

Orlando Family Practice Care, P.A
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ROUTINE PHYSICAL / WELL WOMAN EXAM

Please be advised that if you have a medical condition / concern to discuss with the physician during your Annual Routine Physical Examination, and/or during your Well Woman Exam, a separate office visit will be charged to your insurance company. You will be responsible for any copayments and or deductibles applied to patient responsibility by your insurance company due to the additional visit.

I acknowledge that if I have a medical concern to discuss with the physician during my preventative exam, my insurance company will be billed for a separate office visit in conjunction with the preventative service.

Patient's Name

Patient's Signature

Date