

[Date]  
[Patient Name]  
[Patient Address]  
[City, ST Zip Code]

## Annual Wellness Visit

Dear [Patient]:

Our records indicate you are due for your Annual Wellness Visit. We are inviting you to schedule your Annual Wellness Visit so you and I can catch up on questions and discuss your care needs for the year. We believe the annual wellness visit is part of our ongoing relationship and is vital to your health goals. I will help you identify the preventive screenings you need and help develop a care plan based on your unique health and risk factors. Please call our office now to schedule your annual wellness visit to start the conversation!

### **What is the Annual Wellness Visit (and how is it different from other visits?)**

- It is a free\* service included with your Medicare Part B or Medicare Advantage plan.
- The Annual Wellness Visit is not a yearly physical exam or a Matrix in home visit.
- This visit is for talking with your healthcare team about your medical history, your risk for certain diseases, the current state of your health, and your plan for staying well.
- We will also complete screening questionnaires regarding your activity level and function, memory, depression, home safety as well as check your height, weight, and blood pressure.
- Together, we will create a written preventive health and screening plan.
- \*Additional test or services can be provided during the same visit; however, a co-pay or deductible charge may occur based on your individual benefits and services received.

### **When can I receive a Wellness Visit?**

- You can receive a Wellness Visit (“Welcome to Medicare”) during the first 12 months you are enrolled in Medicare Part B.
- You can then schedule the Annual Wellness Visit once a year.
- Although we encourage in-person Annual wellness visits, if you prefer to schedule a virtual visit, reach out to your doctor to see if they offer virtual health options that use video along with audio. Telephone only visits are not accepted for AWV.

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

- Your insurance card(s)
- Completed forms included in this letter.
- Your immunization records.
- The name/phone numbers of your current care providers (specialist, therapists, labs, VA).
- The name/phone numbers of your home health agency and medical equipment supply companies (ex. Oxygen supplier).
- The name/phone numbers of the pharmacies you use.
- A bag with all medicine that you are taking, including any over-the-counter drugs, vitamins, and supplements.

Please allow \_\_\_\_\_ minutes for your visit and be sure to arrive \_\_\_\_\_ minutes early. We look forward to seeing you!

[Typed Provider Name]