

Your request for a complete physical examination with Perimeter North Family Medicine will be coded to your insurance carrier as a routine physical examination/preventative medical examination.

Depending on the specifics of your particular policy, your insurance carrier will pay all, part or none of the cost of this examination. It is the responsibility of the insured to be aware of the limits of coverage by his or her insurance carrier prior to this examination. Any charges not covered by the insurance carrier will be the responsibility of the patient.

Please sign this form to indicate acknowledgement of these terms and bring it with you to your scheduled appointment.

Please Print Name

Date of Birth

Patient Signature

Date