

Preventative Exam—Instructions

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.

Important note: Those enrolled on Nebo Health insurance usually DO NOT need to complete this form and return it. However, if you are completing your preventative exam February 1 to June 1, complete this form and return it ASAP to the District Office. Then you will get credit for the preventative exam requirement to help avoid the \$200 penalty. Select Health will still verify your completion of a preventative exam through the use of CPT billing codes. There can be a several week delay in the verification, hence the need to use this form to quickly document your visit with the District Office.

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.



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 _____ (Complete only if form is for spouse)

Nebo Employee number _____ Work location _____

Mailing address _____

Incentives for completion (MARK ONE):

- Employees enrolled on Nebo Health insurance:** Use this form from February 1 to June 1 to receive credit for the visit. Select Health will use billing codes to provide verification of completion of exam.
- Employee eligible for Nebo health insurance but not enrolled:** Completes the Preventative Exam requirement for *My Share 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 preventative 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. Discuss immunization status (A patient has a right to choose not to be immunized).
- D. 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

Signed or stamped and dated by health professional upon completion

Date _____

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.