Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

New Patient Registration Form (Telemedicine)

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____/_____/_____

SSN _____

Sex _____

Mailing Address _____

City _____

State _____

Zip Code _____

Cell Phone _____

Home Phone _____

Email Address _____

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Additional Information

Race (circle)
American Indian or Alaska Native
Asian
Black or African American
Hispanic
Native Hawaiian or Pacific Islander
White
2 or more races

Ethnicity*
Hispanic or Latino
Not Hispanic or Latino
Decline

Preferred Language _____

Emergency Contact/Next of Kin _____
Phone #_____

Have you had any recent symptoms of COVID (fever, cough, SOB, diarrhea, headache, loss of taste/smell) or any recent exposure to COVID? Yes / No

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Responsible Party

Primary Insurance Name _____

Policy ID _____

Group ID_____

Policy Holder's Name _____

Policy Holder's DOB _____

Policy Holder's SSN _____

Patient Relationship to Policy Holder *
Self / Dependent / Spouse /Other

Secondary Insurance Information

Secondary Insurance Name _____

Policy ID _____

Group ID _____

Policy Holder's Name _____

Policy Holder's DOB _____

Policy Holder's SSN _____

Patient Relationship to Policy Holder _____

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Medical History

Please list all current medications with dosing and frequency (including over the counter and vitamins/supplements) *

Please list any allergies *

What is the name and location of your pharmacy *

Please circle all that apply.

NONE
Heart Attack
Seasonal Allergies
Recurrent UTI
Chronic Back Pain
Chronic Joint Pain/Arthritis
Obesity/Overweight
Dizziness
Gastritis or Stomach ulcers
Headache
Reflux (heartburn)
High Blood Pressure
High Cholesterol
Atrial Fibrillation
Kidney Failure
Rheumatoid Arthritis
Heart Failure
Diabetes
Seizure

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Glaucoma
Cataracts
DVT or PE
Gout
Anxiety
Insomnia
Dementia or memory issues
COPD
Stomach Ulcers
Stroke/TIA
Osteoporosis or Osteopenia
Asthma
Depression
Bladder problems
Incontinence
Hypothyroidism
Enlarged prostate
Anemia
Cancer
Sinus Infections
Crohn's Disease or IBS

Other Medical Problems:

Type of Cancer and Treatment:

Preventive Health History- Dates

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Most recent colonoscopy _____/_____/_____

Last PAP_____/_____/_____

Last Bone Density Scan_____/_____/_____

Last Mammogram_____/_____/_____

Shingrix (Shingles vaccine)_____/_____/_____

Prevnar 13 Vaccine- pneumonia_____/_____/_____

PCV 20 Vaccine- pneumonia_____/_____/_____

PCV 23 Vaccine- pneumonia_____/_____/_____

Td/Tdap Vaccine_____/_____/_____

Dates of all COVID 19 Vaccines dates- list brand name and exact dates including any BOOSTER vaccines *

Social History

Do you smoke? *

\No / Yes /Occasionally

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

How many cigarettes per day and for how long?

Are you a former smoker *
No/ Yes

Any other forms of tobacco and name type?
No/Yes/Occasionally

Do you drink alcohol? *
No/Yes/Occasionally

How often? (example: 1 beer a week) *

Do you use any illicit drugs? *
No/Yes/Occasionally

List

Marital Status *
SingleMarriedSeparatedDivorcedWidowed

Number of children (with optional contact info)

Employment status *
Retired / Employed / Unemployed /Busy Homemaker

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Family History

What diseases exist in your family members? Please list any cancers, heart disease, etc, and be specific (example: Father - heart attack age 75)

Surgical History

Please select/list all surgeries:

Please list date and type of surgery *

Additional Services

Are you interested in VIP/Concierge Medicine? *

No / Yes

VIP/Concierge Services entitle you to same/next day appts, longer visits, direct communication with MD

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Are you interested in PRP?
No / Yes

We offer " Vampire" facials, PRP injections for hair loss, skin rejuvenation, treatment of dark spots and wrinkles

Do you have difficulty hearing?
No / Yes

Do you agree to receive email reminders and messages? *
No / Yes

Do you agree to receive text reminders and messages? *
No / Yes

Release of Health Information

By signing below, I authorize the release of any medical information necessary to process my claim and authorize payment of medical and surgical benefits to Tucson Family and Geriatric Medicine, LLC.

Initial * _____

I hereby assign to any insurance or other third-party benefits available for health care services provided to me. I understand that Dr. Lee has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Dr. Lee, I agree to forward Karen Lee, MD all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Initial *_____

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history. I understand that this information serves as a basis for planning my care and treatment a means of communication among the many health professionals who contribute to my care a source of information for applying my diagnosis and surgical information to my bill a means by which a third-party payer can verify that services billed were actually provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon.

FULL SIGNATURE REQUIRED

_____

By signing I consent to the use and disclosure of Health Information for treatment, payment by my insurance, or healthcare operations.

Financial Consent- Includes Insurance and Elective Self-Pay Service Agreements

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Tucson Family and Geriatric Medicine LLC participates in some insurance plans, including Medicare. If you are not insured by a plan, payment in full is expected at each visit. If you are covered by a participating plan, but you are either missing an updated insurance card or you cannot provide policy and group number, you will be responsible. You will be required to pay for your visit in full until our office is able to confirm your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
Proof of Insurance: All patients must confirm and/or complete a patient information form before being seen. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Non-Covered Services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurers. You will be billed for these services.

Change in Insurance Plans: You are expected to notify our office if your insurance coverage changes. We will ask you to update your record at each visit to our office. It is also your responsibility to notify the office immediately of these changes. Balances left over 90 days will become the responsibility of the patient. Insurance carriers give us a 90-day period to submit claims to them for payment. After that time, it will be denied as past timely filing. If we are unable to process your claim due to incorrect information given, we will bill you directly for our services.

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

Payment is Required at the Time of Service: Patients who are not covered by health insurance, on a plan that we do not participate with, or if we are not able to verify your coverage must pay at the time of service. Patients who have plans that we do participate with are asked to pay their co-payment, coinsurance, deductibles, or non-covered services at the time of their visit.

Claims Submission: We will submit your claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If payment is denied due to a lack of response from you, the balance will immediately become due and payable by you. Your insurance benefit is a contract between you and your insurance company. We are not party to the contract.
Self-Pay: Any designated self-pay services (examples may include but are NOT exclusive to the following services: I-693 immigration exams, specialized lab tests, aesthetic products or services, specialized medical treatments, concierge medical services, PRP or regenerative services) will be charged according to an established fee schedule. These fees are non-refundable and CANNOT be submitted to insurance for reimbursement. Patients will be notified prior their appt if the services to be rendered are SELF-PAY ONLY.

Nonpayment: Should your account become 90 days delinquent, you will receive a letter stating that you have 10 days to pay your account in full. Patient payments will not be accepted unless otherwise negotiated with a member of our business office. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency. The patient or guarantor will be responsible for all costs of collection including attorney fees, collection fees and contingent fees

Tucson Family and Geriatric Medicine

9700 N. 91st St., Suite A-115
Scottsdale, AZ 85258
Ph: 520-395-2220 Fax: 520-844-6100
Karen E. Lee, MD , MPH

to collection agencies of not less than 35 percent. The contingency fees will be added and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice.

Third Party Billing: We do not do any third party billing, follow-up or related activity. If a third party may be involved, it will be the patient's responsibility to seek reimbursement. Patients involved with a third party payer will be expected to provide health insurance or if uninsured, will fall under the self-pay guidelines. Minors: For all services rendered to minor patients, the patient or guardian who brings the patient to the appointment is responsible for payment.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE FINANCIAL POLICY ABOVE AND AGREE TO ABIDE BY ITS GUIDELINES

FULL SIGNATURE REQUIRED *

_____

Date of Signature *

_____/_____/_____