

Dear Patient,

Thank you for your interest in BioBalance Health. In order to determine if you are a candidate for Bio-identical testosterone pellets, we need laboratory and your history forms. Dr. Maupin or Dr. Sullivan will evaluate your information prior to your consultation to determine if BioBalance Health can help you live a healthier life. Please complete the following tasks before your appointment:

1. **Have your blood lab drawn.** Included are 3 lab requisitions: one for Quest Diagnostics, one for LabCorp, and a generic lab requisition to use if your insurance does not cover Quest or LabCorp laboratories. 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 or LabCorp to get your labs drawn. But 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 to you have your blood drawn multiple times, it delays the timeframe 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 \$350.00. What you must do in order 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 and mail the enclosed consent forms.**
5. **You will need a mammogram** (within the last 1 year and 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. Because of our relationship with Balanced Care for Women of St. Louis (we share our parking lot), they have tailored their ultrasound service specifically to provide the detailed report that Dr. Maupin and Dr. Sullivan prefer. Normal insurance deductibles apply regardless of the imaging center you select for your ultrasound. If you select to use Balanced Care for your ultrasound, please call their office Tuesday through Friday at (314) 993-7009 and advise the scheduling desk that you need an ultrasound for BioBalance Health. Balanced Care for Women will forward your ultrasound report to BioBalance Health.

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 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.



Rachel Maupin Sullivan, D.O.



Female New Patient Questionnaire

Patient Demographics

First Name:	Middle:	Last Name:	
Home Phone:		Cell Phone:	
SSN or Driver's License Number:			
Email:			
Address:			City:
State:	Zip:	Age:	Date of Birth:
Referred by:		Primary Care Physician:	
OBGYN:		Marital Status:	
Occupation:		Employer:	
Last Menstrual Period:		Number of Pregnancies:	
Height:	Weight:	Number of Children:	
Which Office Location : St. Louis _____ Kansas City _____			

Emergency Contact Information

Name:	Relationship:
Primary Phone:	Secondary Phone:
Email:	

Female New Patient Questionnaire

Current Medications (List all current medications)

Drug	Dose	How Often?

Supplements (List all current supplements)

Supplement	Dose	How Often?

Female New Patient Questionnaire

Symptoms of Hormonal Deficiencies (check all that apply)

<input type="checkbox"/>	Decreased or absent sex drive (libido)
<input type="checkbox"/>	Fatigue and lack of energy
<input type="checkbox"/>	Infrequent or absent orgasms
<input type="checkbox"/>	Change in mood, anxiety and/or depression
<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Declining mental ability and memory
<input type="checkbox"/>	Feeling of hopelessness and no motivation
<input type="checkbox"/>	New migraine headaches
<input type="checkbox"/>	Diminished strength and exercise tolerance
<input type="checkbox"/>	Muscle shrinkage
<input type="checkbox"/>	Joint aches and/or new onset of arthritic symptoms
<input type="checkbox"/>	Dry eyes
<input type="checkbox"/>	Poor balance and coordination
<input type="checkbox"/>	Weight gain
<input type="checkbox"/>	New or increased cellulite
<input type="checkbox"/>	Ringing in the ears
<input type="checkbox"/>	Hot flashes and night sweats
<input type="checkbox"/>	Dry vagina or painful intercourse

<input type="checkbox"/>	Dry and wrinkled skin
<input type="checkbox"/>	Height has decreased, osteoporosis or osteopenia
<input type="checkbox"/>	Bladder spasms
<input type="checkbox"/>	Bladder infections
<input type="checkbox"/>	PMS
<input type="checkbox"/>	Felt better when I was pregnant
<input type="checkbox"/>	Cold all the time
<input type="checkbox"/>	Swelling all over the body
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Hair falling out or breaking off
<input type="checkbox"/>	Brittle nails
<input type="checkbox"/>	Stay up for over 24 hours
<input type="checkbox"/>	Difficulty taking oral birth control pills
<input type="checkbox"/>	Other:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Birth Control Method (Check all that apply). You must be in menopause, have had a hysterectomy, or use birth control to use pellet therapy

<input type="checkbox"/>	Menopause
<input type="checkbox"/>	Hysterectomy
<input type="checkbox"/>	Tubal ligation
<input type="checkbox"/>	Birth control pills
<input type="checkbox"/>	Abstinence
<input type="checkbox"/>	Same sex partner

<input type="checkbox"/>	Vasectomy
<input type="checkbox"/>	Mirena IUD
<input type="checkbox"/>	Other IUD
<input type="checkbox"/>	Other:
<input type="checkbox"/>	
<input type="checkbox"/>	

Female New Patient Questionnaire

Past Surgeries (List year of surgery)

Year	Surgery
	Lap Band Surgery or Obesity Surgery
	Hysterectomy
	Open Heart Surgery
	Joint Replacement
	Cancer Surgery
	Pacemaker
	Removal of ovaries

Habits (Check all that apply)

	Smoking Cigarettes Or Cigars
	Smoked in the past # years you smoked?
	I Drink More Than 10 Drinks of Alcohol/Week
	I am a Recovering Alcoholic
	I drink everyday
	I Use or Have Used Marijuana In Past Year
	I Use or Have Used Cocaine
	I Use or Have Used Heroin

Medical History (Check all that apply)

	Hepatitis or HIV (List Type)
	Breast cancer
	Uterine cancer
	Colon cancer
	Ovarian cancer
	Other cancer
	Blood clot or clotting disorder
	Heart attack
	Stroke
	Vascular disease
	High blood pressure
	High cholesterol
	Heart arrhythmia
	Emphysema (COPD)
	TB (Tuberculosis)
	Glaucoma
	ADD, ADHD
	Depression/Anxiety
	Manic depression (bipolar) or mania
	Schizophrenia

	Psychological/psychiatric illness
	Restless leg
	Sleep apnea
	Narcolepsy
	Arthritis
	Rheumatoid arthritis
	Osteopenia or osteoporosis
	Fibro myalgia
	Lupus or autoimmune disease
	Chronic disease
	Chronic fatigue
	Adrenal fatigue
	Multiple sclerosis
	Diabetes type I
	Diabetes type II
	Hypoglycemia
	Insulin Resistance
	Thyroid disease Hypo ____ Hyper ____
	Addisons disease or Cushings disease
	Kidney disease

Female New Patient Questionnaire

Sexual History (Check all that apply)

<input type="checkbox"/>	I have a new partner in the last 3 years
<input type="checkbox"/>	My sex life is good
<input type="checkbox"/>	I have the ability to have an orgasm
<input type="checkbox"/>	I have never had an orgasm
<input type="checkbox"/>	I had orgasms before I was 40, but not now
<input type="checkbox"/>	I had sexual fantasies in the past
<input type="checkbox"/>	I still have sexual fantasies
<input type="checkbox"/>	My sex life has gotten worse after 40
<input type="checkbox"/>	My sex life is better than before 40
<input type="checkbox"/>	I have experience using a vibrator

Social History (Check all that apply)

<input type="checkbox"/>	I am menopausal
<input type="checkbox"/>	I have completed my family
<input type="checkbox"/>	I have permanent birth control
<input type="checkbox"/>	I am married
<input type="checkbox"/>	I have a partner
<input type="checkbox"/>	I am in a committed relationship
<input type="checkbox"/>	I am Heterosexual
<input type="checkbox"/>	I am Homosexual
<input type="checkbox"/>	I am Bisexual
<input type="checkbox"/>	

Exercise History (Check all that apply)

<input type="checkbox"/>	I don't exercise
<input type="checkbox"/>	I have a very physical job so I don't exercise in addition
<input type="checkbox"/>	I exercise every day for ____ minutes
<input type="checkbox"/>	I exercise more than three times a week for over 50 minutes
<input type="checkbox"/>	Normal daily activity is what I consider exercise
<input type="checkbox"/>	I am a long distance runner
<input type="checkbox"/>	I lift weights ____ times a week
<input type="checkbox"/>	Other:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Diet (Check all that apply)

<input type="checkbox"/>	I eat anything I want
<input type="checkbox"/>	I don't eat much but gain weight anyway
<input type="checkbox"/>	I have gained weight in my belly since I turned 40
<input type="checkbox"/>	I eat a balanced diet, 3 times a day
<input type="checkbox"/>	I eat 6 small meals a day
<input type="checkbox"/>	I don't eat wheat (gluten intolerance)
<input type="checkbox"/>	I limit carbohydrates
<input type="checkbox"/>	I eat a low fat diet
<input type="checkbox"/>	Atkins/South Beach Diet
<input type="checkbox"/>	Vegan/Vegetarian
<input type="checkbox"/>	Special diet or restrictions
<input type="checkbox"/>	Other:

Current Weight: _____ (lbs)

Current Height: _____ (ft, in)

Ideal Weight: _____ (lbs)

Female New Patient Questionnaire

**Preventative Medical Care
(Check all that apply)**

<input type="checkbox"/>	Medical/GYN exam in the last year
<input type="checkbox"/>	Mammogram in last 12 months
<input type="checkbox"/>	Bone density in last 12 months (if over 50)
<input type="checkbox"/>	Pelvic ultrasound in last 12 months (If you have a uterus)

**Hormone Replacement I have used
(Check all that apply)**

<input type="checkbox"/>	Oral pills synthetic (Ogen, Premarin, Estrace, etc.)
<input type="checkbox"/>	Patch
<input type="checkbox"/>	Vaginal ring
<input type="checkbox"/>	Other

Bioidentical Hormone replacement I have used (Check all that apply)

<input type="checkbox"/>	Pellets
<input type="checkbox"/>	Creams/gels applied on the skin or in the vagina
<input type="checkbox"/>	Sublingual or buccal tablets (dissolve in the mouth)

Family History (Check all that apply)

<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	Breast Cancer
<input type="checkbox"/>	Uterine cancer
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Arrhythmia
<input type="checkbox"/>	Diabetes

<input type="checkbox"/>	Alzheimer's / Dementia any type
<input type="checkbox"/>	Blood clots
<input type="checkbox"/>	Rheumatoid arthritis/Lupus
<input type="checkbox"/>	Thyroid disease — high or low
<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Hemochromatosis

I attest that all the information I give is true.

Print Name: _____

Signature: _____

Date: _____

Bioidentical Hormone Female Patient Fee Schedule

Consultations - Physician (45 minutes):	\$250
Consultations - Nurse Practitioners/Nurse (45 minutes):	\$200
Follow up Consultations - Physician:	\$175
Follow up Consultations - Nurse Practitioner/Nurse:	\$150
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 so 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: _____

Female New Patient Insertion

Female Estradiol & Testosterone Pellet Insertion Consent (Page 1 of 2)

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 check)

Abstinence:_____ Birth control pill:_____ Hysterectomy:_____ IUD:_____

Menopause:_____ Tubal Ligation:_____ Vasectomy:_____ Other:_____

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

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.

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.

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

Print Name: _____

Signature: _____

Date: _____

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: _____



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:

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:

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!

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 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 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.

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 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 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!

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.

BioBalance Health – Quest Diagnostics

Quest Account STL 78300024

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

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

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

Signature: 

Total Test Ordered: 20

BioBalance Health – LabCorp

LabCorp Account #24863400

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

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

Female Pre Pellet (20 test)

322000 CMP

303756 Lipid Panel

005009 CBC w/Diff

120766 Cardio CRP

010363 IGF-1

104018 Cortisol AM

004283 LH

004309 FSH

004465 Prolactin

004564 Estrone

140244 Estradiol Ultrasensitive

006056 ABO Group

004259 TSH

001974 T4 free

010389 T3 free

500726 Testosterone, Free, MS/Dialysis

004598 Ferritin

706994 Homocysteine

004333 Insulin (Fasting)

001453 Hemoglobin A1C

Signature: 

Total Test Ordered: 20

BioBalance Health – Lab Rec

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Ver 3.0 May 2018

Signature: _____

Kathy C Maupin

Total Test Ordered: 20



KATHY MAUPIN, M.D.
 RACHEL MAUPIN SULLIVAN, D.O.
 CAROLINE CALVERT, RN, MSN, FNP-BC
 SANDRA REDHAGE, RNC, MSN, WHNP
 LAURA SILLS, RN, MSN, APRN, BC

DEA #BM6817615
 DEA #FM4796857
 DEA #MC3330608
 DEA #MR3378913
 DEA #MS3374674

10800 Olive Blvd.
 St. Louis, MO 63141
 Office: 314-993-0963

COLLABORATIVE PRACTICE

Fax: 314.218.3999

4400 Broadway, Ste 400
 Kansas City, MO 64111
 Office: 816-753-6552

Date _____

Rx

Pelvic ultrasound (transvaginal)

*please note endometrial thickness, size & placement of fibroids

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

DOCTOR'S SIGNATURE

Kathy Maupin

DOCTOR'S SIGNATURE

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

REFILL _____ TIMES

NONE

ADLIB