



PREMIER INTERNAL MEDICINE  
*Of Alpharetta*

ANNUAL PREVENTIVE EXAM ACKNOWLEDGMENT

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

DOB: \_\_\_\_\_

**Provider (check one):**  Kira Colbert, MD  Nasha Boateng, FNP-BC  Farhana Rahman, FNP-BC

Your annual preventive visit is a yearly appointment intended to “**prevent**” illnesses and detect health concerns early, “**before**” symptoms are noticeable. An office visit is designed to discuss **new or existing, chronic or acute**, health issues, concerns or symptoms.

Select **one** of the following options regarding your appointment:

I will proceed with my Annual Preventive (wellness) visit as scheduled and make a separate appointment to address my chronic or acute problem(s) upon checkout.

I prefer to change my Annual Preventive (wellness) visit to a Sick Visit to address my concerns today and reschedule my wellness visit upon checkout.

**Please *initial* next to each point below acknowledging it has been read and understood:**

Your Annual Preventive (wellness) exam includes the following:

Physical Exam, Screening Emotional/Behavioral Assessment, General Labs (CBC, CMP, A1c, Lipid Panel, TSH, Free T4, Urinalysis, PSA), Referral/Orders for Screening Tests (Mammogram, Pap, Colonoscopy, Bone Density, if applicable), Review immunizations (Flu, Tdap, Shingles, Pneumonia, RSV, COVID, HPV)

A “screening” for Vitamin D deficiency is not a covered benefit with preventive services. It is only covered with a current diagnosis **or** history of Vitamin D deficiency.

Please note that the copay, co-insurance, deductible and/or past due balances are ***due at the time of service***.

We recommend a return follow-up visit to review your diagnostic lab results in person and to develop a treatment plan for ***abnormal findings***. If you choose not to schedule a follow-up visit, you may review your results on the Patient Portal. **NOTE:** This visit is separate from the preventive visit.

By signing below, I acknowledge that I have read and understand the above as it pertains to my scheduled Preventive health visit.

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date