

PREVENTATIVE INSURANCE WAIVER AGREEMENT  
DR. LISA ARIAN / DR. LYNNE CHAMPAGNE

PATIENT NAME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

Dear Patient,

Today you will be seen for your check-up. If you have been told by your insurance company that a “preventative Physical” or “Routine Annual Physical” is covered without a co-payment, keep in mind that the following criteria must be met to qualify:

- You have no complaints (“My knee hurts,” “This mole has changed.”)
- You have no pre-existing medical problem to be addressed (high blood pressure, allergies, high cholesterol, etc.)
- You are on no medications that are prescribed by us (other than birth control pills.)
- You have no abnormalities on physical exam.

If the above criteria are not met, then the visit does not qualify as a “Preventative Physical” or “Routine Annual Physical” and will need to be billed as a regular office visit. Therefore, a co-payment or additional charges may apply.

Sorry for the confusion, but these are the rules laid out by the insurance companies.

I \_\_\_\_\_ will be financially responsible for the co-payment (and other charges if my carrier assesses any), and I agree to pay in full.

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

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