

My Preventive To-Do This Year

Stay on Top of What Medicare Covers—
Before Bills Sneak Up

This helpful checklist keeps all your **Medicare-covered preventive care** in one place—visits, screenings, vaccines, and reminders. Print it or save as a PDF, check items off as you go, and bring it to your next appointment to make sure you're getting every $0 benefit you've earned.

1. One-Time Setup

- **Pick/confirm my Primary Care Provider (PCP):**
  Name/Phone _____
- **Choose my pharmacy:**
  Name/Phone _____
- **Create/update my medication list** (name • strength • dose • frequency)
- **Gather my doctor list** (specialists + contact info)
- **Bring advance directive** (or start one) to my next visit

2. Talk About What Matters

- **Welcome to Medicare Visit (IPPE):** If within first 12 months of Part B
  Target: _____ Scheduled: _____
- **Annual Wellness Visit (AWV):** Once every 12 months
  Last AWV: _____ Next due: _____

3. Screenings *(PCP will confirm timing)*

- **Colorectal cancer** (FIT/colonoscopy/etc.) • Next due: _____
- **Breast cancer (mammogram)** • Next due: _____
- **Lung cancer (LDCT) (if eligible)** • Next due: _____
- **Bone density (DEXA)** • Next due: _____
- **Diabetes screening/A1C** • Next due: _____
- **Glaucoma/diabetic eye exam** • Next due: _____
- **Depression/fall-risk/cognitive screens • Done at AWV**
- **Other:** _____ • Next due: _____

4. Vaccines *(check plan for $0 locations)*

- **Flu (yearly)** • Done: _____
- **COVID-19 (current season)** • Done: _____
- **Pneumococcal (per CDC series)** • Done: _____
- **Shingles (zoster; 2-dose series)** • Dose 1: _____ Dose 2: _____
- **Td/Tdap (per schedule)** • Done: _____
- **Other (e.g., Hep B if at risk):** _____ • Done: _____

5. Counseling & Programs

- Tobacco/nicotine cessation counseling *(if applicable)*
- Nutrition or cardiovascular behavioral counseling
- Diabetes prevention/education *(if eligible)*
- **Advance care planning** *(add to IPPE/AWV)*

6. Labs & Follow-Ups

- Lipids/cholesterol *(as advised)*
- Complete any **referrals** ordered at IPPE/AWV
- **Review results** and note next steps

7. Paper Trail

- Save **After-Visit Summary** and **Personalized Prevention Plan** (with due dates)
- **Match each Explanation of Benefits (EOB)** to the provider bill before paying

8. Calendar Reminders

- **AWV:** Set 12 months out
- **Vaccines:** Flu/COVID reminders each season
- **Screenings:** Add due dates (e.g., colonoscopy, mammogram)

Booking Script: IPPE & AWV

Before you call

- Have your **member ID card**, PCP name, and preferred dates handy
- If on **Medicare Advantage**, open your plan's provider directory to confirm **in-network**
- Decide whether to include **advance care planning** (recommended)

Script A — Welcome to Medicare (IPPE)

You: "Hi, I'm a new Medicare patient and I'd like to schedule the **Welcome to Medicare visit** (the Initial Preventive Physical Exam). My Medicare plan member ID is _____."

- **Med Supp:** "Do you accept **Medicare assignment**?"
- **Medicare Advantage:** "Are you **in-network** for my plan? [Plan code on member ID]"

You (after confirming): "Great—this is the preventive onboarding visit within my first 12 months of Part B. Please **add time for advance care planning** if possible. What's your earliest date?"

Billing clarity: "Just to confirm, this is billed as the **preventive IPPE** (not a problem-focused physical). If new issues come up, I understand those may be billed separately."

Close: "Anything I should bring besides my **med list, doctor list, and advance directive**? Please note **IPPE** as the appointment type. Thanks!"

Script B — Annual Wellness Visit (AWV)

You: "Hi, I'd like to schedule my **Medicare Annual Wellness** Visit. My Medicare plan member ID is _____."

- **Med Supp:** "Do you accept **Medicare assignment**?"
- **Medicare Advantage:** "Are you **in-network** for my plan? [Plan code on member ID]"

You (after confirming): "Please book the **AWV**—the prevention and planning visit (not a comprehensive physical). I'd also like to **add advance care planning** time."

Billing clarity: "To keep this preventive, I'll save any new problems for a separate visit. Please confirm this will be billed as the **AWV**."

Close: "I'll bring my **med list, providers, and prior screening dates**. Could you include a **printed Personalized Prevention Plan** with due dates after the visit?"

Quick booking tips

- Lead with the **visit name** (Welcome to Medicare/IPPE or Annual Wellness Visit/AWV)
- Use **preventive** billing language to avoid surprise charges
- Confirm **network/assignment** to keep $0 preventive pricing when applicable
- Ask for your **Prevention Plan** printout and any **referrals** at checkout

Want the full deep dive?

Read our Medicare preventive services guide



We work with multiple Medicare plan carriers including:

Aetna Inc. • Devoted Health, Inc. • Humana Inc. • Mutual of Omaha Insurance Company

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Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or are in your Medicare Initial Enrollment Period.

Medicare Advantage and Part D plans are insured by a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment depends on the plan's contract renewal with Medicare.

We do not offer every plan available in your area. Currently we represent 4 organizations which offer 1,056 products in your area. Please contact *Medicare.gov* or 1-800-MEDICARE to get information on all your options.

Not all carriers offer these benefits. Plans vary by region and state. Limitations and exclusions may apply.

Medicare Supplement insurance is generally available to individuals age 65 and older enrolled in Medicare Parts A and B. Availability for beneficiaries under age 65 who qualify for Medicare due to disability or End Stage Renal Disease varies by state. Benefits, eligibility, and premiums may vary by state.

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