

Pt. Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ MRN: \_\_\_\_\_  
 Visit Date: \_\_\_\_\_ Clinic: \_\_\_\_\_

## Medicare Annual Wellness Visit Preventive Services Checklist

Medicare Covered Preventive Services	Last Received	Up to Date (Yes/No)	Next Date Medicare Covers this Service
Bone Mass Measurement (Bone Density Test)			Covered every 2 years
Cardiovascular Screening (Lipid Panel – Blood Test)			Current every 5 years
Colonoscopy			
Fecal Occult Blood Test			Covered yearly
Diabetes Screenings (Glucose Blood Test)			Covered yearly
Glaucoma Tests			Covered yearly through eye doctor
Hepatitis C Testing (If born between 1945-1965)			
Mammogram			Covered yearly
Pap Test and Pelvic Exam (Includes Breast Exam)			Covered every 2 years
Prostate Cancer Screenings (PSA Lab Test and/or Digital Rectal Exam)			Covered yearly
Tobacco Use Cessation Counseling			
Flu Shot			Covered every flu season
Pneumococcal Shot			Once in a lifetime after age 65
Pevnar 13 Shot			Once in a lifetime after age 65
Tdap/DTP			Covered if you have an injury
Tetanus/ TD			Covered if you have an injury
Zoster Vaccine			<u>Not</u> covered by Medicare.
Yearly Wellness Visit			Covered annually