McLaren Business Products

McLaren Print System Order

Order No: 45689 Reprint Previous Order No: 5320
Order Date: 2019-05-29
User: tiffany mclaughlan
Phone: 5862864880

Ship Location: Mclaren Womens Health Chesterfield: Tiffany
51086 Fairchild RD Unit A
New Baltimore, Michigan 48051
Forms
Quantity: 100
Paragon Dept No: 52051
Dept Name: Mclaren Womens Health Chesterfield
Company Number: 810

Order Total Price: 0.00

Item Number: MM-144
Item Description: High Risk Verification for Medicare Patients (Gynecological)
Revision Date: 5/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group

HIGH RISK VERIFICATION FOR MEDICARE PATIENTS
(Gynecological)

Your appointment is for a screening pap smear, pelvic and breast examination. Under Medicare, this is a covered benefit every TWO years. If you have at least ONE of the high risk factors indicated below, it is a benefit every year. If ANY of the following five conditions apply to you, please indicate with an "X" next to that item. If none apply to you, mark an "X" next to line 6.

_____ 1. Early onset of sexual activity (under 16 years of age)
_____ 2. Multiple sexual partners (five or more in a lifetime)
_____ 3. History of sexually transmitted disease (including HIV)
_____ 4. Fewer than three (3) negative pap smears or no pap smears within the previous seven (7) years.
_____ 5. Prenatal exposure - Exposed daughter of a mother who took DES (diethylstilbestrol) during pregnancy
_____ 6. I do not fall under any of the high-risk categories as defined by Medicare.

I have read the above and understand that if I don't meet Medicare criteria for high risk screening pelvic, pap smear and breast examinations, I will be responsible for payment of the visit today. I also understand that my physician may advise that I receive a pelvic, pap smear and breast examination more often than what Medicare recommends. It is my choice to receive or decline this service.

Signature of Patient/Legal Guardian

Date

HIGH RISK VERIFICATION