

Brent Allmon, M.D.
Woodlands Family Medicine
17521 St. Luke's Way, Suite 190
The Woodlands, Texas. 77384
Phone: 281-719-5450 Fax: 936-321-4469

8/19/2013

To our Medicare patients:

With the ever-changing health care climate and added regulations under the Affordable Care Act, Medicare has developed a plan for Annual Wellness Visits (or AWW). Medicare feels that the AWW can be a valuable medical service that fulfills the purpose of providing optimum preventive care.

Medicare is urging all primary care physicians to offer this service, and in the future it is proposed that this service will be required in order for physicians to receive full reimbursement for services provided to Medicare patients. As such, we will be requiring all of our Medicare patients who wish to remain a part of our practice to schedule this visit annually. In order to organize and accommodate this additional visit, we ask that each patient plan to schedule this visit on or around their birth date. These visits may be scheduled with our physician assistant.

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the "Annual Wellness Visit" includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does *not* include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues *or* your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

Included with this letter are papers that you will need to **fill out and bring with you** when you come in for your AWW.

We appreciate your understanding and cooperation as we move forward with new requirements and regulations.

Sincerely,


Brent Allmon, M.D.

From Medicare.gov:

- **Yearly "Wellness" visits:** If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. It also includes:
 - A review of your medical and family history
 - Developing or updating a list of current providers and prescriptions
 - Height, weight, blood pressure, and other routine measurements
 - Detection of any cognitive impairment
 - Personalized health advice
 - A list of risk factors and treatment options for you
 - A screening schedule (like a checklist) for appropriate preventive services. [Get details about coverage for screenings, shots, and other preventive services.](#)

This visit is covered once every 12 months (11 full months must have passed since the last visit).

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing for the "Welcome to Medicare" preventive visit or the yearly "Wellness" visit if your doctor or other qualified health care provider accepts [assignment](#). The Part B [deductible](#) doesn't apply."

However, if your doctor or other health care provider performs additional tests or services during the same visit that aren't covered under these preventive benefits, you may have to pay [coinsurance](#), and the Part B deductible may apply.

Is the AWV the same as a beneficiary's yearly physical?

No, the AWV is a preventive wellness visit and is not a "routine physical checkup" that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not cover routine physical examinations.

Are clinical laboratory tests part of the AWV?

No, the AWV does not include any clinical laboratory tests, but you may want to make referrals for such tests as part of the AWV , if appropriate.

What you should bring to your Annual Wellness Visit (3 PAGES):

MEDICARE PREVENTATIVE PHYSICAL EXAM

Social History:

Tobacco: _____

Alcohol: _____

Caffeine: _____

Any history of Drug Abuse: _____

Occupation: _____

Exercise type/frequency: _____

Home environment: [Private home, assisted living, other]: _____

Hospitalizations: Please list any hospitalizations in the last 5 years here:

ALLERGIES: Please list all of your drug or food allergies here:

Medication	Reaction

Medications: Please list all of your medications here:

Medication	Dose

Please list all of your other physicians or providers of care:

Name	Specialty

Function Mobility/Safety Screening:

1- Does your home have rugs in the hallway?

Yes. No.

2- Does your home have grab bars in the bathroom?

Yes. No.

3- Does your home have handrails on the stairs or have poor lighting?

Yes. No.

4- Have you noticed any hearing difficulties?

Yes. No.

5- Do you have a living will or advance directive?

Yes. No.

(If you have one, *please bring a copy of it with you.*)

MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. What is your age?

- 65-69. 70-79. 80 or older.

2. Are you a male or a female?

- Male. Female.

3. During the **past four weeks**, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

4. During the **past four weeks**, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

5. During the **past four weeks**, how much bodily pain have you generally had?

- No pain.
 Very mild pain.
 Mild pain.
 Moderate pain.
 Severe pain.

6. During the **past four weeks**, was someone available to help you if you needed and wanted help?

(For example, if you felt very nervous, lonely, or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted.
 Yes, quite a bit.
 Yes, some.
 Yes, a little.
 No, not at all.

Your name: _____

Today's date: _____

Your date of birth: _____

7. During the **past four weeks**, what was the hardest physical activity you could do for at least two minutes?

- Very heavy.
 Heavy.
 Moderate.
 Light.
 Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?)

- Yes. No.

9. Can you go shopping for groceries or clothes without someone's help?

- Yes. No.

10. Can you prepare your own meals?

- Yes. No.

11. Can you do your housework without help?

- Yes. No.

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes. No.

13. Can you handle your own money without help?

- Yes. No.

14. During the **past four weeks**, how would you rate your health in general?

- Excellent.
 Very good.
 Good.
 Fair.
 Poor.

15. How have things been going for you during the **past four weeks**?

- Very well; could hardly be better.
- Pretty well.
- Good and bad parts about equal.
- Pretty bad.
- Very bad; could hardly be worse.

16. Are you having difficulties driving your car?

- Yes, often.
- Sometimes.
- No.
- Not applicable, I do not use a car.

17. Do you always fasten your seat belt when you are in a car?

- Yes, usually.
- Yes, sometimes.
- No.

18. How often during the **past four weeks** have you been *bothered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble eating well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth or denture problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems using the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness or fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you fallen two or more times in **the past year**?

- Yes. No.

20. Are you afraid of falling?

- Yes. No.

21. Are you a smoker?

- No.
- Yes, and I might quit.
- Yes, but I'm not ready to quit.

22. During the **past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week.
- 6-9 drinks per week.
- 2-5 drinks per week.
- One drink or less per week.
- No alcohol at all.

23. Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time.
- Yes, some of the time.
- No, I usually do not exercise this much.

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- Yes. No.

Keeping track of your medications?

- Yes. No.

25. How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine.
- I always take them as prescribed.
- Sometimes I take them as prescribed.
- I seldom take them as prescribed.

26. How confident are you that you can control and manage most of your health problems?

- Very confident.
- Somewhat confident.
- Not very confident.
- I do not have any health problems.

27. What is your race? (**Check all that apply.**)

- White.
- Black or African American.
- Asian.
- Native Hawaiian or other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.