



MITCHELL COUNTY REGIONAL HEALTH CENTER

A partner with Mercy Health Network – North Iowa

May 24, 2010

TO: Parents of Athletes
FROM: Mitchell County Regional Health Center
SUBJECT: Athletic Physicals

In an effort to provide appropriate access to care for all MCRHC patients, the clinic has created an Athletic Physical Special for \$30 offered during the months of June and July. Below are the guidelines:

- When making the appointment, please specify that you are making an appointment for the “Athletic Physical Special.”
- Appointments can be made with the patient’s provider of choice ***based on availability.***
- At time of appointment, a completed and signed Consent to Treat form and Message to our Patients form are required. (Both of these forms are attached.)
- Payment of \$30 is expected at time of appointment.
- During your child’s Athletic Physical Special appointment, no other health problems will be addressed due to time constraints.
- Athletic physicals scheduled outside of the months of June and July will **NOT** qualify for the \$30 Athletic Physical Special and will be billed to the patient or insurer at the customary rate.

Please check with your insurance provider and keep in mind the following scenarios prior to making your child’s appointment.

- If your insurance does **NOT** cover an annual physical and you want to make an appointment for the Athletic Physical Special, please be sure to schedule an appointment during June or July. Any immunizations or other health problems will need to be addressed during another appointment.
- If your insurance **DOES** pay for an annual physical, your athletic physical can be performed in conjunction with this exam including any immunizations. This appointment can be made for any time, including June and July, and will be billed to your insurance at the customary rate. You may schedule this type of appointment at any time with the provider of your choice.

NOTE: If your child arrives for his/her appointment without the two required forms and \$30 payment, their appointment will need to be re-scheduled.

641-732-6100 Osage Clinic
641-985-2122 Riceville Clinic
641-736-4401 St. Ansgar Clinic
641-737-2406 Stacyville Clinic

**A MESSAGE TO OUR PATIENTS REGARDING
ATHLETIC PHYSICALS**

We appreciate the opportunity to provide your annual and/or athletic physical. In order to insure that you are charged appropriately for this service, please select one of the following options:

_____ I do not believe that my insurance will pay for this physical. I wish to pay in advance at the special athletic physical rate.

_____ I believe that my insurance will pay for an annual physical and wish to have today's charges billed to my insurance at the customary rate. I understand that should my insurer deny these charges, I will be responsible for the entire amount.

- This form, signed by a legal guardian for patients under 18 must accompany the patient to the athletic visit.

I attest that I have read and understand the above information.

Name

Date

Thank you for choosing Mitchell County Regional Health Center