair		
Poor		

During the <u>past 4 weeks</u> , has your physical and emotional health limited your social activities with family, friends, neighbors or groups?	
Not at all	
Slightly	
Moderately	
Quite a bit	
Extremely	
During the <u>past 4 weeks</u> , was someone available to help you if you needed and wanted help? For example, if you felt very nervous, lonely or blue, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, or needed help just taking care of yourself?	
Yes, as much as I wanted	
Yes, quite a bit	
Yes, some	
Yes, a little	
No, not at all	
Do you always fasten your seat belt when you are in a car?	
Yes, usually	
Yes, sometimes	
No	
How often do you have trouble taking medications the way you have been told to take them?	
I do have to take medication	
I always take them as prescribed	
Sometimes I take them as prescribed	
I seldom take them as prescribed	