ELPIS
HEALTHCARE

ROUTINE PHYSICAL EXAM – FINANANCIAL INFORMATION

Purpose of Exam: Routine Physicals are an important part of your general health care maintenance and are intended to assess your overall health. If you are experiencing specific problems, please schedule an office visit to address those concerns.

Billing Policies for Routine Physical Exams:

Your insurance company may or may not cover your physical exam. Please consult with your insurance company prior to your scheduled appointment regarding payment for your physical.

If your insurance company does cover a physical exam annually, please ensure that it has been at least 365 days since your last physical exam.

Testing which includes Lab, X-rays and EKG's may not be covered by your insurance policy when performed as part of a physical. Provided below is a list of the labs that your physician may order as part of your physical

- **COMPLETE METABOLIC PANEL (CMP)** - shows the status of your kidneys, liver, electrolytes and acid/base balance. As well as your blood sugar and blood proteins.
- **LIPID PANEL (Cholesterol Test) -Total cholesterol** helps to assess risk of Heart attack and stroke.
- **COMPLETE BLOOD COUNT (CBC)** - helps detect blood diseases and disorders, such as anemia, infections, clotting problems, blood cancers, and immune system disorders.
- **THYROID STIMULATING HORMONE (TSH)** - screens for and helps diagnose thyroid disorders.
- **PROSTATE SPECIFIC ANTIGEN** (PSA)-used to help detect prostate cancer in men, the earlier it is detected the better.
- **URINALYSIS (UA)** - used to diagnose a urinary tract or kidney infection, to screen for progression of some chronic conditions such as diabetes mellitus and high blood pressure (hypertension).
- **FECAL OCCULT BLOOD TEST (FOBT)** -This test ts performed for colorectal cancer screening.
- **URINEHUMAN CHORIONIC GONADOTROPIN (Urine HCG)** Pregnancy Test
- **ELECTROCARDIOGRAM <EKG}** - serves as a screening tool to detect any cardiac problems. Helpful to compare previous EKG if you are experiencing chest pain.

WHEN YOU CONTACT YOUR INSURANCE FOR YOUR ROUTINE PHYSICAL BENEFITS, YOU WILL NEED TO PROVIDE THEM WITH THESE TEST CODES. THE INSURANCE COMPANY WILL THEN BE ABLE TO TELL YOU IF THESE CODES ARE COVERED UNDER YOUR POLICY.

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DIAGNOSIS CODE: Z00.00

Est. Pt Physical	New Pt. Physical	Code
A e 18-39	Age 18-39	99385
A e 40-64	Age 40-64	99386
A e 65 -older	Age 65-older	99387

Lab Test	Code
CBC	85025
LIPID	80061
CMP	80053
TSH	84443
PSA	84153
UA	81002
FOBT	82270
HCG	84703

Diagnostic Test Code EKG 93000

If you request to have testing for Sexually Transmitted Diseases (STD) you will also need to check you plans benefits for coverage.

DIAGNOSIS CODE: Z20.89

Test	Code
HIV	87390
Heroes	86694
Hepatitis	80074
Chlamydia	87491
Gonorrhea	87591
Syphilis	86593

For Women Only: If you have had an annual gynecological exam somewhere else it may prevent us from being paid by your insurance company for a physical exam.

If you have any additional questions, please feel free to contact our office At
972-983-5000 in Plano, TX
Or At 817-354-7070 in Euless, TX

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ROUTINE PHYSICAL EXAM FINANCIAL WAIVER

The following labs are what your physician recommends you to have drawn during a routine physical exam. Please understand that your insurance policy may not cover these labs as routine care. As the insured it is your responsibility to contact your insurance carrier to find out your routine laboratory benefits.

Below is the list of the labs that may be ordered by your physician, please check the box of the test you **DO NOT** want ordered at this time due to cost.

Routine Labs

- □ Complete Metabolic Panel (CMP)
- □ Lipid Panel
- □ Complete Blood Count (CBC)
- □ Thyroid Stimulating Hormone (TSH)
- □ Prostate Specific Antigen (PSA)
- □ Urinalysis (UA)
- □ Fecal Occult Blood Test (FOBT)
- □ Urine Human Chorionic Gonadotropin (Urine HCG)
- □ Electrocardiogram (EKG)

Optional STD Testing

- □ HIV testing
- □ Herpes Simplex
- □ Hepatitis Panel
- □ Chlamydia
- □ Gonorrhea
- □ Syphilis

I acknowledge that I have read and understand the billing policies for my routine physical exam.

I understand that if my insurance company does not pay for all or part of my physical exam that the balance in full is my responsibility.

Patient Name Printed: _____ Date of Birth: _____

Patient Signature: _____ Elpis Staff Name/Initials: _____