



**RIFE & ASSOCIATES**  
FAMILY HEALTH CARE

**ANNUAL WELLNESS VISIT (AWV) FAQ**

**Q: What is a Welcome to Medicare Visit?**

**A:** Your welcome to Medicare visits must be done within your first year on Medicare. It is a one-time only, preventative physical exam covered by Medicare. The visit will include a thorough review of your health, along with education and counseling about the preventive services you need, like certain screenings or shots.

**Q: What is an Annual Wellness Visit?**

**A:** An Annual Wellness Visit (AWV), unlike your welcome to Medicare visit, is not a traditional head to toe exam. It is an opportunity to set up a prevention plan with your medical provider, review care you are receiving from other doctors, and to receive a cognitive function checkup. This will also include depression screening and advance care planning

**Q: When am I eligible for my first Annual Wellness Visit?**

**A:** You are eligible for your first wellness visit 12 months after your Welcome to Medicare Visit. Your welcome to Medicare visits must be done within your first year on Medicare.

**Q: How often should I get an Annual Wellness Visit?**

**A:** This is based on insurance, if you have traditional Medicare part B then you would get an AWV every 366 days or after. If you have a Medicare replacement plan such as (ex: BCBS Medicare, Humana Medicare, UHC Medicare) then you can get your Annual Wellness Visit done at any point, once per year.

**Q: Is my Annual Wellness Visit fully covered by Medicare?**

**A:** If you receive other health care services during your Annual Wellness Visit, for example if your provider treats an existing condition or one that is identified during the visit, you may have to pay for these services.

(Ex: requesting medication refills, acute conditions, diabetes follow up, etc.)

\*\*\*For additional information, please head over to <https://www.cms.gov/>\*\*\*  
I understand that during my Annual Wellness Visit (AWV) and Welcome to Medicare, Medicare may not cover any acute or chronic conditions that are discussed during my visit. I understand I might have a balance left over from my insurance that I will be responsible for payment.

**Please let our staff know if you will need a separate visit to discuss your chronic or acute conditions. If you have any questions regarding your Medicare benefits please let our staff know.**

Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICARE CCM (CHRONIC CARE MANAGEMENT) INFORMED CONSENT FORM

**\*Please note that participation in the CCM program is mandatory for all new patients with Medicare to be seen at our practice.**

Dear Patient,

Our practice is offering a new Medicare benefit for patients with two or more chronic conditions that enables us to provide you with services to oversee your chronic conditions and improve your overall wellness. Chronic conditions are ongoing medical problems like diabetes, high blood pressure, heart disease, depression, arthritis, osteoporosis, and many others. These conditions require extra effort in a partnership between the healthcare team and the patient to maintain the best possible overall health and wellness.

### **What are the benefits of Chronic Care Management?**

You will see faster response times and get personal one-on-one access to Sharon or Lynn, our care coordinators.

They will provide the following non-face-to-face services:

- ✓ Coordinate visits with your providers, facilities, labs, radiology, and others
- ✓ Help with access to your specialists
- ✓ Coordinate care with hospitals and pharmacies
- ✓ Assist with monitoring your medications

In addition, your provider will develop a personalized and comprehensive care plan. Please note **that only one provider** can offer these services for you. Please let your provider or our staff know if you have entered into a similar agreement with another practice.

If you have not met your deductible for the year, you are responsible for the CCM charges. Once your deductible is met, your copay will be waived.

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**Please feel free to ask our staff about CCM if you have any questions, and they will get you to the appropriate employee to assist you.**

**Your signature is required to participate in this Medicare program.**

**Our goal is to provide you with the best care possible, to keep you out of the hospital and to minimize cost and inconvenience to you due to unnecessary doctors' visits, emergency rooms, labs, or hospitals.**

I agree to participate in the Chronic Care Management program.

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

Print Name: \_\_\_\_\_

**You have the right to** discontinue this service at any time for any reason. Because your signature is required to end your chronic care management, please ask any of our staff members for the CCM Termination Form. We will continue providing CCM services until the end of that month. After the end of that month, the provider will discontinue CCM services.