



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 626		DATE: 2/24/2025	
COMMITTEE: Insurance			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/24/2025 11:25 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill. There shall be NO surprises or secrets from Health Insurance Companies. Health Insurance Companies shall be upfront, honest and ethical when providing costs and reimbursements. There is currently too much greed and taking advantage of Missourians by Health Insurance Companies. This is Great Public Policy and Needs to be passed as soon as possible!



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DR JACK D CROCKER		PHONE NUMBER: 417-664-0700	
BUSINESS/ORGANIZATION NAME: CROCKER CHIROPRACTIC LLC		TITLE: OWNER	
ADDRESS: 464 N JEFFERSON AVE			
CITY: LEBANON		STATE: MO	ZIP: 65536
EMAIL: drcrocker1@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/21/2025 4:46 PM	

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**My Profession only wants to be on equal ground with other profession when billing for same services.
It is not fair we are always cut and paid less for the same services**



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOHN GROERICH		PHONE NUMBER: 314-644-2081	
BUSINESS/ORGANIZATION NAME: HEALTHSOURCE CHIROPRACTIC OF CLAYTON		TITLE:	
ADDRESS: 950 FRANCIS PLACE, STE 217			
CITY: CLAYTOM		STATE: MO	ZIP: 63105
EMAIL: jgroerich@healthsourcechiro.com	ATTENDANCE: Written	SUBMIT DATE: 2/24/2025 8:33 AM	

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Reimbursement for services rendered by different providers should be reimbursed at the same rate regardless of the provider. In addition, there are networks in the state of Missouri that have coverage for certain services but do not have providers credentialed with them. This causes a barrier to services and in many cases causes patients to be forced to utilize a higher cost service or be directed to a pharmacological approach that does nothing but cover up the symptoms of a larger problem.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATTHEW THOMPSON		PHONE NUMBER: 660-537-5234	
REPRESENTING: REACH HEALTHCARE FOUNDATION		TITLE:	
ADDRESS: 124 E HIGH			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: matt@wintonpolicygroup.com	ATTENDANCE: Written	SUBMIT DATE: 2/24/2025 1:13 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBYN LAWRENCE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dr.robyn@getwellfc.com	ATTENDANCE: Written	SUBMIT DATE: 2/22/2025 9:09 AM
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I am in support of healthcare providers being reimbursed for services rendered equally.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 417-793-0673	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 W. HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA'S HEALTH INSURANCE PLANS, BLUE CROSS BLUE SHIELD OF KANSAS CITY		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
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