

Mary Y. Tang, MD
Concierge Mobile M.D.
1527 State Hwy 114 West, Suite 500-125
Grapevine, TX 76051
682-223-1526; 817-488-6932 (fax)
conciergemobilemd@gmail.com

WELCOME

Thank you for choosing Dr. Mary Tang as your primary care physician. Dr. Tang will strive to meet all of your needs and answer any questions you may have, while providing a higher standard of care in the comfort of your own home. We welcome you as a new patient, and we would like you to take a moment to get acquainted with Dr. Tang's practices and policies.

The doctor's office hours are from 9 am to 5 pm, Monday through Friday. If you have questions or need assistance, please call our office at **682-223-1526**. During office hours, your call will be answered by a member of Dr. Tang's staff. Urgent messages left after office hours will be returned by Dr. Tang as soon as possible.

During an emergency, call 911 first. You do not need to call Dr. Tang to get permission to go the Emergency Room(ER). Should you need to go to the ER for any reason, know that Dr. Tang does not require you to go to a specific hospital. She keeps in contact with physicians at local hospitals in order to stay updated about her patients' care. When you arrive at the ER, if admission is needed, please inform the ER staff to call Dr. Tang.

Please be aware that all standard co-pays are due at the time of the visit. If you do not have a secondary insurance, you will be responsible for the 20% co-insurance that Medicare does not pay as part of their allowable charge. If you have any questions about this policy, please contact our office.

Dr. Tang usually sees patients for routine visits approximately every 4-6 weeks. This may vary depending on the patient's needs. You do not need to call to schedule your routine visits. Dr. Tang's staff will call to notify you when she will be coming to see you. If you think you need a visit sooner for an urgent problem, please call the office. Patients must have been seen within the previous six months in order to have Dr. Tang continue to refill their medications.

When you need to refill a prescription, please call your pharmacy first to find out if they already have refills for you. If you do not have any refills available, ask your pharmacist to contact our office or have them fax us a prescription renewal request. If, for any reason, they are not able to accommodate you or you have

additional questions, feel free to contact a member of Dr. Tang's staff during normal business hours. Please give 3 days' notice for any refills you need at a local pharmacy, and at least one week notice for a mail-in pharmacy to ensure you don't run out of your medications.

If you are ever referred to a specialist or choose to see another physician for any reason, please notify our office. This will allow us to keep our records current and be aware of any medication changes that may have occurred. It is very important that both the specialist and Dr. Tang are aware of any changes that have occurred in your care to ensure that there are no adverse medication interactions. This includes any hospital stays or surgeries that may be necessary. Additionally, please ask any specialists you see to forward a copy of their consult notes to our office so that Dr. Tang is aware of any changes they have made or tests ordered.

Thank you for taking the time to read this letter. If you have any questions or concerns, you may contact us at **682-223-1526** or conciierge-mobilemd@gmail.com. We wish you good health and happiness, and we welcome you to the practice.

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PATIENT INFORMATION FORM

Leaving any fields blank will delay the processing of your request.

PERSONAL INFORMATION

Patient's Full Name: _____
(LAST) (MI) (FIRST)

Date of Birth ____/____/____ Sex (circle one) M / F
mm dd yyyy

Race _____ Hispanic?(circle one) yes / no

Home Phone _____ Cell Phone _____

Email: _____ Preferred Language: _____

Address or Name of Assisted Living Facility:

City, State, Zip: _____

INSURANCE INFORMATION

**PLEASE EMAIL, FAX, OR MAIL COPIES OF BOTH
THE FRONT AND BACK OF YOUR INSURANCE CARDS.**

(Enlarged copies would be appreciated.)

Is patient covered by Medicare (circle one) YES / NO

Medicare Number _____

What is patient's secondary insurance (if applicable) _____

Policy or ID Number: _____

Group Number _____

Customer Service Phone Number: (on back of card) _____

