



MAISON
CURA

223 N Causeway
New Smyrna Beach, FL 32169
Tel: 386.308.5088
Fax: 386.308.5089
themaioncura.com

Welcome to Our Office,

We are glad you're Here. Our mission is to create a safe, supportive place where behavioral health and medical care work hand in hand. Through respect, collaboration, and evidence-based care, we partner with you on your journey toward healing, balance, and lasting well-being in a space where you are seen, heard and valued.

Please take a moment to complete the following information.

Patient Information Form (Please Print Clearly)

Miss Ms. Mrs. Mr.

Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Sex: M F SSN: 000-00-_____

Email Address: _____ Preferred Language: _____

Home Address: _____ Apt / Unit : _____

Home: _____ Cell: _____ Work: _____ Ext: _____

Mailing Address (If Different and/or associated with insurance card):

Address: _____ Apt / Unit : _____

Pharmacy: _____ Address: _____ P: _____

**Below, please list the physician(s) / person(s) with whom we may share your health information.
This authorization will remain in effect revoked.**

Person: _____ P: _____ Relationship: _____

Person: _____ P: _____ Relationship: _____

Person: _____ P: _____ Relationship: _____

Primary Care Physician: _____ P: _____

Referring Physician: _____ P: _____

Social History: Mark an "X" accordingly:

Do you smoke: Yes No Did you ever smoke: Yes No

If yes, how long? _____ When did you quit? _____

Which of the following best describes you: (Please select one answer)

- African American / African / Caribbean Asian / Pacific Islander
 Caucasian Hispanic / Latino Native American Other
 Prefer not to answer



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FORMS/LETTERS FEE

All requested forms/letters to be completed for a \$35.00 administrative fee. (per set of forms)

LATE ARRIVAL FEE

If you are over 10 minutes late for your appointment, we reserve the right to reschedule your appointment for a later time or you pay a LATE ARRIVAL FEE of \$40. Please understand that we strive to stay on time for your appointment as well as those patients that follow you.

NO SHOW/BROKEN APPOINTMENT POLICY

In order to be respectful of the medical needs of our patients, please be courteous and Maison Cura promptly if you are unable to attend an appointment. If it is necessary to cancel your scheduled appointment, We require that you please call one working day in advance, even if it's after hours, please leave a voicemail. **“ If not, your account will be assessed with a \$40 No Show Fee.”** Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care.

Habitual offenders, more than three missed appointments, late cancellation or no shows may be subject to discharge from the practice.

Please note that late arrivals/late cancellation or no show appointment charges are the Patients responsibility and will not be billed to your insurance company.

Maison Cura does not accept financial responsibility for patients who see a provider not in network and/or benefits that are not covered under their insurance plan, it becomes the responsibility of the patient.

Due to prescription abuse, our office will rewrite prescriptions for controlled substances **ONLY** when a police report is filed and presented to our office. A \$25.00 charge for **EACH** re-write of a prescription will be applied and **DUE** at such time. Control substance prescriptions will be written monthly and **WILL NOT** be written to multiple pharmacies.

Please indicate that you have read and understand the terms of this policy by signing below:

Patient Signature: _____ Date: _____



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To all our Patients here at Maison Cura,

We are more than willing to confirm that you have behavioral/prescription insurance and to determine to the best of our ability what your insurance covers. We do not have the capability to go through every single insurance code and find out what each individual company covers.

Normally they cover according to this:

Please understand that your insurance company along with your employer or yourself (independent) has a contract with each other. Companies are allowing your insurance company to downgrade your procedures to sub-standard care. The insurance company does not tell us this when we verify, so we do not know. We will not be downgrading our procedures (care) to meet insurance demands. You as the subscriber will be responsible for whatever insurance does not cover. Please check your insurance coverage and see if they downgrade. If they are, you should speak to your human resource department and let them know you are not happy with this.

I have read and understand the Insurance Policy of Maison Cura.

Patient Signature

Date



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Maison Cura honors a patient's rights to confidentiality of medical information as provided under federal and state law. Please read the following guidelines before signing this authorization.

Verbal Communication Only: This authorization allows for verbal communication both in person and via telephone between Maison Cura and the designated person(s) on this form. It does not allow copies of medical records to be released.

Voicemail: Maison Cura and their staff recognize confidentiality, they will not routinely leave the messages on your voicemail, answering machine, or with your spouse, family members or any other individuals unless you specifically give permission to do so. The authorization may be used to share information in the manner that you specify.

Patient Portal: The email that you provide is for the specific use of Maison Cura and staff for the sole purpose of communicating with you regarding your health. This information will not be shared.

Our Financial Policy and How It Works For You

Whether you are paying with debit/ credit card or using your insurance, you are always ultimately responsible for your bill. You must pay at the time of your visit before you can be seen, so please make arrangements to pay when you first arrive for your appointment.

Our Responsibilities

- ***We will verify you mental health benefits***
- ***We will bill your insurance for you as a courtesy.***
- ***We will correct any errors we have made when there is a billing dispute.***
- ***We will provide guidance in getting your bill paid.***

Your Responsibilities:

- ***Inform us of any demographics that have changed.***
- ***Please know & understand your health insurance coverage.***
- ***Please pay your deductible, coinsurance, and copay at the time of service.***
- ***Please read your Explanation of Benefits from your carrier.***
- ***Please follow-up promptly with claims that are not paid by your insurance company, or you will be billed directly for them.***
- ***Please make any reschedules/ cancellations within 24 hours prior to your appointment or you will be assessed a \$40 fee***