



Maria A Pavez, MD

Jalil Shojaei, MD

Dear Patient:

**Welcome to our practice!**

Following please find a questionnaire and an information form. **Please complete the questionnaire and information form to the best of your ability** and bring them with you to your appointment, along with your insurance card and all of your medications.

So that we may better address your needs at your appointment, please note the following:

- **If your insurance requires a referral from your primary care physician, you must obtain this prior to your appointment.** We are unable to see or treat you without this. If you do not have a referral when you come to your appointment, it may be necessary to reschedule your visit.
- **Please be prepared to pay any applicable co-pay at the time of your visit.** Your co-pay is a contract between you and your insurance company, based upon your chosen plan. Because of our contract with your insurance company, we are not allowed to waive this fee and are required to collect it at the time of service.
- **Please make sure to bring all of your medications to your visit.** It is very important that we know everything you are taking and any medication allergies you may have so that our physician can determine an appropriate treatment plan for you.
- **Please let us know if you have any special needs** prior to your appointment so that we can try to accommodate you.

We hope this information is helpful to you. Please don't hesitate to call us at **859-255-1009** if you have any questions or need additional information about our practice. We look forward to seeing you at your upcoming visit!

Sincerely,

LEXINGTON NEUROSCIENCES CENTER