



Iker Leycegui M.D.
Concierge -Internal Medicine and Primary Care à la Carte

Dear Future Patient,

Welcome to our concierge internal medicine and primary care practice. Our unique approach focuses on providing personalized, attentive healthcare, tailored specifically to each individual's needs.

In an era where the physician-patient relationship is often impacted by external factors, we emphasize a direct, trust-based connection with our patients. Our commitment is to thoroughly understand and address your health concerns, offering a level of care that transcends standard practices.

Our practice operates independently of traditional managed care systems, allowing us more time with each patient, ensuring comprehensive evaluations and in-depth health discussions. We believe in recommending what is genuinely best for you, not what is limited by insurance guidelines.

Your initial visit will include a detailed medical examination and a complete health history assessment, ensuring you have ample time to discuss your health without feeling rushed. Additionally, we strive to accommodate same-day appointments if you happen to be ill.

Important things to understand:

1. Payment is due at the time of service. Our fees are transparent.

At our practice, we are committed to delivering concierge-level care that is both high-quality and affordable. While we do not accept insurance, we've structured our fees to ensure accessibility, with each visit priced at \$200. This affordable fee-for-service model eliminates the necessity for insurance, making premier healthcare readily available to you.

Moreover, our visits are global, encompassing a range of services including injections, EKGs, cryotherapy, suturing, etc. and addressing any other needs that may arise, all included in the pricing. We uphold price transparency, and our visits are typically as long as necessary, usually 30 to 40 minutes, to thoroughly address medical problems and ensure continuity of care, fostering close patient-doctor relationships. You will always be seen by Dr. Leycegui.

2. While we do not contract with insurance carriers, we will provide detailed billing information for your personal insurance reimbursement purposes.

3. ****Follow-Up and Medication Refill Policy****We would like to remind you of the following important aspects of your care:

a) ****Responsibility for Follow-Up on Studies****: While we are committed to informing you of any major findings from studies or tests performed, it is essential that you actively participate in your healthcare by scheduling follow-up appointments. This ensures that we comprehensively cover all aspects of your health and discuss any test results, even if they are routine or minor in nature.

b) ****Medication Refills****: In order to receive medication refills, it is important that you comply with the follow-up timelines discussed during each visit. Medication refills will be provided on a case-by-case basis, depending on your adherence to these follow-up schedules. This policy is in place to ensure the safe and effective use of medications, and to allow for necessary adjustments or evaluations related to your treatment plan.

We understand that healthcare is a collaborative effort, and your active involvement is crucial for optimal outcomes. Please feel free to discuss any questions or concerns you may have regarding this policy during your appointment.

4. Our staff is committed to providing exceptional service, medical care and invites you to experience the best in personalized medicine.

5. Dr. Leycegui has opted out of Medicare- **The following applies only to Medicare patients: If you are not a Medicare patient, please feel free to skip this section and proceed to fill in the Medical Records section."**

a) ****Medicare Reimbursement****: When a doctor opts out of Medicare, Medicare will not reimburse the patient for any costs incurred for services provided by that doctor. Doctors who opt out of Medicare enter into a private contract with their patients, where the patients agree to pay the doctor's fees without expecting Medicare to pay any of the cost.

b) ****Secondary Insurance Reimbursement****: The ability to get reimbursed from a secondary insurance depends on the terms of the secondary insurance policy. Some secondary insurers may follow Medicare's lead and also not reimburse for services from a doctor who has opted out of Medicare. Others might offer partial or full reimbursement depending on the policy's terms.

- If the secondary insurance is a Medigap policy (Medicare Supplement Insurance), it generally will not cover services from a doctor who has opted out of Medicare. Medigap policies typically only pay after Medicare has paid its share.

- If the secondary insurance is a separate private insurance, it may have different rules. It's important to check the specific policy details.

c) **Patient Responsibility****: Patients who see a doctor who has opted out of Medicare must be fully informed and agree to this arrangement, through a private contract. They should understand they are responsible for the full payment of the doctor's fees.

d) **Bloodwork and Studies****:

- If the bloodwork or diagnostic studies are performed by a laboratory or facility that accepts Medicare, and if these services are normally covered by Medicare, they should still be covered. The key factor is whether the facility providing the service accepts Medicare, not the doctor who ordered them.

e) ****Medications****:

- Prescription drug coverage under Medicare Part D is generally not affected by whether a doctor has opted out of Medicare.

- If the medications are standard prescriptions that a patient takes to a pharmacy, Medicare Part D should still cover them according to the patient's plan benefits.

- However, if the medications are administered in the doctor's office as part of treatment (like certain injections or infusions), and if that doctor has opted out of Medicare, those medications might not be covered.

f) **Referrals to Specialists**:

- If a Medicare-enrolled patient is referred to a specialist by a doctor who has opted out of Medicare, the coverage for the specialist's services depends on the specialist's Medicare status. If the specialist participates in Medicare, the services should be covered according to Medicare rules.

Thank you for your cooperation and commitment to your health.

Sincerely,

Iker Leycegui, M.D.

****New Patient Form****

Please fill in as much information as possible to expedite your visit scheduling. Any further details can be discussed in person.

- ****First Name****: _____

- ****Last Name****: _____

- ****Your Email****: _____

- ****Date of Birth****: _____

- ****Address****: _____

(Street, City, Zip Code, State, Country)

- ****Sex****: Male Female Other _____

- ****Last primary care physician/provider name****: _____

- ****How did you find us?****: _____

****Diagnosis Established**** (Select all that apply)

- Diabetes Hypertension High Cholesterol Fatty Liver
- Gout Thyroid Disease Parathyroid Disease Low Testosterone
- Atrial Fibrillation Congestive Heart Failure Sleep Apnea
- Kidney Disease Pancreatic Problems Rheumatoid Arthritis
- Lupus / Autoimmune Diseases Asthma COPD/Emphysema
- Migraine Vertigo Seizures Stroke Decreased Hearing
- Ringing in the Ears Psoriasis Osteoporosis/Osteopenia
- GERD / Reflux Gastric Ulcers Tuberculosis Helicobacter Pylori
- Endometriosis Anemia Fibroids-Uterine Crohn's Disease
- Ulcerative Colitis IBS Kidney Stones Calcium Kidney Stones - Non-Calcium
- Enlarged Prostate Chronic Urinary Tract Infections
- Aneurysm Blood Clots Alzheimer's Disease Parkinson's Disease/Tremors
- Mood Disorder: Depression/Anxiety/etc. Schizophrenia STDs

****Cancer Type**** (Select all that apply)

- Prostate Breast Ovarian Cervical Lung Brain
- Thyroid Liver Oral/Throat Laryngeal Melanoma
- Other Skin NOT Melanoma Lymphoma Leukemia Multiple Myeloma
- Esophageal

- Gastric Pancreatic Colon/Rectal Sarcoma-Muscle
- Testicular Bladder Kidney Penis

****Surgeries / Procedures**** (Select all that apply)

- C-Section(s) Pregnancy Vaginal Delivery(s) Appendix Gallbladder
- Cataract Glaucoma Retinal Detachment Cornea Thyroid
- Stomach Including Bariatric Hernia Hip Knee Shoulder
- Carpal Tunnel Back-Lumbar Neck-Cervical Hysterectomy Total
- Hysterectomy Partial Ovary Removal/Cyst Breast Implants/Reconstruction
- Tummy Tuck Face Lift BBL/Implants Rhinoplasty/Septoplasty
- Vasectomy Pacemaker/Defibrillator Heart Bypass Heart Stent
- Carotid Surgery Aneurysm Surgery

****Current Issues – Symptoms You Would Like to Discuss in Your Initial Visit****

****Past Medical History - Continued: Diagnosis/Surgeries/ Hospitalizations****

****Medication Allergies**** _____

****Family History**** (Select all that apply)

- Breast Cancer Ovarian Cancer Lung Cancer Colon Cancer Prostate Cancer
- Heart Attacks Stroke Alzheimer's Disease Parkinson's Disease/Tremors
- Schizophrenia Autoimmune Diseases Thyroid Disease High Cholesterol
- Drug/Alcohol Issues Tuberculosis Asthma Allergies

****Occupation****: _____

(If retired, past occupation. Any exposure to dangerous chemicals/compounds?)

****Lifestyle Questions****

- ****Alcohol****: Drinks per week on average _____
- ****Exercise****: 30-minute or more sessions per week _____
- ****Coffee****: Cups/ Shots per day _____
- ****Recreational Drugs****: _____
- ****Tobacco Smoking Status****: Smoker Non-Smoker Former Smoker

****Health Screenings and Vaccinations****

- ****CT Scan for Lung Cancer Screening****: _____
- ****Colonoscopy****: Last date _____
- ****Mammogram****: Last date _____
- ****Pap Smear****: Last date _____
- ****GYN Name****: _____
- ****Bone Density Test****: Last date _____
- ****PSA Test****: Last date _____
- ****Cardiac Catheterization****: Date _____
- ****Stress Test****: Date _____
- ****Vaccinations****: Tetanus Influenza Pneumonia Tuberculosis COVID-19

****Infectious Disease / Developmental History** (Select all that apply)**

- Measles Mumps Rubella Chicken Pox Whooping Cough
- Diptheria Hepatitis A Hepatitis C Hepatitis B Helicobacter Pylori
- HPV Herpes Type 1 Herpes Type 2 Tuberculosis COVID-19

****Current Medications**** (may attach list)

****Primary Phone Number for Contact****

****Emergency Contact Information****

- ****Name****: _____

- ****Phone Number****: _____

****Communication Consent****

Yes, I consent to be contacted via email, text messages, and voice calls.

****Insurance Information**** While we do not accept insurance, we still require insurance information to electronically send bloodwork, radiology, and other tests. Please provide the details below. Alternatively, you can furnish this information during your visit

****Signature****



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****Authorization for Release of Patient Health Information****

****Patient Information****

Name: _____ Date of Birth: _____
Address: _____
Phone Number: _____ Email: _____

Release From:

I hereby authorize to release my medical records as described below:

****Records to be Released****

From: [Start Date] _____ To: [End Date] _____

Medical Summary Laboratory Reports Imaging Reports Prescription Information Other:

****Purpose of the Release****

Continuity of Care Personal Use Legal Insurance Other: _____

****Method of Delivery** (check one)**

Mail Fax Email Patient Pick-Up
 Other: _____

****Patient Rights****

I understand that I have the right to revoke this authorization at any time by providing written notice to [Practice Name/Hospital Name]. I am aware that the revocation will not apply to information that has already been released in response to this authorization. I understand that the information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

Patient / Guardian Signature: _____ Date: _____