Fee Schedule

Bioidentical Hormone Female Patient Fee Schedule

Initial Consultations - Physician:	$250
Follow up Consultations - Physician:	$250
Annual Treatment Plan Review - Nurse Practitioner	$100
Pellet Insertion - Female (every 4 to 6 months)	*Approximately $550

***Actual cost may vary based on your individual treatment plan.**

- Payment in full is expected at the time of service.
- All contact with insurance companies is your responsibility.
- Email will be used for most patient communication, unless otherwise discussed.
- Most insurance companies reimburse men for pellet implantations, but not women.
- This service is not covered by Medicare, you may not send in your bill for reimbursement.

Payment is due at the time of service. We accept cash, check, Visa, MasterCard, Discover and American Express

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy or the initial consultation fee to be covered benefits and my insurance company may not reimburse me, depending on my coverage. I understand that BioBalance® Health is also not a Medicare provider and services provided by BioBalance® Health are not covered by Medicare. I acknowledge that BioBalance® Health has no contracts with any insurance companies and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal. Permission is granted to the staff of BioBalance® Health for care and treatment and hormone pellet therapy of the patient identified above.

Print Name: Signature: Date:

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Female Estradiol & Testosterone Pellet Insertion Consent + Peptide Consent (Page 1 of 3)

Bioidentical hormone pellets are concentrated, compounded hormones, biologically identical to the hormones that are made in your own body. Estrogen and testosterone were made by your ovaries and adrenal glands prior to menopause. Bioidentical hormones have the same effects on your body that your own estrogen and testosterone did when you were younger, without the monthly fluctuations (ups and downs) of your menstrual cycles.

Hormone pellets are made from plants and are FDA monitored, but not FDA approved for female hormone replacement. Although, the pellet form of hormone replacement has been widely used in Europe and Canada, as well as by select OB/GYNs in the United States, for many years. You will have similar risks as you had prior to menopause, from the effects of estrogens and androgens, given as pellets. *Multiple studies done in Europe and Canada find pellet therapy to be safer than traditional oral hormone therapy.*

FYI: The Women's Health Initiative (WHI) study on hormone replacement therapy was first reported in 2002 and had many flaws. It only studied Premarin (horse estrogen) and Provera (synthetic progestin) and had findings that are not consistent with the last +1,500 studies done on hormone replacement therapy. The WHI study is not applicable to treatment with bioidentical hormone replacement with pellets and studies using pellets do not have any similarities in their outcomes.

Hormone pellet therapy is usually suggested for you after traditional methods for replacement have failed. Some patients choose bioidentical hormone pellets because they resemble women's premenopausal hormones and therefore have a more natural effect.

Peptides are natural, short protein combinations that transfer information between tissues in the body to stimulate one or more hormones. There are over 3,000 peptides in the human body and they often decrease with age and/or illness. We sometimes recommend a compounded formulation of one or more of these peptides to replace what is missing or to stimulate your own production of a specific hormone, if optimized testosterone replacement is not fully effective in treating your symptoms, hormone deficiency, or illness.

Most of the peptides that we prescribe provide a signal to the body to begin secreting Growth Hormone (GH) release while also blocking Somatostatin, a hormone that inhibits GH release. These peptides include Sermorelin, CJC 1295, Ipamorelin, BPC-157, and others that may be added to the formulary at a later date.

Peptides are considered to be *alternative medical therapy* and are, therefore, not FDA approved, but they are highly regulated under the FDA Modernization Act of 1997 and are generally considered safe with very few, if any, severe adverse reactions.

Patients who are not sterilized and are not menopausal are **REQUIRED** to continue a reliable birth control method while participating in hormone replacement therapy and/or peptide therapy. Testosterone is a Category X drug (it will cause birth defects) and cannot be given to pregnant women. It is not known whether or not peptides cause birth defects, so pregnancy is also not advised with peptide therapy.

My birth control method is (check all that apply, at least one form of birth control is *required*):

Menopause:_____ Birth Control Pills:_____ IUD:_____
Tubal Ligation:_____ Vasectomy:_____ Abstinence:_____
Hysterectomy (uterus removed): _____ Oophorectomy (both ovaries removed):_____
Other (detailed explanation):_____

Female Estradiol & Testosterone Pellet Insertion Consent + Peptide Consent (Page 2 of 3)

Risks of Estrogen and Testosterone Pellet Therapy Include:

- Bleeding, bruising, swelling, infection, and pain at the site of the pellet insertion
- Lack of effect (from lack of absorption)
- Increased hair growth on the face and body, similar to pre-menopausal patterns
- Acne
- Clitoral enlargement, which is reversible
- Change in voice, which is reversible
- Growth of liver tumors, if already present
- Birth defects in babies exposed to testosterone during their gestation
- Miscarriage in embryos exposed to testosterone during their gestation
- Breast tenderness and swelling, especially in the first 3 weeks post-insertion (estrogen-only)
- Water retention and swelling (estrogen-only)
- Increased growth in endometrial and breast cancers, if already present (estrogen-only)
- Blood Clots/Phlebitis

Benefits of Estrogen and Testosterone Pellet Therapy Include:

- Increased libido, energy, and sense of well-being
- Increased muscle mass, strength, and stamina
- Decreased frequency and severity of migraine headaches
- Decreased mood swings, anxiety, and irritability that is secondary to hormonal decline
- Decreased body fat percentage and cellulite
- Decreased central obesity (belly fat)
- Improved balance and coordination
- Improved dry eyes
- Decreased risk or severity of diabetes
- Decreased risk of stroke and heart disease
- Decreased risk of dementia and Alzheimer's Disease
- Possible improvement in arthritis, fibromyalgia, and autoimmune disorders

My signature below certifies that I have read the above and acknowledge I have been encouraged to ask any questions regarding estrogen and testosterone pellets and all of my questions have been answered to my satisfaction. I have been informed that hormone pellets are **FDA monitored but not approved for women**. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

I consent to the insertion of hormone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described above. Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks.

I acknowledge that there may be risks of hormone pellet therapy that we do not yet know at this time, and I accept those and all of the above risks by accepting therapy by signing below.

This consent is ongoing for this and all future pellet insertions.

Print Name: _____ Signature: _____ Date: _____

Female Estradiol & Testosterone Pellet Insertion Consent + Peptide Consent (Page 3 of 3)

Potential Risks of Peptide Therapy may Include:

- Rash and itching
- Nausea and vomiting
- Headache
- Dizziness
- Water retention and swelling
- Carpal Tunnel Syndrome
- Muscle pain
- Lack of effect
- Pain, redness, swelling, or infection at the injection site (if applicable)
- Other specific side effects relating to individual peptides that will be reviewed at your appointment

Depending on the peptide prescribed to me, the Benefits of Peptide Therapy may include:

- Increased libido and improved orgasms
- Improved energy
- Improved sleep
- Improved focus and memory
- Decreased anxiety
- Decreased body fat percentage and increased muscle and bone mass
- Improved skin texture
- Improved growth hormone (IGF-1) levels
- Improved Liver Function Tests (AST, ALT)
- Decreased inflammation and arthritis
- Improved insulin resistance
- Improved gastrointestinal function and health
- Improved autoimmune disorders
- Improved neurologic disorders

My signature below certifies that I have read the above and acknowledge I have been encouraged to ask any questions regarding peptide therapy and all of my questions have been answered to my satisfaction. I have been informed that **peptides are FDA monitored but not approved**. By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I also agree to comply with any testing and follow-up required by my healthcare provider for management of my illnesses and symptoms that are treated with peptides.

This consent is ongoing for this and all future peptide treatment plans.

Print Name: _____ Signature: _____ Date: _____

Communication

Consent to Communicate

Please indicate the ways you consent for BioBalance Health to communicate with you

	Can contact (Yes/No)	Can leave message (Yes/No)
Cell Phone		
Home Phone		
Work Phone		
Email		
Text Message		

Do we have permission to speak with spouse/partner? Yes_____ No_____

Do we have permission to leave a message with spouse/partner? Yes_____ No_____

If yes, please list name(s) and relationship _____

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Patient Records

Copying and Faxing Records, Forms, Financial Summaries, etc.

BioBalance Health collects a $35 fee for all copying or faxing of records, lab results, insurance forms, and financial summaries for tax purposes.

A signed release form is required before BioBalance Health will send, fax, email, etc. any medical records or information.

We will require a credit card prior to copying or faxing any of your forms, and will charge the card immediately. The time frame for copying is two weeks. Requests from life or disability insurance companies will also be charged to you and you may request reimbursement from the company.

Print Name: Signature: Date:

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HIPAA

HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a "friendly" version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. We are not obligated to alter internal policies to conform to your request.

I, _____ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy.

I attest that all the history I give is true and I understand that this consent shall remain in force from this time forward.

Print Name: Signature: Date:

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