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Thank you for your participation and commitment in helping us keep you healthy and current with your preventive health visit today. It is our office policy to see our patients annually, have them update their demographics and health history, and fill out any screening questionnaires required by your insurance.

Today, you are scheduled for your Wellness or Preventive Visit. Under the ACA, private health plans must provide coverage for a range of preventive services and may not impose cost sharing (such as copayments, deductibles, or co-insurance) on patients receiving these services.

However, anything discussed today that is NOT part of your Annual Wellness Visit, will be subject to your copay, coinsurance and/or deductible, payable at the time of service. This includes any chronic disease management, medication refills, or other acute complaints.

By signing this form, you are acknowledging that you have read the above and understand that you may be asked for a copay or coinsurance at checkout, depending on your visit today. You may also be billed for any unpaid balance after insurance consideration if payment is not made today. All balances are due upon receipt.

Thank you,

Guadalupe Family Health

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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