



Patient Name: _____

Thank you for scheduling your Annual Wellness Visit (AWV). This is an important visit which gives you an opportunity to spend time with your provider to review your current health and plan for future care and screenings. This visit is covered 100% by Medicare Part B, C and/or D.

If you have Medicare Part C and/or D this visit, along with a yearly Preventive Physical Exam, are covered 100%.

If, during the appointment, you need to be treated for an acute or chronic problem you may need to schedule a future appointment at check-out.

Please be sure to bring the following items to your AWV:

- All pills or supplements you are currently taking
- A list of other providers or specialists you have seen in the last year
- Any medical records, including screenings or vaccines you have received in the last year

We look forward to partnering with you in your health and well-being.

Your appointment with: _____

is scheduled on: _____ at: am / pm



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