

ANNUAL PHYSICAL CHARGES

If you are receiving this form, you are scheduled for your yearly physical today. While most insurance companies cover the physical appointment in full there are additional testing that may get applied to a deductible or copay. This is your chance to choose what you would like to have done. Dr. Bragman encourages patient to have all these tests done as part of a "Executive Physical" however it is your choice as the patient to decide if you are willing to accept the charges in the event your insurance doesn't cover them in full. Next to each test you will see the charge and the price you maybe responsible for after billing your insurance. Please remember we are sending you labs out to a third party, and they do there own billing for those tests. It is your responsibility to know your insurance coverage.

TESTS:

1. ELECTROCARDIOGRAM (EKG)	\$ 35.00	AGREE	REFUSE
2. PULMONARY FUNCTION TEST (PFT)	\$ 60.00	AGREE	REFUSE
3. CHEST X-RAY	\$ 40.00	AGREE	REFUSE

LABS THAT ARE PERFORMED:

1. CHEMISTRY PROFILE (CMP)	AGREE	REFUSE
2. COMPLETE BLOOD COUNT	AGREE	REFUSE
3. LIPID PANEL	AGREE	REFUSE
4. THYROID FUNCTION PANEL	AGREE	REFUSE
5. COMPLETE URINALYSIS	AGREE	REFUSE
6. PSA SCREENING (FOR MALES OVER 40 YRS)	AGREE	REFUSE
7. TESTOSTERONE (FOR MALES OVER 40 YRS)	AGREE	REFUSE

***** PLEASE REMEMBER THE LAB WILL DO THE BILLING FOR THESE TESTS DR. BRAGMAN IS NOT RESPONSIBLE FOR ANYTHING NOT COVERED BY YOUR INSURANCE. *****

PATIENT SIGNATURE: _____

PATIENT'S PRINTED NAME: _____

DATE: _____