



Dear Patient:

Medicare has many rules and requirements regarding physician-patient interactions, physical exams, and billing. Medicare will pay for a Well Woman breast and pelvic exam with a pap smear every 2 years.

If you have any of the following “high-risk factors” for vaginal or cervical cancer, Medicare may pay for a yearly breast and pelvic exam with a pap smear. Please inform your physician if you have any of these risk factors.

The high-risk factors as determined by Medicare are:

- **Onset of sexual activity under 16 years of age**
- **Five or more sexual partners in a lifetime**
- **History of sexually transmitted disease (including HIV infection)**
- **Fewer than three negative pap smears or no pap test within the previous 7 years**
- **Prenatal exposure to DES**

If you do not have a high-risk factor and are seen within two years of your last exam, your exam may be denied by Medicare and you will be billed for the service. The fee will not be over the estimated cost listed on the Advanced Beneficiary Notice (ABN) form provided to you.

Additional problems may be addressed during an exam and will be billed separately to Medicare and are usually a covered benefit.

Should you have any questions, please ask your nurse or physician.