

John L'Ecuyer MD LLC
8340 Mission Rd, Ste 210
Prairie Village, KS 66206
(913) 642-0100 phone, (913) 642-0176 fax

Return forms and a copy of your photo identification and insurance card via email to manager@missionservicesorg.com prior to your appointment. If you are not able to keep your scheduled appointment, please contact the office to reschedule to avoid the risk of not being able to be rescheduled in this office.

Patient Information

Name _____
Address _____

Phone _____
Cell _____
Social Security # _____
Birthdate _____ Age _____
Race (optional) _____
Marital Status Single Married Divorced Widowed
Patient Email _____

Patient Employer

Name _____
Phone _____

Name of Primary Care Doctor _____

Address/Phone for Primary Care Doctor _____

Who referred you to our office? _____

Please initial according to your preference:

() I give permission for this office to speak to the responsible party above about my bill.

() I give permission for this office (including my clinician) to contact me via email and I accept the ordinary limitation of privacy with email (eg. Someone may look at my emails).

() I give permission for this office (including my clinician) to contact me via text and I accept the ordinary limitation of privacy with texts (eg. Someone may look at my texts).

Guarantor Info (If pt under age 18 or you have Guardianship forms)

Name _____
Address _____

Phone _____

Guarantor Employer

Name _____
Phone _____

Emergency Contact

Name _____
Phone _____
Relation _____

Preferred Pharmacy

Name _____
Phone _____

Automated reminder texts, emails, and voicemails for upcoming appointments are done as a courtesy, but it is up to you to remember your appointments. Your clinician may refer you elsewhere for care if you miss continued appointments. There is a charge of \$50 per missed appointment/late cancellation (less than 24-hours' notice).

Please get all your medications refilled during your routine follow-up appointment. If this is not possible, have your local or mail-order pharmacy fax refill requests to us. There is a \$20 fee for controlled-substance refills outside of appointments (eg. Adderall, alprazolam, clonazepam, methylphenidate). Think a week ahead about the refills you need by using a pillbox as this may make things easier for you.

Please keep your balance at zero. Co-pay and any outstanding balances are due by the business day following your date of service. Patients showing no reasonable effort at being responsible for their account will receive one written warning letter, before being referred elsewhere for care. Outstanding balances over 90 days may be turned over to an outside collection agency.

If you are using insurance as part of your payment, we will file it for you. We will only file claims for those insurance companies that we are in-network with (Aetna, Cigna, BCBS, United Healthcare). If you feel your insurance is not paying appropriately, you may need to call them. If you are using two insurance companies, make sure we know which one is primary.

Patient/Guarantor will be responsible for the following fees not covered by insurance:

- Missed/late cancellations \$50
- Controlled substance refills \$20
- FLMA forms \$35 minimum
- Short-term Disability forms \$35 minimum
- Other "non-covered services", "non-authorized", "exceeding yearly maximums" or if your insurance finds services "not medically necessary".

If your insurance changes, it is your responsibility to get us a copy of your updated card and information. Due to timely filing guidelines, cannot backdate claims past a certain date (eg. The visit was 06/10/23, Today is 12/18/23 and UHC has a timely filing limit of 90-days, therefore, claim would be denied. You are responsible for the balance.)

Keep track of any deductible your insurance requires you to meet, as well as visit maximums.

If you are eligible for or are using Medicare or one of its affiliated insurance products (AARP, Humana Gold), ask my office for a "Medicare Private Contract" to sign. Dr. L'Ecuyer has chosen to opt out of Medicare, therefore Medicare cannot pay for any part of your treatment appointments with Dr. L'Ecuyer. Dr L'Ecuyer is not in network with Medicaid (either KS or MO).

1. I authorize the evaluation and treatment of myself (or my listed minor child) by John L'Ecuyer, MD.
2. I authorize payment of medical benefits to John L'Ecuyer MD LLC.
3. I authorize the release of medical information to my insurance company as needed for benefit payment. I further authorize the release of medical information should prior authorization be needed for any medication.
4. I authorize John L'Ecuyer MD to send a written letter to my referring doctor and/or therapist about my (or minor child) care; and to discuss my (or minor child) care with my other doctors and/or therapist as applicable, when necessary for my treatment.
5. I have requested and received or declined a copy of the HIPAA guidelines of this practice. I understand that my information will NOT be shared with anyone outside of my care unless I sign a Release of Information specifying otherwise.

Signature of patient

Date

Signature of Guarantor

Date