## AURORA INTERNAL MEDICINE, PC Complete Physical Exam Notification

Patient Name:		
Date of Exam:	Appointme	nt with Dr.
I understand that I am sche PAP and Pelvic exam for for	<del>_</del>	medical exam which could include a
policies do not have benefi NOTE-This is <u>not</u> a "welco those who do not pay for the balance due. This would in	ts for preventive med ome to Medicare" ex his physical exam I unclude lab work that	nost insurance carriers. Some insurance dicine (this includes Medicare). PLEASE am. If my insurance policy is one of inderstand that I am responsible for the may be ordered by my physician but not alled from the provider performing these
Charges for this exam and	testing may include:	
Exam ages 65 and over	new pt-\$230.00	established pt-\$190.00
Exam ages 40-64	new pt-\$205.00	established pt-\$170.00
Exam ages-18-39	new pt-\$180.00	established pt-\$155.00
Exam ages 12-17	new pt-\$180.00	established pt-\$155.00
Hemmoccult: 1 test-\$40.0	0	
Urinalysis-\$10.00		
EKG-\$60.00	Hepatitis A-\$85.00	
Spirometry-\$60.00	Hepatitis B-\$100.00/shot (requires 3 shots)	
Patient's Signature		Date
AIMC employee witness		