

**LOUDOUN MEDICAL GROUP, P.C.
LEESBURG STERLING FAMILY PRACTICE**

**Adult Preventive Health Visit Policy
Acknowledgement Form**

Patient Name: _____

Date of Birth: _____

Account No: _____

Appointment date/time: _____

Provider: _____

You have scheduled an examination with a healthcare provider for a preventive health visit. In most instances, insurance companies do not require co-payments for this type of visit.

Preventive care is important for you and your family's health. Preventive care may include things such as regular check-ups, screenings and immunizations and counseling on diet and exercise. This type of care may also help you catch health problems before they become serious. However, preventive health care visits are not designed to address the treatment of chronic in-depth or newly diagnosed issues.

If your provider needs to address a new or chronic, in-depth issue during your preventive health visit, billing guidelines require the provider to bill appropriately, and ***a co-payment or deductible may be assessed by your insurance company*** in these instances.

I acknowledge understanding of the above as it pertains to my scheduled preventive health visit.

Patient Signature: _____

Date: _____