



TO: Parents of Athlete

FROM: Mitchell County Regional Health Center

DATE: February 19, 2010

SUBJECT: Early Athletic Physicals

Mitchell County Regional Health Center Clinics are offering an opportunity to beat the summer rush on athletic physicals. Reduced rates for athletic physicals will be available from February 22 – March 31, 2010, in addition to the regular offering during June and July. *Please remember that athletic physicals are only good for one year. If your child participates in Spring or Summer sports, this option might not be the best for you.*

- Athletic physical “specials” will be offered for \$30 with the patient’s provider of choice (**subject to availability**).
- Payment will be expected at the time of service.
- We will not be able to address other problems during the special athletic physical visit.
- Athletic physicals not scheduled during this timeframe or the upcoming June or July special, will be billed to the patient or insurer at the customary rate.
- If your insurance pays for an annual physical, your athletic physical can be performed in conjunction with this exam. You may schedule this at any time with any provider and have it billed to your insurance at the customary rate.

In order to be sure that all patients receive the intended service, we have included a form on which you can indicate your preference. **Please fill this form out in advance and bring it to your visit.** You cannot change the type of physical you choose after the service has been provided.

Also, please have your child bring along a signed consent to treat if an adult does not accompany your child to the appointment.

If they do not bring these 2 forms signed we will have to reschedule their appointment.

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