



Date: _____

Dear: _____

This is to confirm your appointment on _____ at _____ in Dr. _____ office for your Medicare Annual Wellness Visit.

Items to bring to the appointment:

- Completed forms
- List of current medications, vitamins and supplements
- Your caregiver

This appointment is with our Registered Nurse who specializes in these discussions. She will meet with you at your doctor's office and review items Medicare has determined to be important to your overall care. These will include a review of your medical history, your risk for certain diseases, the current state of your health and your plan for staying healthy.

Reminder: This visit is not a physical and is not meant to treat medical problems or refill prescriptions. Those services will require a separate appointment with your physician.

- We are enclosing a Medicare Wellness Questionnaire for you to complete prior to your visit. Please let us know if you are unable to fill the form out, so we can help.
- Please bring a complete list of all medications, vitamins and supplements that you are currently taking. Include the strength and how often you take each one.

We have scheduled you for a 30 minute appointment. We appreciate you arriving on time and having your paperwork completed; this allows the nurse to spend the full 30 minutes with you.

Due to the amount of material we need to cover, if you are late or do not have your paperwork filled out you will be asked to reschedule.

***** Cell phones are required to be turned off or put on silent during this appointment.*****

If you have a family member or friend who helps you with your care we recommend that they accompany you to this appointment.

For questions regarding this appointment please contact our scheduling department at our Toll free number: **1-844-508-6647, option 1** or **517-913-4004, option 1.**

We look forward to meeting with you; have a wonderful day!

The scheduling staff for the Medicare Annual Wellness Visit