

*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 COVID-19 Cash Pay Services**

Dear Patient:

It is understood that you are seeking urgent COVID-19 medical 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 2pm, excluding holidays. This service is intended for patients who need urgent COVID-19 TREATMENT or PREVENTION services who are not established with our office.

These services are for **a single medical issue, COVID-19 treatment or prevention**. 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 COVID-19 medical services at this time.**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Urgent Telemedicine COVID-19 Cash Pay Services

## Basic Medical History

Age \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Current (1 item) Medical Problem (Please be very detailed, i.e. COVID-19, symptoms started on 9/30/2021. Tested positive on 10/2/2021. Symptoms include cough, sore throat, fatigue, fever of 100.5, loss of taste and smell, muscle aches, shortness of breath. Pulse oximetry is 95%. I'm seeking Rx medical treatment: Ivermectin, Hydroxychloroquine, etc.)

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**