



## **ATHLETIC PHYSICALS 2010**

**Britt Medical Clinic: 641-843-5050**

**July 21 4:30 – 6:30 pm**

**August 2 4:30 – 6:30 pm**

**Garner Medical Clinic: 641-923-2651**

**July 19 4:30 – 6:30 pm**

**August 4 4:30 – 6:30 pm**

We encourage you to make your appointments early to be assured of an appointment.

**Parents: The signed permission form along with the athletic physical form will need to be presented at the time of service, or child will be asked to reschedule appointment.**

### **OPTION ONE: Athletic Physical Exam \$30.00:**

The Athletic Physical Exam required by the State of Iowa is a physical that includes the provider's signature on the school athletic form. This option is **\$30.00 cash at the time of service**. No insurance will be accepted or filed during these designated sessions.

**OPTION TWO: Comprehensive Physical Exam \$164.00 (Insurance filed, and co-pay accepted): This option is NOT available during these designated athletic physicals sessions. You will need to call and schedule this appointment during regular clinic hours.**

We recommend this option because it gives your child a thorough comprehensive physical exam including time for the physician to cover teen health issues such as diet and nutrition, acne, allergies, gynecological problems, sexuality, joint pain, previous sport injuries, and more. This option is best for anyone wanting his or her child to have a complete physical and whose insurance covers an annual well child exam. (Diagnosis Code V20.2 or V70.0). The diagnosis code is included so you can check with your insurance company on which option they cover.

**You may access our website at [www.hancockmemhospital.com](http://www.hancockmemhospital.com) to obtain a separate Adolescent Health Supervision form that must be completed along with the Athletic Pre-Participation Physical Examination form from your school prior to your arrival to your appointment.**

**If other healthcare concerns need to be addressed during, please be aware that an additional visit will need to be scheduled at a future date.**

A MESSAGE TO OUR PATIENTS REGARDING ATHLETIC  
PHYSICALS

**We appreciate the opportunity to provide your athletic physical.**

\_\_\_\_\_I give permission for my child to receive an athletic physical at this visit

If other healthcare issues need to be addressed, I understand that an additional visit will need to be scheduled at a future date.

- 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.

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Name

Date

Thank you for choosing HCMH Clinics