



## Get your life back!

Dear Patient:

Thank you for your interest in BioBalance Health. In order to determine if you are a candidate for bio-identical hormone pellets for menopause and peri-menopause, there are several things I will need to assess. I will evaluate your information prior to your consultation to determine if BioBalance Health will help you “*get your life back*”.

PLEASE COMPLETE THE CHECK LIST BEFORE YOUR APPOINTMENT.

- Get your blood lab drawn at any Quest Laboratory or LabCorp (see enclosed lab order). You must fast for 12 hours prior to the blood draw. If your insurance company does not cover Quest Laboratory, please notify us and we will send you an order that may be used at any lab. It is up to you to find out if your insurance company will cover the cost of the labs. PLEASE NOTE: It takes 2 weeks for us to receive the results in our office.
- Mail in completed questionnaire and consent forms from this packet.
- If you have a uterus, you must have a pelvic ultrasound. If you need an order for this, please call (314) 993-0963.
- Women over age 50 will need a bone density test (DEXA scan) within the last 3 years. Mail or fax a copy of your results to our office. This can also be performed in our office.
- You will need a current (within 1 year) Pap smear and mammogram (if over age 40). Mail or fax copies of these reports to our office.

Once we receive ALL of 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., F.A.C.O.G.

Enclosures



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Symptoms:** *(check all that apply)*

- Fatigue and lack of energy
- Decreased or absent sex drive (libido)
- Infrequent or absent orgasms
- I feel hopeless and without motivation
- PMS
- Dry and wrinkled skin
- Hot flashes and night sweats
- Insomnia
- Change in mood, anxiety and/or depression
- Weight gain
- New migraine headaches
- Dry eyes
- Declining mental ability and memory
- Diminished strength and exercise tolerance
- Muscle shrinkage
- Joint aches and/or new onset of arthritic symptoms
- Height has decreased, osteoporosis or osteopenia
- New or increased cellulite
- Other \_\_\_\_\_

**Allergies to Medicines:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Preventive Medical Care:** *(check all that apply)*

- Medical/GYN exam in the last year
- Mammogram in last 12 months
- Bone density in last 12 months
- Pelvic ultrasound in last 12 months

**High Risk Past Medical and Surgical History:** *(check all that apply)*

- Breast cancer
- Uterine cancer
- Ovarian cancer
- Hysterectomy with removal of ovaries
- Hysterectomy only
- Blood clot or pulmonary embolism



**Female New Patient Questionnaire—Page Two**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Surgeries:**

Type	Date
_____	_____
_____	_____
_____	_____

**Other Medical Illnesses:** *(check all that apply)*

- Diabetes
- High blood pressure
- Heart bypass
- Thyroid disease
- High cholesterol
- Depression/anxiety
- Fibromyalgia
- Chronic fatigue
- Cancer not listed above (type): \_\_\_\_\_ Year: \_\_\_\_\_

**Birth Control Method:** *(You must be in menopause, have had a hysterectomy or use birth control to use pellet therapy)*

- Menopause
- Hysterectomy
- Tubal ligation
- Birth control pills
- Vasectomy
- Other: \_\_\_\_\_

**Social History:** *(check all that apply)*

- I have completed my family
- I have permanent birth control
- I am married
- I am sexually active
- I want to be sexually active

**Habits:** *(check all that apply)*

- I smoke cigarettes
- I drink more than 10 drinks of alcohol per week
- I am a recovering alcoholic
- I use or have used marijuana in the last year
- I use cocaine or other illegal drugs

**Forms of hormone replacement I have used:**

\_\_\_\_\_  
\_\_\_\_\_

- I am here for bio-identical hormone pellet therapy.
- I would like to talk about other forms of bio-identical hormone replacement.

**Other problems or concerns not listed in this questionnaire:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Female Estradiol & Testosterone Pellet Insertion Consent

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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

**Bioidentical hormone pellets** are made from plants and are **FDA monitored but not approved** for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States. You will have similar risks as you had prior to menopause, from the effects of estrogen and androgens, given as pellets. **Studies done in Canada and Europe find Pellet therapy to be safer than traditional oral hormone therapy.**

FYI: The WHI study on hormone replacement therapy that was reported first in 2002 had many flaws in the study (only studied Premarin {horse estrogen} and Provera {a synthetic type of progestin} and had findings that are not consistent with the last 1,500 studies done on HRT. The WHI study is not applicable to treatment with bioidentical hormone replacement with pellets.

**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 pre-menopausal hormones and therefore have a more natural effect.

**Patients who are not sterilized and not menopausal are advised to continue reliable birth control while participating in pellet hormonal replacement therapy. Testosterone is category X (will cause birth defects) and cannot be given to pregnant women. YOU MUST BE STERILIZED OR USE EFFECTIVE BIRTH CONTROL TO USE HORMONAL PELLETS!**

**My birth control method is: (please circle)**

Abstinence      Birth control pill      Hysterectomy      IUD  
Menopause      Tubal ligation      Vasectomy      Other \_\_\_\_\_

### Consent for Treatment:

I consent to the insertion of hormone pellets in my hip. I have been informed that I *may* experience one or more of the complications listed below. These side effects are similar to those related to traditional estrogen replacement. The surgical risks are the same as for any minor medical procedure.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## **Risks of Estrogen and Testosterone Pellet Insertion:**

- Bleeding, infection and pain at the insertion site
- Lack of effect (from lack of absorption)
- Breast tenderness and swelling especially in the first three weeks (estrogen pellets only)
- Increase in hair growth on the face, similar to pre-menopausal patterns
- Water retention (estrogen only)
- Increased growth of estrogen dependent tumors (endometrial cancer, breast cancer)
- Birth defects in babies exposed to testosterone during their gestation
- Blood clots (phlebitis)
- Growth of liver tumors, if already present
- Change in voice –which is reversible
- Clitoral enlargement—which is reversible
- Acne

## **Benefits that have been explained to me include:**

- Increased libido, energy, and sense of well-being
- Decreased frequency and severity of hormonal migraine headaches
- Decrease in mood swings, anxiety & irritability (secondary to hormonal decreases)
- Increase in muscle mass and decrease in subcutaneous fat (cellulite)
- Improvement in balance
- Decreased central obesity
- Improved dry eyes
- Possible improvement in arthritis and fibromyalgia

My signature below certifies I have read the above and acknowledge I have been encouraged to ask any questions regarding testosterone/and estrogen 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 of hormone may be reached to create the necessary hormonal balance. By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*This consent is ongoing for present and future treatment.*



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

Patient Name

\_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Patient SSN # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Referred by \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**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 Bio-Balance for Women is also **not a** Medicare provider and services provided by Bio-Balance 4 Women are **not covered by Medicare**. **I acknowledge** that Bio-Balance 4 Women has no contracts with any insurance company 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 Bio-Balance for Women for care and treatment of the patient identified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This consent is ongoing for present and future treatment.*



## Insurance Disclaimer

Preventive medicine and bioidentical hormone replacement is a unique practice and is considered a form of alternative medicine. Even though the physicians and nurses are board certified as medical doctors and RNs or NPs, insurance does not recognize it as necessary medicine BUT is considered like plastic surgery (esthetic medicine) and therefore is not covered by health insurance in most cases.

BioBalance Health is not associated with any insurance companies, which means they are not obligated to pay for our services (pellets, insertions and consultations). We require payment at the time of service and if you choose, we will provide an HICFA form to send to your insurance company, and a receipt showing that you paid out of pocket. We will not communicate in anyway with insurance companies.

The HICFA 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 you want another copy of your records to send to your insurance company, or a copy of your HICFA forms or any other parts of your chart, we require you to pay a flat fee of \$35 before we will send it to you. This must be charged prior to us sending any copies to you. Any follow up letters from your insurance to us will be thrown away.

If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

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

If you have Medicare, we require that before we see you, you must sign an opt-out contract in which you agree not to send anything to Medicare for reimbursement. Because of this Medicare requirement, we will not give you an HICFA form or any information to send to them for reimbursement. Our services are not reimbursable under Medicare law.

If you ask our nurses or medical assistants to violate these rules they are instructed not to comply.

I have read the above information and agree not to break any of BioBalances rules in regard to insurance companies.

Signature \_\_\_\_\_

Date \_\_\_\_\_



### **Information about Copying and Faxing Records, Forms, Financial Summaries, etc.**

BioBalance Health has been deluged with requests for copying records, labs and other documents, sometimes multiple times. To satisfy these requests, we will begin requiring a fee of \$35, for all **copying or faxing of records, lab results, insurance forms, lab requests, and financial summaries for tax purposes**, not given out at the office.

For medical records or labs (any medical information) you will of course be required to sign a release before they can be sent or faxed.

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.

- We will copy without charge chart information for that visit, lab requests, HICFA Forms, and lab results, at the time of service.
- Law prevents us from copying the records of another doctor (which were released to us).
- Please ask for the information you want to take with you after your visit, when you are checking out.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Bioidentical Hormone Female Fee Schedule 2011**

### Consultations:

- Dr. Maupin (30 minutes): \$250
- Dr. Maupin (60 minutes): \$500
- Nurse Practitioners/Nurse (30 minutes): \$200
- Follow up Consultations - Dr Maupin: \$175
- Follow up Consultations - Nurse Practitioners: \$100

Pellet Insertion – Female: \$400

Per Pellet Fee – Female: \$40

### Notes:

- All fees are expected at the time of service.
- We will not have billing or pre-certification staff. All contact with insurance companies is your responsibility.
- Email will be used for most patient communication, unless otherwise discussed.
- Most insurance companies will reimburse men for pellet implantations, but not women.
- This service is not covered by Medicare so you may not send in your bill for reimbursement.



## Bioidentical Hormones for Women 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 have to 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 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 over 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 have to 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.

- **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.

- **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 insure 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:**

If you require complicated management, this must be done by Dr. Maupin 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 consultation.

- **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!

- **How we are different than other clinics do around the country:**

There are other clinics that specialize in Bio-identical 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.

- **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!