

Preventative Exam—Employee copy



A preventative physical examination is a routine exam your doctor performs to check your overall health. It is a chance for the doctor to identify areas of concern or discuss issues you are at risk for that you may not have been aware of. The exam should not be a time to bring in a list of health concerns to be addressed. The exam can help catch health issues early enough to minimize the impact on your health, family and pocketbook.

Rules for preventative care billing (Who is going to pay for this?):

The payment for the visit depends on the billing code submitted by the health care provider to the insurance. If the visit is coded as a preventative visit, the payment will be covered 100% by most insurance plans (including Nebo Health insurance). If the examination includes treatment and/or diagnosis, the visit code may be changed to an office visit, which is subject to the patient's deductible, coinsurance or copays (the patient pays). It is extremely important to communicate with your health care provider that the purpose of your visit is for a preventative visit. You might say, "I am here for a routine preventative visit. What health concerns should I bring up at this visit?"

Do:

- When you make your appointment, be sure to tell them it is for a "preventative exam" or "routine physical exam".
- Give the health care provider this form at the beginning of the exam.
- Tell the health care provider about your health issues or reschedule a follow-up appointment if any issue needs more attention by the health care provider.
- If you are completing a blood panel, consider a morning appointment so you can fast more easily.
- Schedule a return visit for your next preventative exam.

Do not:

- Come in with a LONG list of NEW health issues that you are going to tell your health care provider about. Make a separate appointment to be treated instead.
- Come in with a SIGNIFICANT health issue that has not been addressed previously that will take a lot of "doctor time" to address. Make a separate appointment to be treated for that issue.
- Stay silent on health issues that you should bring up with your doctor.

Please collect the following data from your health care provider: You will use this information to complete your online personal health assessment or Health Risk Assessment (HRA). Please ask your health care provider for a printout with the following information or enter information in the blanks.

HDL Cholesterol (mg/dL) _____

LDL Cholesterol (mg/dL) _____

Triglycerides (mg/dL) _____

Total Cholesterol (mg/dL) _____

Blood pressure:

Systolic (mmHg) _____

Diastolic (mmHg) _____

Blood Glucose (mg/dL) _____ Weight _____

Preventative Exam—Employer's copy

Do not write personal health information on this page



This form is for (Mark one): Employee Spouse on District insurance

Employee Name _____ Spouse Name _____

Nebo Employee number _____ Work location _____

Mailing address _____

Incentives for completion (MARK ONE):

- Employees enrolled on Nebo Health insurance:** Completes the Preventative Exam requirement for both the *Road to Wellness* (avoid \$200 pay deduction) and for the *Gimme 5 Wellness Prize* (\$50 gift card, fit watch or Wellness Day).
- Employee eligible for Nebo health insurance but not enrolled:** Completes the Preventative Exam requirement for *Gimme 5 Wellness Prize* (\$50 gift card or Wellness Day).
- Employees not eligible for Nebo health insurance:** Complete this form and return to the Wellness Office at the District Office to receive a \$35 gift card. **To qualify:** Must work at least 2 hours a day. Retirees, employees under 18, seasonal and substitutes not eligible.
- Spouses of Employees enrolled on Nebo health insurance:** Complete this form and return to the Wellness Office at the District Office to receive a \$35 gift card.

Health care provider: This patient is completing a routine preventative exam. Please advise the patient the type of health concerns to bring up at this visit (For the CPT code to be "preventative").

Complete or be current (up to date) on the following:

- A. Complete a physical examination from a physician based on age, gender, and risk factors.
- B. Complete physician recommended preventative cancer screenings based on age, gender and genetic risk factors. (i.e. mammogram, pap smear, colonoscopy, etc.)
- C. Complete a blood chemistry panel within the last 5 years or more frequent if physician recommends based on risk factors. Screened items are: Glucose levels, LDL cholesterol, total cholesterol, and triglycerides. **Please provide printout or data to patient.**
- D. Discuss immunization status (A patient has a right to choose not to be immunized).
- E. Discuss recommendations to address present risk factors. These recommendations should include any prudent professional interventions (i.e. prescriptions) and lifestyle changes (activity and dietary changes).

As a registered health professional, I certify the patient is current on the exam requirements

_____ Date _____

Signed or stamped and dated by health professional upon completion

What date will this patient be due for a return preventative visit? _____

Patient: Return to "Wellness Office" or John Allan at the District Office via IMC, mail (350 S. Main Spanish Fork, Utah 84660) or hand delivery. Copies, images and facsimiles are acceptable. Email: john.allan@nebo.edu Fax: 801-342-8023.