


MAKING MY OFFICE VISIT COUNT

It's all part of my plan.

Your health is important, and Absolute Total Care (Medicare-Medicaid Plan) wants to help you get the most out of your visit to your primary care provider (PCP).

The checklists below include suggestions of what you can do before, during, and after your PCP visit. Use the worksheet on the back to help you prepare for your appointment and to write notes during your visit. Take charge of your health by asking questions and sharing information so your PCP can help you receive the best possible care.



Plan ahead
for visits with
your doctor!

Use the checklists below before, during, and after your PCP visit:



Before Your Visit

- ☐ Call to confirm your appointment and to make sure your doctor is part of Absolute Total Care.
- ☐ Fill out the worksheet on the back and include any questions you want to ask during your visit.
- ☐ Write down any health issues you've noticed, like changes in your weight, sleep, or mood.



During Your Visit

- ☐ Use your worksheet to help you fill out any office paperwork.
- ☐ Ask questions about your blood pressure or weight.
- ☐ Check about scheduling tests for blood sugar or cholesterol.
- ☐ Take notes about any important information you want to remember, like instructions, prescriptions, or referrals.



After Your Visit

- ☐ Schedule any follow-up appointments and your next wellness visit.
- ☐ Check on test results.
- ☐ Pick up any prescriptions.

Office Visit Worksheet



COMPLETE THIS SECTION BEFORE YOUR APPOINTMENT

Doctor's name: _____

Date of visit: _____

List all medications you are currently taking, including over-the-counter medications and supplements.

If you need more room, make a separate list and bring it with you.

Medication: _____

Dose (milligrams): _____

Time of day taken: _____

Do you have any health concerns you want to talk about? _____

Have there been any changes in your family since your last visit?

☐ Move

☐ Job change

☐ Marital status (marriage, separation, or divorce)

☐ Death in the family

☐ Other (describe)



FILL THIS OUT DURING YOUR APPOINTMENT

Topics to discuss with your doctor:

Everyone: Ask about where to get a flu shot in the fall. Find out about any tests or screenings for blood sugar and cholesterol.

Smokers: Consider talking about quitting and programs available.

Women: Ask about a well-woman exam and breast cancer screening.

Men: Ask about a prostate exam.

Prescriptions from your doctor:

Drug: _____

Is there a generic alternative? _____ osage: _____

Instructions: _____

Referrals from your doctor:

Lab: _____ Specialist: _____

Imaging: _____

Notes from your doctor visit: _____



KNOW YOUR NUMBERS

Take charge of your health by knowing these important numbers and what they mean.

What is my blood pressure?
(Goal: <140/90) _____

What is my body mass index
(BMI)? (Goal: <25) _____

What is my blood sugar?
(Goal for non-diabetic
fasting: <100) _____

What is my total cholesterol?
(Goal: total <200) _____



FOLLOW UP AFTER YOUR APPOINTMENT

Next appointment date is: _____

Next annual wellness visit date is: _____

Call back on this date for test results: _____

Pick up these prescriptions: _____

Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

Member Services hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Notice of Non-Discrimination. Absolute Total Care (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Absolute Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201, 1 800 368 1019, (TDD: 1 800 537 7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電 1-855-735-4398 (TTY: 711)。

RUAAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သုၣ်ဟ်သးဘၣ်တၢ်-ဖဲန့ၣ်တၢ်အဲၣ်ကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်အိၣ်ဝဲတၢ်လၢန့ၣ်လၢတလိၣ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။