



Fred Grover Jr. M.D. FAAFP
Family Medicine, Anti-Aging Medicine, Integrative Medicine and Wellness

Today's date: _____ At visit: **Weight** _____ **Height** _____

Patient Registration

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip _____

Phone: (H): _____ (C) _____ (W) _____

Email: _____ Please note, email will not be given to others and will only used for reminders and a periodic health news letter.

DOB: _____ Sex: F M

Please circle: Married Single Divorced

Employer: _____ Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Guarantor:

Person responsible for the bill: Self Spouse Parent other

If different than self, please fill in below-

Last Name _____ First name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone: (H) _____ (C) _____ (W) _____

DOB: _____ SSN: _____ Employer _____



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Health Information Questionnaire

Reason for today's visit: _____

Please list any **Medication Allergies** and reactions you've had, write "none" if you don't have any. _____

Non-Med Allergies (ie: food, pollen, pets mold, etc.) _____

Please list **Medications** you are taking with dosage:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please List any **Supplements** (vitamins or herbs) with dosage:

1. _____
2. _____
3. _____

Chronic Medical Problems with date of onset

1. _____
2. _____
3. _____
4. _____
5. _____

Surgeries with approx. dates

1. _____
2. _____
3. _____
4. _____
5. _____

Family History:

| Problem | Family Relation | Describe any Details | Age of Death if applies |
|-------------------------|------------------------|-----------------------------|--------------------------------|
| High Blood pressure | | | |
| Heart attack or disease | | | |
| Stroke | | | |
| High Cholesterol | | | |
| Diabetes | | | |
| Thyroid disease | | | |
| Depression or other | | | |
| Alcoholism | | | |
| Cancer | | | |
| Other | | | |



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| Lifestyle Q's | |
|--------------------------------------|--|
| Exercise: How often? | |
| Diet: Balanced? Limiting fast foods? | |
| Caffeine: How much? | |
| Tobacco? Smoke or chew? How much? | |
| Alcohol: How much? | |
| Street drugs? | |

Please list any *alternative medicine therapies* you have received or are undergoing and provider names if available.

Cancer Screening Q's

Women/Men 50 and older: Have you had a colonoscopy or other form of colon cancer screening? If so, what year _____ Any abnormalities? yes no

Any smoking exposure for more than 20 years yes no 2nd hand? Y/N

Men/women over 65- Have you had pneumonia vaccine? _____

Women:

When was your last pap? _____ Any abnormal in past _____

If 50 or older, when was your last mammo? _____ Have you had a bone density test?

Yes No Results _____

Men:

50 and older. When was the last time you had prostate cancer screening? Last PSA normal? _____

When was your last tetanus shot _____? (recommended every 10 years)

If over 60, have you had the shingles vaccine (Zostavax)? _____

If over 65, have you had the pneumococcal vaccine(Pneumovax) to prevent pneumonia? _____

Additional Wellness services available-

To optimize your brain health we offer neurofeedback as a service to our patients to help you think more clearly, or to treat a variety of mental health issues. Any interest in a consultation with Lori Miller to learn more? yes no

Dr. Grover offers **cosmetic dermatology treatments** and **skin care products** for sun spots, acne, rosacea, wrinkles, and hair removal using a IPL(Intermittent Pulse Light therapy) a safe and effective treatment. We also perform ultrasonic microdermabrasion, microcurrent facial toning, and various facials. Would you be interested in hearing more? yes no

Interest in free skin care analysis by our aesthetician? _____

Dr. Grover performs sclerotherapy for treatment of unsightly veins to the lower extremities. Interest? yes no

360 S Monroe, Suite 310, Denver 80209

Office:888-726-4442/fax 303-537-5639



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If you are struggling with **weight loss**, we can provide **metabolic testing** to determine if you have a high or low metabolic rate, and also check your **%body fat**. Consultation with recommendations after testing by Dr. Grover. Any interest? ___ yes ___ no

We have high quality pharmaceutical grade supplements by Thorne, Pure and Metagenics for general wellness and treatment of medical conditions. Would you be interested in hearing about them? ___ yes, ___ no.

interested in checking your met rate or bodyfat? ___ Yes ___ No.

Social History: Please list the names of other people who live with you and their relationship with you

Please list children/ages if applicable: _____

What kind of work do you do? _____

Is your life balanced? _____

Are you happy? _____

Do you feel spiritually connected to a religion, nature, etc? _____

Is there anything else concerning you such as domestic violence, or abuse that you'd like to discuss? _____

Any other comments... _____

How did you hear about us? _____

HIPPA INFORMATION

- I authorize the release of medical information necessary to process my insurance claim.

_____ (initial)

- I have reviewed Dr. Grover's Notice of Privacy Practices, (waiting room book) which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document if I so request.

_____ (initial)

- Please indicate which phone number we may use to leave detailed information: (home, cell or office)

- I give permission to leave health information on my answering machine
Yes /No

- I give permission send health information by email. (excluding HIV)
Yes/No

Signature: _____ **Date** _____

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Financial Policy

Thank you for choosing Dr. Grover as your health care provider. We are committed to providing the most successful treatment options for our patients. Our charges are very reasonable given the higher degree of personalized care, and pro-active management of your health via Integrative, Anti-Aging, and Family Medicine expertise of Dr. Grover. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. We no longer take insurance, but you can submit the superbill on your own to the insurance company. I will provide codes for you to submit with the superbill, but cannot guarantee that any portion of my fees will be covered by a particular plan. I will not engage in phone calls or letters with insurance plans, as it is extremely time consuming, and a major reason I stopped taking them. The codes I give you to submit will be the best that one can provide based on an up to date electronic medical record, therefore additional code requests from insurance will be an attempt by them to avoid payment and a task I cannot engage in.

All patients must complete our patient registration form before seeing the practitioner.

- We accept cash, checks, mastercard and visa.
- The fee for a returned check is \$50.
- Patients are responsible payment after completing patient visit on day of service.
- If actively participating in the Advanced wellness plan and up to date on payment for annual plan, no payment will be needed unless surgical supplies needed, or vaccines or other injectable (ie: B12, Botox etc) given. Refer to Advanced Wellness Plan Membership Agreement for full details.
- Patients in the Standard Wellness plan pay per individual visit based upon time, and additional charges for injectables or surgical supplies. Please see our updated fee schedule on website or give us a call.
- You may mail the superbill invoice given to you with codes for reimbursement to your insurance company. Reimbursement will vary, as we are no longer contracted with managed care, and cannot participate in appeals on denied reimbursement. In most cases with PPO plans, you should be able to submit for at least partial reimbursement. HMO's however (ie Kaiser), are restrictive and unlikely to reimburse to an out of network provider.
- Labs are typically done through Quest, Labcorp, Genova, and/or Spectracell. Most labs are covered under insurance plans, but it is always a good idea to check with them or read their policy to see if they are covered. Sometimes it is better to pay up front to labs to get discounts, and I may have a discounted price available for certain labs through my office if interested.
- Anti-Aging, Bio-Identical hormone replacement involves much more analysis and ongoing monitoring of your health. Because of this, I am now requiring patients who are in a hormone replacement program to be part of our Advanced Wellness plan. I can give you receipts with codes to apply to Flex, Health Savings accounts and insurance plans. The amount they may reimburse if variable, and may not be

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Family Medicine, Anti-Aging Medicine, Integrative Medicine and Wellness covered if they have exclusions for preventative care, and out of network providers.

- **Prescription refills** should be called in no less than **4 days prior** to needed refill. Please call your pharmacy and have them fax us the refill request. **303-537-5639**. If unable to have to have a pharmacy fax us, then call us to help process.
- There will be a small 10 dollar processing charge for patients in the Standard wellness plan who have not seen me in >4 months.
- Patients are responsible for providing prescription prior authorization forms and mail in pharmacy forms if needed from their insurance company. Please fill them out prior to faxing or giving them to us. Please check with your plan to see if an alternative medication that does not require a prior auth is available. I will not call a mail-in pharmacy, as they do not function at an acceptable standard for me, and at a minimum consumes 15 minutes of my time. Therefore they must fax me, or you need to provide filled out form to be faxed to them. Prior authorization calls if requested by you will incur a \$20 dollar fee due to 15 min phone call involved.
- Appointments cancelled less than 24 hours prior to a scheduled time may be subject to a \$50 cancellation fee. 3 or more missed appointments without notification will result in dismissal from practice.
- Any form requiring more than a signature will incur a \$20 admin.fee, (forms processing included with advanced wellness.)
- I have read the policies presented above. I understand and agree to this financial policy. A copy of this is available on our website in the patient registration should you need one for reference.
- If you would like to see the advanced wellness membership plan, please let us know and we can fax or email, or give you additional information at your visit. You can join at anytime.
- **Thank you for your time in reading and filling out our paperwork and welcome to the practice!!!**

Signature of patient or responsible party _____ Date _____