

San Tan

Family Medicine PC

2680 S Val Vista Dr Ste 114 Gilbert, AZ 85295 Tel: 480-722-0252 Fax: 480-722-0253

Urgent Telemedicine Cash Pay Services

Dear Patient:

It is understood that you are seeking urgent care telemedicine services. Our office does not have the means or manpower to collect your information and verify your insurance and see you face-to-face in order to address your urgent medical needs at this time.

However, in order to accommodate your urgent need we offer you Telemedicine services with a licensed healthcare provider (MD, DO, NP, PA, NMD) that you may communicate exclusively through e-mail communication, Monday through Friday from 8am to 12pm, excluding holidays, nights and weekends. This service is intended for patients who need Urgent TREATMENT or PREVENTION services who are not established with our office.

These services are for a **single medical issue, (i.e. Urinary Tract Infection, Sinusitis, urgent medication refill, treatment or prevention issue, etc.)**. (We do not prescribe controlled pain medications with the service). This service does not make you an “established” patient with our practice, as we are only addressing one urgent need. The provider can **only serve patients who reside in Arizona, and preferably those who reside in or near the greater Phoenix/East Valley area**; although the provider can send electronic prescriptions to any pharmacy in The United States for your immediate prescription needs, but the provider cannot predict whether out-of-state pharmacies will fill the medications prescribed.

These services are **Cash Only, Fee-for-Service, services**. We will not collect insurance information, nor provide claim forms, nor submit any claims to an insurance company.

If you agree with these conditions, please

1) Sign and date this form, and

2) Fill out this form and the Basic Medical History form and

3) Pay \$200 to Venmo account, @santanfamilymedicine and

4) Email these forms to STFMUrgentCare@gmail.com with a **screenshot pic of your Venmo payment**. Our provider will contact you via email within 24 hours.

I agree with the above terms and conditions and seek cash pay, fee-for-service, urgent telemedicine services at this time.

Full Name _____

Date of Birth _____

Email _____

Gender _____

Cell Phone Number _____

Address _____

Signature _____

Date _____

Urgent Telemedicine Cash Pay Services Basic Medical History

Age _____

Height _____

Weight _____

Current (1 item) Medical Problem (Please be very detailed)

Current Medications (i.e. metoprolol succinate 50mg, once a day. Zinc 50mg, once a day)

Allergies (i.e. penicillin. seasonal)

Medical History (i.e. asthma, hypertension)

Surgical History (i.e. appendectomy, hysterectomy)

Social History (i.e. marital status?, smoke? alcohol? drugs?)



Scan this code to pay

Urgent Telemedicine Cash Pay Services Fee-For-Service Instructions

Initial service: Pay \$200 to Venmo account @santanfamilymedicine (“Business,” not “people”)

Subsequent services (a different day) for same illness: Pay \$100 to Venmo account @SanTanFamilyMedicine (follow up usually occurs within 3 to 5 days to assess status and improvement)

Take a screenshot pic of your Venmo payment and email it along with the above forms (for the initial service) and add a typed update on your condition (for subsequent services) to **STFMUrgentCare@gmail.com**