

Hello,

We are pleased to offer the Medicare **free** benefit called the Annual Wellness Visit (AWV). During this visit we will work with you to make a plan for how to stay well.

**What is the Annual Wellness Visit?**

- This visit is for talking with your care team about your medical history, your risk for certain diseases, the current state of your health and your plan for staying well.
- For in-clinic visits, we will measure your height, weight and blood pressure.
- We might refer you for screenings or services following your appointment.

**How is the Annual Wellness Visit different from other visits?**

- This is not the same as a yearly physical exam.
- We will not listen to your heart and lungs or check other parts of your body.
- You will not get screenings or blood tests during this visit.
- We would want to schedule another appointment if you are not feeling well or are concerned about a medical problem.

**When do I get it?**

- You can receive a “Welcome to Medicare” preventive visit within the first 12 months you are enrolled in Medicare Part B. After that you are eligible for an Annual Wellness Visit (AWV) once every 12 months.

**Who pays for it?**

- Medicare will pay for the Annual Wellness Visit so you will have no out of pocket expense.
- You might have a co-pay for follow-up screening services and visits that you are referred to.
- If you receive tests or services during your Annual Wellness Visit, you may have a co-pay and the Part B deductible may apply.

**Things to bring to your Annual Wellness Visit:**

Please complete the other side of this letter and bring it to your appointment along with the following:

- All of the medicines you take including over-the-counter drugs, vitamins and herbals.
- A copy of your Advance Directive (if you have one)
- Your insurance card.

We look forward to working with you to make a plan to help you stay well,

Sincerely,

**Your Care Team at Salud Family Health**

## Providers and Suppliers

Please provide us with a list of your current providers.

<b>Provider's Name</b>	<b>Provider Specialty (i.e. cardiology)</b>	<b>Contact Information (phone number, City, State)</b>

If you currently receive medical equipment at home (i.e. oxygen) from a supplier or receive home health services, please provide us their contact details.

<b>Name of Medical Supply Company or Home Health Agency</b>	<b>Contact Information (phone number, city, state)</b>

Do you have any problems at home doing the following activities?

- Bathing                                     Yes             No
- Dressing                                     Yes             No
- Using the bathroom                     Yes             No
- Getting in/out of bed                     Yes             No
- Control of bowel and urine             Yes             No
- Feeding Yourself                         Yes             No

Does you have any problems hearing?  Yes             No

Have you had a fall in your home or yard in the last year?  Yes             No

Do you have stairs in your home?  Yes             No

Do you have grab bars in the bathroom?  Yes             No

Do you have a secure stepladder in the home?  Yes             No

Do you have difficulty navigating your way in the home (doors, high shelves etc.)?  Yes             No

Do you have a working smoke alarm at home?  Yes             No

Do you have a workable phone within easy reach?  Yes             No