

Peter Wenger, MD
Richard Kim, MD
Kaitlin Jackson, DPT
Matthew James, DPT
Kaitlyn Kind Raju, DPT
Julia Shinkle, DPT



3131 Princeton Pike Bld. 4A, Suite 100
Lawrenceville, NJ 08648
P: (609) 896-9190 F: (609) 896-3555

Richard Levandowski, MD
Cara Barlis, MD
Victoria Gordon McCarthy, DO
Joanna Hummel, APN

Medicare Wellness Visits

Medicare includes a “Wellness” visit once every 12 months which is important for ensuring you are up to date on various preventative screenings and immunizations. It provides an opportunity for counseling and education regarding your personal risk factors and staying mentally, physically, and emotionally healthy. Princeton Sports and Family Medicine has established a Primary Care Team to provide this service.

These visits can be scheduled with Joanna Hummel, APN

Frequently Asked Questions

What is the cost?

There is no charge for the annual wellness visits. If an urgent problem is detected at this visit and requires evaluation, the usual copayment will be charged.

What should I bring to the visit?

Please bring your “Medicare Packet” with your screening questions completed prior to the visit. Completing the forms will help make your office visit more efficient.

What is included in the Medicare Wellness Visit?

- Health Risk Assessment.
Your responses to screening questions will help determine your ongoing health needs and risk
- Review of medical and family history
- Develop or update a list of current providers and prescriptions
- Height, weight, blood pressure, and BMI measurements
- ECG at the initial wellness visit
- Detection of any cognitive impairment
- Detection of mental health concerns
- Personalized health advice based on your risk factors
- Enrollment in Medicare’s Chronic Care Management (CCM) program
- A screening schedule (checklist) for appropriate preventative services and immunizations

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Chronic Care Management Services

A new Medicare program enables us to provide you with medical services to help oversee your chronic conditions and improve your overall wellness. Chronic conditions are ongoing medical problems like diabetes, high blood pressure, heart disease, depression, osteoporosis, and many others. These conditions must be managed effectively in partnership between your healthcare team and you to maintain your best possible overall health and wellness.

What are the benefits of Chronic Care Management Services?

- Coordinate visits with your doctors, facilities, labs, radiology, or others
- Assist with management of medications
- Provide a personalized and comprehensive care plan management
- Assist with scheduling preventative care services, many of which are covered by Medicare

What do you need to know?

Medicare wants to be able to pay for a health care provider's help to manage your chronic conditions (**2 or more serious chronic conditions that are expected to last at least a year**). During any month that our office provides at least 20 minutes of non-face-to-face services to you, we will bill Medicare. You will only be responsible for any amount resulting from your Medicare deductible, co-insurance amount, or any amount not covered by your secondary insurance plan, should you have one.

Our practice is compliant with HIPAA and all laws related to the privacy and security of your Protected Health Information (PHI). As a part of this program, your PHI may be shared between caregivers directly involved with your health. Our office will have the record of when and how the 20 minutes were spent if you ever have questions.

You have a right to:

Terminate this service by informing your provider. However, should you decide to terminate Chronic Care Management services, please be aware that our office will not be able to assist you in continuing care for your chronic conditions without requiring an in office or telemedicine visit.

Please let your provider or our staff know if you have entered into a similar agreement with another physician/practice. Only one clinician can provide this service for you.

I agree to participate in the Chronic Care Management program Yes No

Print Name: _____

DOB: _____

Signature: _____

Date: _____