Female New Patient

Dear Patient,

Thank you for your interest in BioBalance® Health. To determine if you are a candidate for bioidentical hormone pellets for menopause and perimenopause, there are several things we need to assess. We will evaluate your information prior to your consultation to determine if BioBalance® Health can help you "get your life back".

If you are under the age of 18, pregnant, or plan to become pregnant, you are not a hormone replacement candidate, or weight loss candidate at this time.

1. **Have your blood lab drawn.** Included is a lab rec for Quest Diagnostics. You must fast for 12 hours and you must get your blood drawn NO LATER than 9:00 a.m. It is up to you to find out if your insurance company will cover the cost of the labs. We prefer that you use Quest Diagnostics to get your labs drawn. If you choose to use your primary care physician, please note that many times they do not order the tests that we need, and we will require that you go again. This not only causes you to have your blood drawn multiple times, but it also delays the time frame in which we can schedule your new appointment.

2. **If your insurance does not cover the cost of the labs, or if you have a high deductible, we have a self-pay option with Quest Diagnostics**. If you choose to utilize this option, the approximate cost of your labs will be $420.00. Here is what you must do to take advantage of this option:
    a. Contact BioBalance Health office at (314) 993-0963. Our office is open Monday through Friday, 9:00 a.m. until 5:00 p.m.
    b. Notify the receptionist that you would like to pre-pay for your labs. She will collect your credit card information over the phone. And then you will be given a different lab requisition that notifies Quest that you have pre-paid.
    c. PLEASE NOTE: You cannot use the lab requisition with this packet. Quest will bill you or your insurance if you do. We must provide you with a different requisition that notifies the lab not to charge you or your insurance.

3. **Mail the completed Female New Patient Questionnaire packet** to our office.

4. **Sign the enclosed consent forms**. Signed forms can be mailed or emailed to our office. Email: newpatient@biobalancehealth.com

5. You will need a current mammogram (within the last 1 year if you are over age 40). Mail or fax copies of these reports to our office.

6. If you have a uterus, you must have a pelvic ultrasound. Enclosed is a prescription for this ultrasound. If you are in the St. Louis, MO region BioBalance Health recommends you have your ultrasound at Metro Imaging. Here is a link to their locations Metro Imaging Locations

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Creve Coeur MO 63141

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Fax: (314) 218-3999

Female New Patient

PLEASE NOTE: It takes 2 weeks for us to receive the results of your lab test in our office.

Please mail, fax, or email all completed forms to:

BioBalance Health
10800 Olive Blvd.
Creve Coeur, MO 63141
Attn: Receptionist
Fax: (314) 218-3999
Email: newpatient@biobalancehealth.com

Once we receive ALL your information and lab results, we will contact you to schedule your initial consultation.

Thank you and we look forward to seeing you soon!

Sincerely,

Kathy C. Maupin, M.D.

Rachel Maupin Sullivan, D.O.

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Female New Patient Questionnaire

***Purpose of Visit:** ☐ Hormone Replacement with Pellets ☐ Weight Loss Program ☐ Both

Patient Demographics

*First Name:	*Middle:	*Last Name:	
What do you prefer to be called (nickname)?			
Home Phone:		*Cell Phone:	
*SSN/Driver's License Number:			
*Email:			
*Address (no PO Box):			*City:
*State:	*Zip:	Age:	*Date of Birth:
Referred by:			
Primary Care Physician:		OBGYN:	
*Current or Previous Occupation:		Employer:	
*Office you will be Visiting: ☐ St. Louis ☐ Kansas City ☐ No Preference			

Preferred Pharmacy

*Name:	*Phone:
*Address:	

Emergency Contact Information

Name:	Relationship:
Phone:	

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Female New Patient Questionnaire

***Current Medications (List all current medications)** ☐ **None**

Medication Name	Dose	Frequency	Reason for Taking

***Current Vitamins & Supplements (List all current vitamins & supplements)** ☐ **None**

Supplement Name & Brand	Dose	Frequency	Reason for Taking

***Allergies and Reactions (Food, Drug, etc.)** ☐ **None**

Allergy	Reaction

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Female New Patient Questionnaire

*Current Symptoms (check all that apply)

	Low or No Sex Drive (Libido)
	Fatigue or Lack of Energy
	Infrequent or Absent Orgasms
	Depression
	Anxiety
	Change in Mood or Irritable
	Insomnia
	Memory Loss or Foggy Thinking
	Feeling Hopeless
	Low or No Motivation
	New Headaches
	Decreased Muscle Mass & Strength
	Joint Aches/Arthritis
	Dry Eyes
	Poor Balance & Coordination
	Weight Gain
	Belly Fat
	Ringing in Ears
	Difficulty Taking Oral Birth Control Pills
	Hot Flashes
	Night Sweats

	Dry Vagina
	Painful Intercourse
	Heavy or Irregular Periods
	Height has Decreased
	Bladder Spasms
	Bladder Infections
	PMS
	Felt Better Pregnant
	Dry Skin
	Constipation
	Thinning Eyebrows
	Thinning Eyelashes
	Thinning Hair
	Cold All of the Time
	Swelling All Over Body
	Brittle Nails
	Ache All Over
	Poor Immunity
	Snoring
	Other:

*Marital Status

☐ Married	☐ Divorced	☐ Separated	☐ Single	☐ Widowed	☐ Other

*Birth Control Method (you must have one of the following for hormone replacement):

	Menopause (no period > 12 months)
	Hysterectomy (uterus removed)
	Oophorectomy (ovaries removed)
	Tubal Ligation (tubes tied)
	Essure
	I only have sex with women

	Vasectomy
	Mirena or Progesterone IUD
	Paragard or Copper IUD
	Other:

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Female New Patient Questionnaire

*Past Medical History (Check all that apply)

	None
	ADD or ADHD
	Addison's Disease
	Adrenal Fatigue
	Alcoholism, AA, Drug Dependence
	Anxiety
	Arthritis
	Autoimmune Disease (specify diagnosis):
	Blood Clot/Pulmonary Embolism
	Breast Cancer
	Cold Sores
	Colon Cancer
	Concussion
	Contact Sports
	Cushing's Disease
	Depression
	Pre-Diabetes
	Diabetes Type I
	Diabetes Type II
	Emphysema/COPD
	Fatty Liver Disease
	Fibromyalgia
	Glaucoma
	Heart Arrhythmia
	Heart Attack
	Heart Murmur
	Hemochromatosis
	Hepatitis
	Herpes

	High Blood Pressure
	High Cholesterol
	HIV or AIDS
	Hyperthyroid (overactive thyroid)
	Hypothyroid (underactive thyroid)
	Insulin Resistance or metabolic syndrome
	IVF or other fertility treatments
	Kidney disease
	Manic Depression or bipolar disorder
	Multiple Sclerosis (MS)
	Narcolepsy
	Osteopenia
	Osteoporosis
	Ovarian Cancer
	Overweight or Obese
	Parkinson's Disease
	Polycystic Ovarian Syndrome (PCOS)
	Restless Leg Syndrome (RLS)
	Schizophrenia
	Seizures or Epilepsy
	Sleep Apnea
	Stroke
	Tuberculosis (TB)
	Uterine cancer
	I use oxygen
	I use a C-Pap machine
	Other Problems/cancers:

*Pregnancy history:

Number of pregnancies:
Number of miscarriages/abortions:
Number of deliveries:
Number of children:

*Last Menstrual Period

Year or date of last period:

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Female New Patient Questionnaire

*Past Surgeries (List year of surgery)

Year	Surgery
	None
	Gastric Bypass, Gastric Sleeve, Lap Band, or other weight loss surgery
	Joint Replacement
	Pacemaker
	Open Heart Surgery or Stents
	Gallbladder removed
	Pain stimulator or any other implanted electrical device
	Uterus Removed
	Ovaries Removed
	Breast Implants
	Uterine Ablation
	D&C
	Other:

Habits (Check all that apply)

	I smoke Cigarettes/Cigars #Packs/day? #of Years?
	I used to smoke Cigarettes/Cigars #Packs/day? #of Years? Year quit smoking:
	I Drink More Than 10 Drinks of Alcohol/Week
	I am a Recovering Alcoholic
	I Use or Have Used Marijuana in the past year
	I Use or Have Used Cocaine in the past year
	I Use or Have Used Heroin in the past year
	Other Habits:

*Social History (Check all that apply)

	I have completed my family
	I still want to have children
	I am sexually active
	I want to be sexually active
	I do not want to be sexually active
	My sex life is good
	My sex life has gotten worse

	I am heterosexual
	I am homosexual
	I am bisexual
	I have a new partner in the last 3 years
	I have never had an orgasm
	Other:

Previous hormone replacement (Check all that apply)

	☐ None ☐ Pellets ☐ Shots ☐ Troches ☐ Patch ☐ Pill ☐ Vaginal Ring
	Creams/gels applied on the skin or in the vagina
	Previous Growth Hormone Replacement
	Other:

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Female New Patient Questionnaire

*Family History (Indicate Mother, Father, Sibling, or Children for all that apply)

Family Member	Disease
	None
	Autoimmune Disease
	Blood Clots
	Cancer, Breast
	Cancer, Colon
	Cancer, Ovarian
	Cancer, Prostate
	Cancer, Testicular
	Cancer, Uterine
	Cancer, Other
	Dementia
	Diabetes, Type I

Family Member	Disease
	Diabetes, Type 2
	Heart Attack or Stents
	Other Heart Conditions
	Hemochromatosis
	Obesity
	Prediabetes
	Stroke
	Suicide
	Thyroid Disease – high or low
	Other:

Preventative Medical Care (Check all that apply)

	PCP Visit in the last year
	OBGYN Visit in the last year
	Urologist Visit in the last year
	Mammogram in the last year
	DEXA or Bone Density Scan in the last year

	Pelvic Ultrasound in the last year
	Colonoscopy in the last 10 years
	Other:

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Female New Patient Questionnaire

Current Diet (Check all that apply)

	I eat anything I want
	I don't eat much and gain weight anyway
	Gluten free
	Low carb
	Low fat
	Keto
	Intermittent Fasting
	Vegan
	Vegetarian
	Pescatarian
	Blood type specific diet
	Atkins/South Beach
	Weight Watchers
	# of meals/snacks per day?
	Other Diet Information:

Current Exercise (Check all that apply)

	None
	Cardio: # of minutes? # days/week?
	Weightlifting: # of minutes? # days/week?
	I have a very physical job
	I am a long-distance runner, biker, or triathlete
	Other:

***Height: _____(ft, in) *Weight: _____(lbs) Goal Weight: _____(lbs)**

Current Dress Size: _____ Goal Dress Size: _____

***Do you have to take antibiotics for routine dental cleanings? _____**

Any other questions or concerns?

***I attest that all the information I give is true.**

Print Name: Signature: Date:

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Fee Schedule

Bioidentical Hormone Female Patient Fee Schedule

Initial Consultations - Physician (60 minutes):	$250
Follow up Consultations – Physician (60 minutes):	$250
Annual Treatment Plan Review	$100
Pellet Insertion - Female (every 4 to 6 months)	*Approximately $550

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

Weight Loss Patient Fee Schedule

Initial Consultations - Nurse Practitioner (45 minutes):	$200
Follow up Consultations – Nurse Practitioner:	$150

- If you are interested in both hormone replacement and weight loss, they both will be covered in the same consultation.
- 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 New Patient Insertion

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 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 New Patient Insertion

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 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 New Patient Insertion

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 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 _____

Print Name: Signature: Date:

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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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Frequently Asked Questions

How often will I need pellets?
Usually every 3-6 months.

Will my periods be the same?
Possibly, but as hormones become more in the range of pre-menopause, periods may recur. If they appear after a year of menopause, we will order an ultrasound to make sure the lining of your uterus looks normal.

Are there any side effects and/or complications?
Unlike other forms of hormone therapy, there are fewer side effects than traditional therapy.

How long will it take for the pellets to get into my system and work?
24-72 hours. Optimal effect occurs 3 weeks after insertion.

I get horrible headaches—will they help me?
Yes! We have had great success, especially with women who have menstrual migraines, and new migraines that appear after age 35.

Do I need to take other medication?
If you still have a uterus, you will need to be on natural progesterone as well.

Why do I need estrogen?
Estrogen is the most important hormone for a woman. It protects her against heart attack, stroke, osteoporosis, and Alzheimer's. It also keeps us looking young and healthy.

Why do I need testosterone?
Testosterone is the third female hormone and is as essential as estrogen and progesterone. We need this hormone to keep our thought process quick and our libido healthy. It improves our bone density, muscle mass, strength, and prevents some types of depression. It is also the source of our energy and solid sleep!

Will I grow unwanted hair from testosterone?
There is less chance of excess hair growth with natural testosterone than with synthetic hormones. Facial hair will grow with testosterone pellets but normally not worse than when you were in your thirties.

I have no libido—what will this do for that if anything?
Good hormone balance will greatly improve your libido but the addition of testosterone in pellet form will change everything for the better!

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Frequently Asked Questions

How does BioBalance® Health operate?

I think it is important for patients to understand the thought behind how I manage my BioBalance® practice before I detail the nuts and bolts of the office protocols. I started BioBalance® in 2002, with the goal of offering a specialty service for women and then men, to balance and replace hormones that become deficient as we age. I also wanted to offer an initial consultation that included the preventive services that improve health while the pellet therapy balances the aging mind and body. Lastly, I wanted the treatments to be efficient for busy women and men, while still offering affordable care. Those four goals: **Quality, Efficiency, Preventive Care, and Affordability** are the goals my office strives to achieve.

Most business books and experts believe that these four qualities cannot be achieved in a business, and that you must give up something. I realize that it is a lofty goal to attempt this type of medical practice and acknowledge that even though we try to offer these important qualities, nothing is perfect.

What can I expect as a pellet patient?

"I believe if patients know what is ahead of them and enter a practice with reasonable expectations of what we can offer, they will be much happier with their care. Because of this, I would like to disclose the process of how we choose our patients and every step of the care we offer at BioBalance®." Kathy C. Maupin MD

First Office Visit:

With the previous goals in mind, we set up a system that puts the concentration of my time with you at the beginning of your treatment. When you have your initial visit, I am already armed with your lab, your history and the tests required to treat you safely. You will have a half an hour to 45-minute visit with me to go your entire medical case, and develop a treatment plan that includes pellet therapy, diet, exercise, treatment of other hormonal abnormalities, and referrals to other specialists who should be involved with your care if I discover other medical illnesses. This approach gives you an overall view of your health, and a plan to improve it!
The day of your consultation, you will have your pellets inserted by my nurse or nurse practitioner, and you will establish the follow up process, and go over the other tasks you must do to take care of yourself. Your Nurse will address any questions in the future pertaining to your pellets, preferably by email. You will receive written instructions on how to care for your insertion site. You will also be given a lab requisition and be asked to have it drawn 6 weeks after the initial insertion to determine adequacy of dosage.

When you check out after your first visit you will make a follow up appointment for three and one-half months with my receptionist. You can choose to have a follow up consultation either with me or your Nurse (it is less expensive) in three and one-half months. We will discuss your progress, your post-pellet labs, and trouble-shoot any less-than-perfect results.

BioBalance Health
10800 Olive Blvd
Creve Coeur MO 63141

www.biobalancehealth.com
Phone (314) 993-0963
Fax (314) 218-3999

Frequently Asked Questions

Three- and one-half-month Follow-Up Visit:

This visit is generally with me to go over your lab and physical results. It is a shorter visit, usually 20 minutes. At this time, I will determine when your next pellets should be scheduled and what the next dose should be.

Pellet Insertions: Every 3-6 months for women and every 5-6 months for men

Pellet repeat insertions are performed by the Nurses. This is to expedite your visit, so you can come in and get your "maintenance" insertions without much time commitment. The Nurses will answer questions based on my protocols and their diagnostic skill. If there are any unusual problems, they will either consult with me at the time, ask you to make an appointment with me for a follow-up consultation, and or ask you to get additional blood work.

These appointments are meant to address minor adjustments in dosage or side effects, but if you have complicated medical problems, or are having an unusual side-effect the nurses will ask you to schedule an appointment with Dr. Maupin or Dr. Sullivan.

Yearly Care: Preventive tests and lab

At BioBalance® Health we ask that you get the recommended preventive tests by your GYN or Primary Care doctor, and that you report back to us the results. We will not manage the results of these tests but require that you get them to ensure the safety of our treatment.

We may order yearly blood tests to see if your treatment is progressing well. You may opt out of these tests if you have them drawn by another doctor or if you are happy with your dosage and have not had any unusual changes in your health. To receive the results of these tests we require a follow up consultation at a separate visit from your pellet insertion.

Consultations with Dr. Maupin or Dr. Sullivan

If you require complicated management, this must be done by Dr. Maupin or Dr. Sullivan in the office. We are a specialty practice, so we do not manage other medical problems outside of our scope. If we are not a specialist in your needed area, we will refer you to another type of specialist, instead of requiring another

Don't fix it if it isn't broken!

Once we have you on an effective regimen, and you are feeling well, blood work and consultation visits are not required, unless you want them. This is both to save you money and to use our time appropriately. Most medical problems that occur after treatment is on maintenance, will have symptoms, so if our patients are feeling great, we don't make them schedule an appointment to pat them on the head and tell them they are fine!

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Frequently Asked Questions

How we are different than other clinics around the country:

There are other clinics that specialize in Bioidentical hormones, and some even do pellets. The difference in our system and theirs is:

- We evaluate your blood work without accepting payment ahead of time to see if you are a candidate for therapy.
- We do not require $1,500-$2,500 to make an appointment, well ahead of the appointment (sometimes 18 months).
- We schedule within 4 weeks of receiving your blood work and history if you are a candidate for BioBalance® pellets.

Our Outcomes

We have a 90% satisfaction rate, from the patients who are accepted as candidates for therapy. I have never worked in any area of medicine or known any doctor who has worked in any specialty who has such a high rate of complete remission of symptoms as we have at BioBalance®. This practice gives all of us joy because we make people dramatically better every day and we love watching our patients get their lives back!
Patients who choose to stop therapy are generally those patients who are struggling financially, a few who have had vaginal bleeding and who do not want procedures to treat the bleeding, and instead stop treatment, those patients who have side effects to the testosterone and who choose to stop therapy to stop the side effects.
Most of the patients who leave our practice to be treated by other physicians in our area, come right back, because we are better trained and have 9 years of experience.

Those who leave for cheaper care return because our BioBalance® pellets have been custom made just for our practice and are superior, and you get what you pay for.

Lastly, there are people in every area of life who are never happy, and we cannot please those people either, so we wish them well elsewhere.

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BioBalance Health – Quest Diagnostics Quest Account STL 78300024

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☒ Kathy C. Maupin M.D. ☒ Bill Insurance

☒ Fax Results to (314) 218-3999 ☒ Draw Before 9:00 AM ☒ FASTING

Date:_____ Name:_____

Street:_____

City:_____State:_____Zip:_____

Insurance Co. Name:_____Member ID #:_____Group #:_____

Diagnosis Codes: N95.1, E34.9, R53.83, Z00.8, E66.3, E53.8, Z86.39, E28.39

- ☒ **Female Pre Pellet (20 test)**
- ☒ 10231 CMP
- ☒ 7600 Lipid Panel
- ☒ 6399 CBC w/Diff
- ☒ 10124 Cardio CRP
- ☒ 16293 IGF-1
- ☒ 4212 Cortisol AM
- ☒ 615 LH
- ☒ 470 FSH
- ☒ 746 Prolactin
- ☒ 23244 Estrone
- ☒ 30289 Estradiol Ultrasensitive
- ☒ 785 ABO Group
- ☒ 899 TSH
- ☒ 866 T4 free
- ☒ 34429 T3 free
- ☒ 18944 Testosterone free
- ☒ 457 Ferritin
- ☒ 31789 Homocysteine
- ☒ 561 Insulin (Fasting)
- ☒ 496 Hemoglobin A1C

Ver 3.0 May 2018 **Signature:** Kathy C Maupin **Total Test Ordered: 20**

BIOBALANCE HEALTH

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COLLABORATIVE PRACTICE
Fax: 314.218.3999

4400 Broadway, Ste 303
Kansas City, MO 64111
Office: 816-753-6552

Please Print Name, Address, and Phone #

Date _____

Ultrasound Pelvic, Complete (76856)
Ultrasound Transvaginal Non-OB (76830)

*please note endometrial thickness, size & placement of fibroids

CPT Code: 76830 ICD-10 Codes: N95.1, N92.4

Kathy C Maupin

DOCTOR'S SIGNATURE DOCTOR'S SIGNATURE

SUBSTITUTION PERMITED DISPENSE AS WRITTEN

REFILL ... 0 TIMES 0NONE 0 ADLIB