



Physical Exam Form

Wellstar Internal and Family Medicine  
1810 White Circle NW  
Suite 105  
Marietta, GA 30066  
Ph: 678-797-6820  
Fax 770-424-8787

Dear Patient:

The lab work, EKG and Chest X-Ray could be ordered for you by your Physician during your Physical Exam. **However, your insurance company may approve or deny the need for these tests as well as not be a covered benefit under your policy. You will be responsible for the cost of any test or lab that is not covered by your insurance. An Office Visit may require additional evaluation, management and discussion.**

Unfortunately, we sometimes will not know what your insurance covers until after the tests are performed and your insurance company has been billed. You may choose not to do certain tests; however, there may be medical problems that can't be diagnosed without these tests. If you decline any test, you are agreeing to accept responsibility and liability for failure to find any undiagnosed medical problems.

Thank you for your understanding as we strive to provide excellent health care.

Roger E. Hill, D.O.

Carolyn R. Smallwood, D.O., MPH

Veena Malepati, M.D.

Alesia Billingslea, M.D.

Katie Williams, FNP-C

\_\_\_\_\_ **I agree** to pay for the Physical Exam and those tests the insurance company does not cover.

**Please check any tests that you wish to decline**

\_\_\_\_\_ EKG    \_\_\_\_\_ Lab Test(s)    \_\_\_\_\_ Chest X-Ray (Performing facility will bill for this test)

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date