



BETHESDA HEALTH  
BETHESDA PHYSICIAN GROUP

**Berry Pierre, D.O., MPH**  
*Internal Medicine*

**To: Our Medicare Patients**  
**Subject: Medicare Annual Wellness and Other Preventive Visits**

Beginning January 1, 2011, Medicare covers an “Annual Wellness Visit” in addition to the one-time “Welcome to Medicare” exam. The “Welcome to Medicare” exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your “Welcome to Medicare” exam.

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the “Annual Wellness Visit” includes and excludes.

At the Annual Wellness Visit, we will talk about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does *not* include a hands-on exam or any testing that I may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues *or* we may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

If you would like to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare’s usual coverage guidelines.

I appreciate the trust you put in me to take care of your health care needs and hope that you will take advantage of this relatively new benefit to work with me in creating your personalized prevention plan.

Best Regards,

Berry Pierre, D.O., MPH

What you should bring to your Annual Wellness Visit:

The names of all your doctors:

| Name | Specialty |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |

A list of all your medications

| Name of medicine | Dose (if you remember) |
|------------------|------------------------|
|                  |                        |
|                  |                        |
|                  |                        |
|                  |                        |
|                  |                        |
|                  |                        |
|                  |                        |
|                  |                        |

Have any of your close relatives had any health changes?    \_\_\_Yes    \_\_\_No

Has your mood changed?    \_\_\_Yes    \_\_\_No

Do you worry about falling?    \_\_\_Yes    \_\_\_No

Are you worried about your memory?    \_\_\_Yes    \_\_\_No

Are there any preventive tests you have done recently?  
(such as lab tests, mammograms, x-rays)    \_\_\_Yes    \_\_\_No

Have you had any recent immunizations?    \_\_\_Yes    \_\_\_No

Do you have a living will or advance directive?  
(If you have one, *please bring a copy of it with you.*)    \_\_\_Yes    \_\_\_No