

# Sweetwater Medical Associates

16651 Southwest Freeway, Suite 100

Sugar Land, Texas 77479

## General Physical Exam

***Patients, please read before signing this form.***

Most insurance companies will pay for only one type of visit in a day: either an annual/general physical exam or an illness/problem exam. If the physician does address a condition outside of the "Annual/General Physical Exam," be aware that you will be responsible for TWO SEPARATE CO-PAYMENTS ON THE SAME DAY.

Thank you for scheduling your annual physical exam with our office. This exam consists of the following elements:

1. A review/update of your family history of diseases and medical conditions.
2. A review/update of your social history including tobacco use, alcohol use, drug use.
3. A review of your medical risk factors – this is not to change treatment or refill medications. This is to help make decisions in risk assessment for heart attacks, cancer, lung disease, etc...
4. Physical examination
5. The need for lab work, diagnostic testing, imaging and/or vaccination is determined from the above information.

**\*\*\*Again, due to restrictions by your insurance company, if we address any medical problems outside of the above-mentioned list, which constitutes an "Annual/General Physical Exam", they may not cover more than one type of visit in a day.\*\*\***

**\*\*\*\*\*BY SIGNING BELOW, I AGREE THAT ANY SYMPTOMS, MEDICAL PROBLEMS, AND/OR LABS NOT ASSOCIATED WITH THE ABOVE-MENTIONED LISTING, THAT ARE REQUESTED BY ME TODAY ARE MY RESPONSIBILITY TO PAY AT THE TIME THE SERVICES ARE RENDERED. IN THE EVENT THAT MY INSURANCE WILL NOT PAY FOR BOTH A SYMPTOM VISIT AND A PHYSICAL IN THE SAME DAY, I WILL BE FULLY RESPONSIBLE TO PAY FOR NON-COVERED SERVICES.\*\*\*\*\***

If you have a new or acute medical condition that you feel needs to be addressed today, please notify the medical assistant and we will help you reschedule your general physical exam to another time, or if you choose to have your acute problem evaluated today, you will be expected to pay two separate co-payments.

Thank you for your understanding and cooperation in this matter.

Jeffery T. Alford, MD

Dina B. White, MD

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Date

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Patient Name

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Medical Assistant Signature

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Patient Signature