

# Karle Medical Group, P.C.

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## Notice of Potential Out-of-Pocket Expenses at Preventative Care Visits

Preventative services are an essential part of maintaining your overall health and are often covered by insurance at no cost to you. However, if diagnostic services or prescription drug management are required during your visit, additional charges may apply and could result in out-of-pocket expenses. For any questions regarding your insurance coverage, please contact your insurance provider directly.

### Preventative vs. Diagnostic Services

**Preventative Services:** Routine screenings, tests, and counseling intended to prevent or detect health issues before symptoms arise. Examples include:

- Annual wellness exams
- Immunizations
- Routine screenings (e.g., mammograms for patients without symptoms, referral for screening tests such as colonoscopy, etc.)
- Counseling for lifestyle and risk factor management

**Diagnostic Services:** Tests, evaluations, or procedures performed to diagnose or investigate symptoms, abnormal findings, or health concerns addressed during your visit. Examples include:

- Blood work or imaging to evaluate a suspected condition
- Evaluation and treatment of new or existing symptoms
- Follow-up tests based on abnormal screening results
- Prescription drug management, including refills, adjustments, or new prescriptions
- Referral to specialist healthcare providers for further evaluation or treatment
- Orders for advanced diagnostic testing, including high-tech radiology, ultrasound, and X-ray

### Financial Responsibility

If your healthcare provider determines that additional diagnostic services or prescription drug management are necessary during your preventative visit, your insurance plan may apply cost-sharing requirements such as co-pays, deductibles, or co-insurance.

If diagnostic services or prescription drug management are required but not performed during this visit, you may be required to return to the clinic for those services at a later date.

By signing below, you acknowledge that you understand the distinction between preventative and diagnostic services and that you may be responsible for out-of-pocket expenses if diagnostic services or prescription drug management are rendered during your visit.

**Printed Patient Name:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_