

Annual Wellness Visit Telephone Script

Scheduler: Hello Mr./Mrs./Ms. _____, I am _____ from Dr. _____'s office. We are contacting all our eligible patients to schedule your Annual Wellness Visit.

First, I would like to share with you a little bit about the Annual Wellness Visit and how important it is for you to use this benefit that Medicare provides.

As Medicare consumer, you are allowed a comprehensive Annual Wellness Visit every 12 months. This examination will help your doctor identify any health risks you may have, and allow us to work with you to develop a plan to address your health care needs. Our goal is to help you reach your goals in getting or staying healthy. Medicare pays 100% of the cost for this exam with no out-of-pocket expense to you.

At this visit, if we need to address other medical concerns (like a sore knee or other medical conditions), we want you to know you may have a deductible or copay.

What would be a good day to get your Annual Wellness Visit scheduled for you?

To prepare for this visit, please bring all medications, vitamins (including inhalers and injectable), supplements and topical creams you are taking so we can update your records. When you arrive your doctor may ask that you complete a 'Health Risk Assessment' form to assist us in developing a personalized prevention plan for you to stay healthy.

Annual Wellness Visit Telephone Script | No Answer

Scheduler: Hello, this is _____ from Dr. _____'s office. We are contacting all our eligible patients to schedule your Annual Wellness Visit. Please call our office at ###-###-#### so we can assist you in scheduling this very important visit.

Note: Practice to define how many calls will be made before sending the Annual Wellness Visit reminder letter to the patient.

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Incoming Patient Call

Caller: I am calling to schedule a physical with my doctor. (The patient may be returning your call or responding to the letter sent by provider office.)

Scheduler: Are you calling to schedule an Annual Wellness Visit that is covered by Medicare?

Note: Determine if the patient is eligible for the Annual Wellness Visit. (12 months from previous routine physical exam or the Welcome to Medicare visit and patient has had Medicare Part B for at least 12 months.) It is not required to have a Welcome to Medicare Visit to be covered for an Annual Wellness Visit after that patient has had Part B for 12 months.

****If the patient expresses concern about their eligibility for this benefit, you may want to call their customer service number to confirm or have the member call prior to making the appointment.****

The Annual Wellness Visit includes a Health Risk Assessment and other assessments allowing the provider and member to update their records, define a screening schedule, address risk factors and provide personalized health advice to the beneficiary – such as health education, counseling services or programs

Caller: I understand and would like to schedule an Annual Wellness Visit with my physician.

Scheduler: The visit is scheduled. For the visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive we may ask you to complete a Health Risk Assessment form to assist us in developing a personalized prevention plan for you to stay healthy.

Note: Office may elect to send an HRA form to the patient to complete prior to the visit.

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Missed Appointment

Scheduler: Hello Mr./Mrs./Ms. _____, I am _____ from Dr. _____'s office.

I see you missed your Annual Wellness Visit appointment. I am calling to help you reschedule your appointment. Dr. _____ feels this type of visit is very important to identifying any health risks you may have and allow us to work with you to develop a plan to address your healthcare needs.

What would be a good day to get this rescheduled for you?

To prepare for this visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive, we will ask that you complete a Health Risk Assessment form to assist us in developing a personalized prevention plan for you to stay healthy.

