



TRICITY FAMILY MEDICINE
& URGENT CARE CLINIC

107 Hyannis Drive, Holly Springs, NC 27540
Phone: (919) 363-8666 Fax: (919) 363-8668

NOTICE REGARDING SAME-DAY WELLNESS CARE & ILLNESS CARE

Dear Patient,

Due to recent changes in your insurance payment policy, they **REQUIRE** your wellness care and your illness/follow up care to be addressed in two separate visits. This will ensure the time and attention required for each visit is met by the provider.

To comply with your insurance payment policy, we **WILL NOT** address illness, (foot/shoulder pain, cough/cold symptoms, rash, chest pain, dizziness, etc.) **OR** follow up care for your medications, (such as thyroid, anxiety/depression, hypertension, cholesterol, diabetes medications/supplies, etc.). This will have to be a **separate visit** from your annual wellness/complete physical examination.

Wellness/complete physical examinations **ONLY** include a full exam and labs (as deemed necessary by your provider). This **will NOT** include thyroid panel or a hemoglobin A1C. The **only** medications that will be addressed during your physical will be birth control pills, for women only getting a pap.

For **Tricare** patients, **NO** referral will be given during a wellness/complete physical exam **EXCEPT** for obstetrics (OB), if necessary.

Adherence to this policy will help prevent claims from being denied by your health insurance carrier. We realize the inconvenience this may cause and regret that your insurance company's payment policy has led us to make this business decision. Your understanding of this situation is appreciated.

By Signing below, I acknowledge I have read and understood the above regarding Same-Day Wellness Care & Illness care policy. If you do NOT adhere to this policy, you WILL be subject to the charges NOT covered by your insurance carrier.

Print Patient Name: _____

Signature (Guarantor/Responsible Party): _____

Date: _____