

BIOTE ACKNOWLEDGEMENT FORM

Bio-Identical Hormone Replacement is considered a form of alternative medicine. Even though this treatment is performed by a board-certified physician, insurance does not recognize it as a necessary medicine and therefore in most cases is not covered.

We require payment at the time of service and if you choose, we can give you a form to send to your insurance company and a receipt showing that you paid out of pocket. The form and receipt are your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, or make any contact with your insurance company. If we receive a check from your insurance company we will not cash it, but instead return it back to the sender.

For patients who have access to Health Savings Account, you may pay for your treatment with that credit or debit card. This is the best idea for those patients who have an HAS as an option in their medical coverage.

PROCEDURE COSTS:

| | |
|--|-------|
| Consultation Fee..... | \$250 |
| Female Hormone Pellet Insertion Fee..... | \$350 |
| Male Hormone Pellet Insertion Fee (200-2000mg)..... | \$650 |
| Male Hormone Pellet Insertion Fee (over 2000mg)..... | \$750 |

We accept the following forms of payment:

Master Card, VISA, Discover, American Express, Personal Checks, and Cash

CONSENT (please initial):

_____ I understand that I am responsible for paying the full amount of my service the day the service is rendered.

_____ I understand that I am responsible for asking for a Insurance Form, *one will not be given unless requested.*

_____ I have read and fully acknowledge the post pellet insertion form.

Patient Signature

Print Name

____/____/____
Date